Ms Catherine Burns

Feng Shui House Care Home

Inspection report

661 New South Promenade
Blackpool
FY4 1RN
Tel: 01253 342266
Website: www.fengshuihouse.co.uk

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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?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

Feng Shui Care Home provides care and support for a maximum of 20 people. At the time of our visit the home was full although two people were in hospital. Seven people at the home had a formal diagnosis of dementia. The home is located in the seaside resort of Blackpool overlooking the South promenade. All bedrooms have en-suite facilities. A hairdressing and therapy room is also in place for the use of people staying in the home. A large lounge and dining area is on the ground floor with a smaller lounge located on the first floor. A passenger lift is provided to ensure freedom of movement so people living at Feng Shui have access to all areas of the home.

We last inspected Feng Shui Care Home on 30 July 2014, and the home was found to be in breach of regulation 13 of the Health and Social Care Act 2008, Management of Medicines and regulation 21, Requirements relating to workers. An action plan was received following the inspection along with further supporting information stating that all the breaches had been dealt with by the provider. As part of this inspection we looked at each regulation breach to ensure the actions stated within this information had been carried out.

This inspection took place on the 3 March 2015 and was unannounced.

Summary of findings

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the proprietor of the home.

People told us they felt safe at the home and with the staff who supported them. One person told us, "I feel very well cared for as they are so kind and they are not just putting it on for you, they are wonderful. I enjoy it here, the food is great and so is the atmosphere. It's a belting place and I've no complaints at all."

Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. We did however see several incidents within people's daily notes that should have been referred as safeguarding incidents through to the local authority. The registered manager informed us that the incidents had been reported through to the Local Authority via telephone conversations however no evidence of the calls could be provided. The Local Authority for the home use a web portal system as its preferred method so an audit trail is in place and referrals into the system can be evidenced.

During the inspection we saw staffing levels were sufficient to provide a good level of care. People we spoke with confirmed this was always the case.

People were not protected against the risks associated with medicines. This was because adequate stocks of medicines were not maintained to allow continuity of treatment. Suitable arrangements were not in place for ordering medicines needed outside the main monthly delivery. Three of the eight records we looked at showed that people had missed doses of one of their regular medicines for between four and seven days. Audits of medicines handling and staff competency assessments had not yet been completed by managers at the home, to ensure medicines were consistently safely handled in accordance with the home's policy. We have made a recommendation about this.

During our visit, we spent time in all areas of the home. This helped us to observe the daily routines and gain an insight into how people's care and support was managed. People were relaxed and comfortable with staff and it was evident that members of staff knew the people they were caring for well.

We looked at people's care records to see if their needs were assessed and consistently met. Care records were written well and contained good detail. Outcomes for people were recorded and actions noted to assist people to achieve their goals. However some elements of people's care plans used standardised text which appeared throughout each of the five care plans we looked at. There was also little detail of people's life histories within people's care plans. We have made a recommendation about this.

People we spoke with and visiting relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed.

Observations of how the registered manager interacted with staff members and comments from staff showed us the service had a positive culture that was centred on the individual people they supported. We found the service was well-led, with clear lines of responsibility and accountability.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to arrangements for safeguarding people who use services from abuse.

This breach also amount to breaches of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

People were not protected against the risks associated with medicines. This was because adequate stocks of medicines were not maintained to allow continuity of treatment. Suitable arrangements were not in place for ordering medicines needed outside the main monthly delivery. Three of the eight records we looked at showed that people had missed doses of one of their regular medicines for between four and seven days. Audits of medicines handling and staff competency assessments had not yet been completed by managers at the home, to ensure medicines were consistently safely handled in accordance with the home's policy.

Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. We did however see several incidents within people's daily notes that should have been referred as safeguarding incidents through to the local authority.

During the inspection we saw staffing levels were sufficient to provide a good level of care. People we spoke with confirmed this was always the case.

Is the service effective?

Good

The service was effective.

During our visit, we spent time in all areas of the home. This helped us to observe the daily routines and gain an insight into how people's care and support was managed. People were relaxed and comfortable with staff and it was evident that members of staff knew the people they were caring for well.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We spoke with staff to check their understanding of MCA and DoLS. Most of the staff we spoke to demonstrated a good awareness of the code of practice and confirmed they had received training in these areas.

Is the service caring?

Good

The service was caring.

People were supported to express their views and wishes about how their care was delivered.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence. People we spoke with confirmed this always happened.

Summary of findings

We saw that people's care plans were reviewed on a regular basis and notes were written twice daily that documented how each person had been throughout that period.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People we spoke with and visiting relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed.

Outcomes for people were recorded and actions noted to assist people to achieve their goals. However some elements of people's care plans used standardised text which appeared throughout each of the five care plans we looked at. This is not considered to be person centred care.

We spoke to staff about regarding the activities that took place. They told us that activities did take place and that people were encouraged to take part in them.

Is the service well-led?

Good

The service was well led.

There was a registered manager at the service at the time of our inspection.

Observations of how the registered manager interacted with staff members and comments from staff showed us the service had a positive culture that was centred on the individual people they supported. We found the service was well-led, with clear lines of responsibility and accountability.

Feng Shui House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The Inspection visit took place on 3 March 2015 and was unannounced.

The inspection was carried out by an adult social care inspector, a pharmacy inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we gathered information from a number of sources. This included notifications we had received from the provider about significant events that had occurred at the service. We spoke with the lead inspector for the service and other colleagues who had taken part in the previous inspection and contacted Blackpool Borough Council who commission care from the home.

We spoke with a range of people about the service. They included the registered manager and proprietor, the deputy manager, six members of the staff team on duty, including four care staff, the chef and housekeeper. We also spoke with 11 people who lived at the home and three visiting relatives.

We 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 also spent time looking at records, this included five plans of care, four staff personnel files and training files and records relating to the management of the home.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us, "I am very happy here and, yes, I do feel safe here as the staff are fine with me. I just keep trotting on but I have no memory for names." Another person said, "I feel very well cared for as they are so kind and they are not just putting it on for you, they are wonderful. I enjoy it here, the food is great and so is the atmosphere. It's a belting place and I've no complaints at all."

The service had procedures in place for dealing with allegations of abuse. Since our last inspection in July 2014 a number of safeguarding issues had been reported to the Local Authority, mainly in regards to medication, the Care Quality Commission had also been made aware of the issues. The majority of these incidents were not upheld and closed down by the Local Authority. As a result of these incidents pharmacy training was requested via the Clinical Commissioning Group (CCG) Medicines Pharmacist and we saw evidence that this had taken place during our inspection.

Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. They told us they would ensure people who used the service were protected from potential harm or abuse. One member of care staff told us, "I have never had reason to raise any issues in relating to safeguarding however I know who to go to within the home and outside. I am booked onto safeguarding training for an update and I have supervision every two to three months and we discuss potential issues within that meeting."

We did however see several incidents within people's daily notes that should have been referred as safeguarding incidents through to the local authority. One example included a witnessed physical assault by one person living at the home on another person living at the home, another example resulted in a member of staff being injured by the same person living at the home. There were no behavioural management plans in place for this individual to assist staff to deal with incidents prior to them occurring. Whilst referrals had been made to the persons GP for an immediate assessment of their needs and medication this type of incident should have been referred through to the safeguarding team at the Local Authority. We discussed this with the registered manager and deputy manager. The registered manager assured us that they had telephoned through the incidents to the Local Authority but they could not provide any record of this. The Local Authority for the home use a web portal to receive safeguarding referrals from care providers and we advised the home to ensure this system was used so acknowledgement of each potential safeguarding incident was received and an audit trail was in place.

This was a breach regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this visit we found that action was taken to improve medicines handling that had been highlighted as an issue during our previous inspection in July 2014. The home was receiving support from the Clinical Commissioning Group Medicines Pharmacist. The pharmacist had completed an audit of medicines handling at the home and monitored the action taken against an agreed improvement plan. Advice about medicines policy had also been provided and care workers handling medicines were completing further medicines training.

We saw that medicines were safely administered. The medicines administration records were clearly completed at the time of medicines administration to each person, helping to ensure their accuracy. Systems were in place for care workers to identify and administer medicines that needed to be given "before food" at the right time with regard to meals. However, we saw one example where a supply of liquid medicine had not lasted for as many doses as it should have. Staff spoke with suggested that this was due to the type of measure used. It is important that a range of equipment is available to enable staff to accurately measure the required dosage.

Written individual information was in place about the use of 'when required' medicines and about any support people may need with taking their medicines. We saw that one person required covert (hidden) administration of their medication and that this type of treatment was not in line with their religious beliefs. We were told that a best interests meeting had been held for this practice to happen but the home could not provide us with the relevant paperwork. The registered manager informed us that they

Is the service safe?

would request the paperwork again and send this to us following the inspection. After several attempts to get the information from the Local Authority a record of the best interests meeting and decision could still not be produced.

We found that medicines, including controlled drugs, were stored safely. However, adequate stocks of medicines were not maintained to allow continuity of treatment. Suitable arrangements were not in place for ordering medicines needed outside the main monthly delivery. Three of the eight records were looked at showed that people, had missed doses of one of their regular medicines for between four and seven days. Two further people had no stock of a "when required" medicines for between four and seven days.

Regular checks of the medicines record keeping were carried out but wider audits of medicines handling and staff competency assessments had not yet been completed by managers at the home, to ensure medicines were consistently safely handled in accordance with the home's policy.

We saw staffing levels were sufficient to provide a good level of care during our observations. We spoke with four staff members about staffing levels at the home. They agreed that staffing levels were in line with the needs of the people living at the home. We discussed staffing levels and how staff were deployed in detail with the registered manager and went through the staffing rota for the next 24 hour period. People who lived at the home cited no issues with staffing levels. Relatives we spoke with on the day of the inspection also stated that they were happy with staffing levels and the attitude and competence of staff who worked at the home.

The home had effective recruitment policies and procedures in place which we saw during our inspection. We saw within the four staff files we reviewed that pre-employment checks had been carried out. We found completed application forms, Disclosure and Barring (DBS) clearances, references and identification checks were in place. Staff we spoke with confirmed that they had attended a formal interview and did not begin work until references and appropriate clearances were obtained.

We recommend that the provider follows the National Institute for Health and Care Excellence (NICE) guidance to appropriately manage and administer medicines to people within the home.

Is the service effective?

Our findings

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. One person told us, “The staff know what they are doing and I have had no reason to complain in six years. It is clean, warm, and a pleasure to live here with a nice bar and the meals are good whatever they serve.” These views were backed up by the relatives we spoke with during our inspection. We spoke with the Chef who was on duty about any specialist diets that needed to be catered for within the home. They told us that they provided meals for people who were diabetic, vegetarian and one person who was on a low salt diet. We were told by the chef that meals were discussed in conjunction with the person who needed it and this did not prevent any issues. We spoke with one person who needed a specialist diet and they were happy with the choice and quality of the meals they had.

The Care Quality Commission is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the MCA and the associated DoLS, with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. DoLS are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We saw there were detailed policies and procedures in place in relation to the MCA, which provided staff with clear, up to date guidance about current legislation and good practice guidelines. We spoke with staff to check their understanding of MCA. The majority of the staff we spoke with were able to demonstrate a good awareness of the code of practice and confirmed they had received training in these areas. However one member of the care staff we spoke with was uncertain of the MCA and told us they would request additional training in this area.

We observed lunch being served in a relaxed and unhurried manner. Tables were set appropriately and people were offered a choice of hot and cold drinks. Most people had their lunch in the dining room but some people, mainly those who needed assistance, ate in their own rooms. People who ate in their own rooms chose to do so.

During our visit, we spent time in all areas of the home. This helped us to observe the daily routines and gain an insight into how people's care and support was managed. People were relaxed and comfortable with staff and it was evident that members of staff knew the people they were caring for well.

We observed throughout the day that people’s consent was sought by staff at all times, either before entering people’s rooms, when assisting people to mobilise or when assisting people with their medication.

Staff confirmed they had access to a structured training and development programme. This ensured people in their care were supported by a skilled and competent staff team. One staff member told us, “The manager is very approachable; you can go to her with anything, that’s even the case with personal issues.” Another staff member told us, “Both the manager and deputy manager are approachable. Cate (Registered Manager and owner) is amazing with me and helps me both at work and personally.”

Staff told us that they had received regular supervision sessions and they were able to raise issues within this forum, including personal development and additional training they felt they needed. Staff told us that they received copies of notes from supervision sessions and we saw evidence of this within staff files. Staff also received annual performance appraisals which enabled them and their line manager to evaluate their performance and development needs at least once per year.

We saw that team meetings took place regularly, approximately once every two months. Staff meeting coincided with staff changeovers to enable as many staff as possible to attend. We were told by staff they were able to raise issues at this forum and that they found staff meetings useful.

The environment was suitable for the people living at the home. Adaptations had been made as appropriate to ensure that people who were not fully mobile could access all areas of the home. This included a ‘walk in’ bath on the ground floor with level access to the room. The home was clean, tidy and well presented in all areas.

On the morning of the day of our inspection the temperature within the main downstairs lounge / dining area was cold. Blankets had been given to people who wanted them to keep them warm. We discussed this issue

Is the service effective?

with the registered manager who told us that the front door had been left open by a delivery driver and that blankets had been handed out until the temperature within the home had reached an acceptable level, which it did later in the day.

Is the service caring?

Our findings

People we spoke with told us they were happy with the care they received at the home and that they had positive relationships with staff. One person told us, “This is a grand place, they really look after you well and it is spotless. I’ve been here a while now and I’ll be OK here until I snuff it! I would not swop it for anything.” Another person said, “Staff are kind and considerate and treat people as they should be treated, with dignity and respect. There are no restrictions on who comes to see you and you can have visitors whenever you want them, within reason of course.” Visiting relatives we spoke with also told us that they were happy with how staff approached people and interacted with their loved ones. No-one had any negative comments with regards to staff attitude or competence.

Staff were very knowledgeable when speaking about the individuals they cared for and it was evident during our observations that people knew the staff caring for them well. Staff showed warmth and compassion when speaking to people and were very attentive when dealing with any requests. People were relaxed around members of staff and people were chatting and laughing to all staff members in a calm and relaxed manner

People were supported to express their views and wishes about all aspects of life in the home. This was done via formal reviews and informal discussions with staff. One example we saw of this was when people went to bed and got out of bed. People’s preferences were recorded and when we arrived at the home we saw that whilst most people were up and dressed some people were still in bed. We discussed this issue with those people who had not got out of bed until later and they conformed with us that this was their preference. We observed staff enquiring about people’s comfort and welfare throughout the visit and responding promptly if they required any assistance. People’s appearance was tidy and people looked well cared for.

We saw within peoples care plans that referrals were made to other professionals appropriately in order to promote people’s health and wellbeing. Examples included referrals to mental health services, social workers, district nurses and peoples GP’s. Care plans were kept securely, however staff could access them easily if required. We saw that people who were able to were involved in developing their care plans. This meant that people were encouraged to express their views about how care and support was delivered. People we spoke with confirmed they had been involved with the care planning process.

We saw that some people required their food and fluid intake recording due to issues such as weight loss and loss of appetite. We found that some people’s charts were incomplete in places and that recording was inconsistent. Also some entries did not contain exact measurements so it was difficult to gauge what the person had eaten or drunk, e.g. half a cup of milk, half a cup of tea and one lunch time entry read, ‘three amounts of chicken, gravy, mash and veg’. We discussed with the registered manager and deputy manager the need to record accurately people’s food and fluid intakes. Some people also had their weight monitored. For the majority of people who needed their weight recording this was done consistently and accurately. However one person who had lost over a stone in four months had not had their weight recorded for the past five months. Records showed that attempts had been made to do this. Again we discussed this with the management team and we saw that referrals had been made to the appropriate health professionals for that individual.

People were able to access advocacy services if they needed to. We saw that information was available within the homes service users’ handbook which was given to people on admission. The handbook also included information regarding privacy and dignity and how the home would assist people to maintain both elements during their stay at the home.

Is the service responsive?

Our findings

People we spoke with and their relatives told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed. The people we spoke to living at the home told us that they felt confident that their care was focussed on their individual needs. People told us that they had a good relationship with the registered manager and staff and were able to discuss their needs whenever necessary. Relatives told us that they were made welcome and that they had no concerns about the care their relatives were receiving. One person living at the home told us, "Everything is fine here, we have no problems and no complaints. I can go up to bed when I want, I feel safe and well cared for and when the weather is nicer we go out more or less when we want to." A relative we spoke with told us, "We looked at about twelve homes when (relative) decided they were ready to move and we couldn't believe our luck when we found this one. This home is excellent and you can tell from the moment you meet the management and staff. The result is that (relative) is safe, secure with no worries about falling over when on their own and they love it so we have real peace of mind.

We looked in detail at five people's care plans and other associated documents. We saw that people's care plans were reviewed on a regular basis and notes were written twice daily that documented how each person had been throughout that period.

We looked at people's care records to see if their needs were assessed and consistently met. Care records were written well and contained good detail. Outcomes for people were recorded and actions noted to assist people to achieve their goals. However some elements of people's care plans used standardised text which appeared throughout each of the five care plans we looked at. This is not considered to be person centred care. Care plans were also difficult to follow as information was kept in different place. For example some information was kept within the plan of care, some within the initial assessment documentation and some within a separate 'cardex' system. We discussed these issues with the registered manager and deputy manager who informed us that care plans were being reviewed as much of the information within them was formulated by the previous registered manager.

The five care plans we looked at also lacked any detail around people's past life history and their likes and dislikes. One person working life was recorded as, 'Army career' and they had nothing recorded about their childhood within that particular section. By gaining a better understanding of people's histories and preferences carers would be able to provide a more personalised service to individuals.

The service had a complaints procedure which was made available to people they supported and their family members. We saw that when complaints had been received that they were investigated and recorded in line with the home's complaints procedure. People we spoke with and their relatives told us that they felt the communication within the home was very good. Relatives told us they were kept up to date with any changes to their loved one's health needs.

Service user handbooks were given to people and their families or carers, which described the home's philosophy of care and included sections on privacy and dignity. The pack also contained details of how people could raise concerns, comments or complaints about the service. Details were available for the home's internal complaints process as well as advice on how to raise issues to external organisations, such as the Local Authority, Care Quality Commission (CQC) and Local Government Ombudsman (LGO). The guide referred to the local Primary Care Trust (PCT) which no longer exists, this should be changed to the local Clinical Commissioning Group (CCG).

We spoke to staff about regarding the activities that took place. They told us that activities did take place and that people were encouraged to take part in them. Examples cited were bingo, dominoes, playing cards, jigsaws and dancing. Weather permitting people would access the promenade approximately 30 metres walk from the home. The first floor lounge also had a balcony that people could sit out on and overlook the promenade and beach. People and relatives we spoke to also told us that activities did take place and that cabaret type acts sometimes performed on a Saturday night. The home had a licensed bar and some people living at the home told us that they liked to have a drink at night in the bar area.

We recommend that the service adopts a best practice model of care planning that better reflects people's individual care needs and life history.

Is the service well-led?

Our findings

There was a registered manager at the service at the time of our inspection who was also the home proprietor. There was a deputy manager in place at the home as well. People we spoke with and their relatives talked positively about the culture and leadership within the home. One person told us, "The culture here is open, relaxed and very pleasant. The manager and deputy are easy to talk to and always respond positively to people. We are involved in discussions about how the home is run".

Observations of how the registered and deputy manager interacted with staff members and comments from staff showed us the service had a positive culture that was centred on the individual people they supported. We found the service was well-led, with clear lines of responsibility and accountability. All staff members confirmed they were supported by their manager and spoke highly of the manager, deputy manager and their colleagues. One staff member we spoke with told us, "I love working here, we all pull together and have a great time and get on really well with the residents." Another member of staff told us, "I work closely with the management and I think we work well as a team. Cate (registered manager and proprietor) knows what she is doing and leads by example. I think we have created a happy atmosphere here."

All the staff we spoke with told us they had a commitment to providing a good quality service for people who lived at the home. Staff confirmed that they had handover meetings at the start and end of each shift, so they were aware of any issues during the previous shift.

Service contracts were in place, which meant the building and equipment was maintained and a safe place for people living at the home, staff and visitors. We saw service files in place to evidence this, which were well organised and up-to-date. This included a separate fire policy and file, which included a recent report from Lancashire Fire and Rescue service (LFRS).

We saw that staff meetings took place and management meetings so issues could be discussed. Copies of the latest management meetings were seen and included areas for discussion such as general care issues, catering, housekeeping, maintenance, staffing levels and training. A relatives meetings had been organised the week prior to our inspection, no-one had turned up to the meeting however we were told that meetings would still be organised so relatives had the opportunity to attend if they wanted to.

We saw that some audits were carried out by the home. This included medication audits, care plan reviews, maintenance, infection control and resident and staff surveys. The latest staff survey had taken place shortly prior to our inspection and 14 had been returned. The survey had concentrated on the area of safeguarding and if staff felt as though they were adequately trained and supported in this area. The comments within the surveys we looked at were positive. The latest resident survey had taken place at the end of 2014, again the comments we saw were positive. Survey results were discussed within management and staff meetings.

The registered manager was the vice chair of the Blackpool providers representation group for care homes. This group was run with the support of Blackpool Borough Council and enabled homes to share ideas, training resources, assist each other with keeping up to date with current legislation and good practice.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse The provider did not have suitable reporting arrangements in place to protect service users from abuse and improper treatment. Regulation 13 (1) (2) (3)