

Glenholme Senior Living (Bispham Gardens) Limited

Bispham Gardens

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bispham Gardens is a care home with nursing, providing personal and nursing care to up to 52 people. The service provides support to adults over and under 65 years of age, and people living with a dementia. At the time of our inspection there were 42 people using the service.

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

The management of risk was not always safe and some records related to people's care were not accurate and up to date. The provider's systems to assess, monitor and improve the service had not identified and addressed the shortfalls we found during this inspection. We have made a recommendation about this.

Accidents and incidents were routinely analysed to look for ways safety could be improved. The provider had systems to protect people from abuse and staff training had improved. The provider continued to recruit staff safely and were keeping their staffing levels under review. The home was clean and well-maintained, and the provider operated good infection control practices.

The registered manager engaged with people and their relatives and their views were taken into account. The service worked with other agencies to maintain and enhance people's health and wellbeing.

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

Rating at last inspection

The last rating for this service was good (published 22 April 2020). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This inspection was prompted in part by concerns we received about how the service managed risks associated with pressure care. As a result, we carried out a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed to requires improvement.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bispham Gardens on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a breach in relation to management of risk at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bispham Gardens

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by two inspectors and a specialist professional advisor who looked at pressure care and wound care.

Service and service type

Bispham Gardens is a 'care home' with nursing care. 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced on the first day.

What we did before the inspection

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

During the inspection

During our visit to the home, we spoke with 7 people who used the service and 5 visiting relatives. We also spoke with 12 staff, including the registered manager, nurses, carers and senior management.

We looked around each area of the home to make sure it was safe, homely and suitable. We spent time observing the care and support people received. This helped us to understand the experience of people who could not or chose not to speak with us.

We reviewed 7 people's care documentation and multiple medicines administration records, along with associated medicines documentation. We observed medicines administration and checked how medicines were stored.

We reviewed a range of records related to the management of the service, including safety certificates, policies, procedures and quality assurance systems. We also reviewed staff training records.

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 good. The rating for this key question has changed to 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

- Risks to people were not always managed safely. For some people, we found staff had assessed risks to their health and wellbeing and planned care accordingly. However, for others, we found risk was not well managed. For example, we found staff had not assessed the risks around pressure care for one person until 6 weeks after they had been admitted to the service. For another person, staff were unable to demonstrate whether or not their wound care plan had been followed.
- The provider had not ensured risks related to equipment were always managed safely. The provider had a range of checks and audits they used to aim to ensure equipment was used safely, however these were not always operated effectively. For example, we found a number of mattresses were not fit for purpose, despite being checked, and equipment that was in use without having been risk assessed thoroughly. Additionally, where risk assessments had been carried out, staff did not always follow plans to reduce the risk of using equipment, such as ensuring bumpers were attached when bed rails were in use and ensuring pressure relieving mattresses were at the correct setting.
- Records related to people's care were not always accurate and up to date, which increased the risk of their needs not being met. For example, one person's pressure care plan stated they should be assisted with repositioning every 2-4 hours. When we examined the person's records, we found significant gaps in repositioning. When we asked staff about this, they told us there person would have been assisted, but that it had not been recorded.

This was in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider had not ensured risks to people's health and safety had been assessed and done all that was reasonably practicable to mitigate the risk.

- The provider acted immediately during our inspection to make improvements. They audited all equipment that was being used by people and began an audit of all care plans. They also introduced more in-depth checks to ensure risks were assessed and care planned to reduce those risks and to ensure equipment was fit for purpose and used safely.

Using medicines safely

- Medicines were managed safely and properly. Staff who administered medicines to people had received training and had their competency checked. We observed medicines administration and found staff followed best practice. Medicines were stored safely.
- There were some areas of medicines documentation which needed to be improved. The provider's own audits had identified guidance for 'as and when required' medicines needed to be improved for some

people and that photographs of some people were missing from the provider's medicines record system. These shortfalls had been identified 1 month before but had still not been addressed at the time of our inspection. The provider made improvements immediately following our inspection.

We recommend the provider continues to review the outcomes of audits to ensure action is taken to address any shortfalls in standards.

Learning lessons when things go wrong

- The provider had a process to learn and make improvements when something went wrong. Staff recorded accidents and incidents, which the manager reviewed on a regular basis to identify any trends, themes and areas for improvement. They shared any lessons learned with the staff team and took action to reduce the risk of similar incidents happening again and improve the safety of the service.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. Feedback we received from people and their relatives did not raise any concerns about people's safety. One person told us, "I feel safe. The staff are kind and attentive." A relative said, "Yes. I feel she is very safe. I would speak to the manager if I had any issues." Staff told us they felt people were safe and that they had received training to help them to keep people safe from the risk of abuse.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- The provider took a systematic approach to ensure staffing levels met people's needs safely. The registered manager used information about people and their needs to determine how many staff were required to be on duty at any time. Feedback we received from people indicated they felt there were enough staff on duty.

- On the first day of our inspection, staffing on the upper floor did not appear to be sufficient. There were periods of time where staff did not have oversight of the communal areas in order to manage risk. The provider acted immediately during the inspection and increased staffing in this area whilst they reviewed their staffing calculations.

- The provider continued to operate safe systems for recruitment of staff.

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.
- The provider facilitated safe visiting, in line with government guidance. A staff member told us, "There's no restriction on visitors. People come and go as they please. Some people come every day."

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 good. The rating for this key question has changed to 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; Continuous learning and improving care

- The provider and manager used a range of systems to assess, monitor and improve the service. However, these had not all been operated effectively to identify and address the shortfalls we found during our inspection. For example, the provider's mattress audit had not identified any shortfalls in standards and a pressure care audit had not identified significant gaps in repositioning. Additionally, the shortfalls identified by the provider's medicines audit had not been actioned to make improvements. The management team took immediate action to improve the effective operation of their audit processes during the inspection.
- Other audits and checks had been operated effectively and had helped to improve safety and the quality of the service provided. For example, the manager carefully analysed accidents and incidents and took steps to improve the safety of the service.
- We found confusion among staff about their responsibilities. For example, staff gave us several differing responses when asked who was responsible for checking mattresses and repositioning records. We discussed this with the registered manager and senior managers who assured us staff had been refreshed on the responsibilities of their roles immediately following our inspection.

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

- The provider engaged with people who used the service and others acting on their behalf. The registered manager engaged with people, their relatives and staff through day to day contact, meetings and surveys, so they could share their views and experiences of the care provided. The provider had implemented an app which asked staff for feedback at the end of each shift. We saw the registered manager took action in response to feedback they received. A staff member told us, "Every month there is a staff meeting. [Registered manager] is approachable. She will listen, she is there for her staff."
- We received positive feedback from people and relatives about how their views were sought and responded to. One relative told us, "The manager is open to listening and acting on what we say."

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

- The registered manager had created a culture that was open, inclusive and put people at the centre of the care and support they received. One person told us, "Everyone is friendly here. The staff are lovely. We have a lot of space and it's really good, it's just perfect here." We overheard a staff member say to one person, "It's my job to make people smile and to make people happy. That's what I love about my job."

- We received positive feedback about the service and the staff team. One person told us, "The staff are lovely." A relative commented, "I think that her care is good and that she is in a safe place."
- The staff team worked well together to achieve good outcomes for people. Staff we spoke with told us about how they worked as team to ensure people received care that met their needs. Staff felt well supported by the registered manager. One said, "[Registered manager] is very supportive. She rolls up her sleeves and works with the staff." Another said, "[Registered manager] is brilliant. She is good to talk to."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The registered manager knew how to share information with relevant parties, when necessary.

Working in partnership with others

- The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced.

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
Treatment of disease, disorder or injury	The provider had not ensured they assessed risks to people of receiving care and treatment and done all that was reasonably practicable to mitigate those risk. 12(1)(2)(a)(b)