

Parvy Homes Limited

Blandford Lodge

Inspection report

4A Blandford Waye
Hayes
Middlesex
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Tel: 02085730129

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Blandford Lodge is a care home for up to four adults with mental health needs. At the time of the inspection, three people were living at the service. The registered manager also managed another registered care home and supported living services. The staff sometimes worked across all of the services. The provider was a small limited company providing care and support in two residential care homes and other supported living services.

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

People were generally happy living at the service. They had good relationships with the staff and felt comfortable and at home.

There had been improvements since our last inspection. In particular, systems for supporting people with their finances, the way in which medicines were managed and audits and checks on the service.

People's care had been planned in a way which reflected their needs and choices. They had access to healthcare services and staff supported them to take part in a variety of activities inside and out of the home. People developed relationships with friends who lived nearby and the staff helped them to stay in touch when they wanted.

The service was a family style home in a residential street. People had their own rooms which they had personalised and shared communal areas. The staff supported them to take part in household tasks, meal preparation and shopping.

There were enough suitable staff and they felt supported by the managers. They had thorough inductions and training to get to know about their roles and responsibilities, as well as the needs of people who they were caring for.

The registered manager was supported by a team of senior staff. There were suitable systems for dealing with complaints, incidents and other adverse events. The management team had systems for monitoring and improving the quality of the service.

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.

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 inadequate (published 6 October 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 13 August 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Blandford Lodge

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 Care Act 2014.

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 conducted by one inspector.

Service and service type

Blandford Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at all the information we held about the service, including monthly action plans they sent us

following the last inspection.

During the inspection

We met all three people who lived at the service and staff on duty. We also met the registered manager and other members of the management team. We observed how people were being cared for and supported.

We looked at records used by the provider to manage the service, including care plans, staff records and records of audits and checks. We conducted a partial tour of the environment and looked at how medicines were managed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our inspection of 6 July 2021, we found the provider had failed to protect and safeguarding people from abuse. This was a breach of Regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvements had been made and the provider was no longer breaching Regulation 13.

- There were systems designed to protect people from the risk of abuse. At the previous inspection, we found systems for recording and auditing how people were supported to manage their money were poorly managed. At this inspection we found improvements to records and checks. This helped to reduce the risk of people being financially abused.
- There were policies and procedures for safeguarding adults and whistle blowing. The staff were trained to understand these and had information about how to recognise and report abuse.
- The management team had worked with the local safeguarding authority to investigate allegations of abuse and put in place systems to help protect people from harm or abuse.

Assessing risk, safety monitoring and management

At our inspection of 6 July 2021, we found the provider had failed to maintain a safe environment. 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 and the provider was no longer breaching this part of Regulation 12.

- Risks within the environment were appropriately assessed, monitored and mitigated. The staff made regular checks to ensure any risks were identified and reported to the management team.
- Risks to people's individual health and wellbeing were assessed. The assessments included risk management plans, so the staff knew how to help keep people safe. People were supported to understand risks they were taking and provided with information and support to make informed choices about these.

Using medicines safely

At our inspection of 6 July 2021, we found the provider was failing to manage medicines in a safe way and this placed people at risk of harm. 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 and the provider was no longer breaching this part of Regulation 12.

- Medicines were safely managed. There were suitable storage arrangements and systems for ordering medicines and monitoring stock so that only current medicines were kept at the service and used.
- There were records to show when staff had offered people their medicines and whether they had taken these or not. The provider had responded appropriately when people had repeatedly declined prescribed medicines by contacting the prescribing doctor so this could be reviewed.
- There was enough information about people's medicines and why they were prescribed these.
- The staff were trained so they understood how to manage medicines safely.

Preventing and controlling infection

At our inspection of 6 July 2021, we found the provider did not take adequate steps to prevent and control infection and this placed people at risk. This was a further 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 and the provider was no longer breaching this part of Regulation 12.

- There were systems to help prevent and control infection. The environment was clean and the staff undertook regular checks to make sure it remained so.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. We found the service had effective measures in place to make sure this requirement was being met.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

At our inspection of 6 July 2021, we found the provider failed to effectively monitor and improve the quality of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 17.

- The provider had improved their systems for learning when things went wrong. They had regular team meetings and communicated with staff through a mobile phone application. They used these methods to share learning from incidents and concerns.

- The staff recorded and reported all accidents, incidents and adverse events. The management team reviewed these and discussed with staff whether any changes were needed to improve the way they dealt with different situations.
- The staff had recently completed training to help them better understand why people sometimes communicated through physical and verbal aggression. The training covered strategies to proactively support people to reduce the likelihood of this, techniques to de-escalate situations and how to protect the person, others and the staff if needed.

Staffing and recruitment

- There were enough suitable staff to meet people's needs and keep them safe.
- The provider had systems for staff to call for extra support if they needed help at any time.
- There were suitable systems for recruiting and selecting staff, which included checks on their suitability and assessments of their competencies.

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.

We did not review this key question at our last inspection. The last rating for this key question (24 August 2017) was good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had systems for assessing people's needs and choices. No one new had moved to the service since we last reviewed this key question. However, the staff had reviewed, and reassessed people's needs regularly and updated care plans when these needs changed.

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained and experienced. New staff completed an induction into the service, which included a range of training and shadowing experienced workers. They completed their inductions at one of the provider's other services where they could receive more support and senior staff could assess them. The registered manager told us only experienced staff who were familiar with people living at Blandford Lodge worked there.
- Staff undertook regular training updates which helped them to understand their roles and responsibilities.
- There were regular team meetings and staff had individual meetings with their line manager to discuss their work and develop their skills. Some staff had been given opportunities for promotion and additional training to take on new roles.

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

- People had enough to eat and drink. They were able to make choices about what they ate and were involved in planning, shopping for and preparing their meals, snacks and drinks.

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

- People's healthcare needs had been assessed and planned for. Staff monitored their health and liaised with healthcare professionals to make sure people received the support they needed.
- There was evidence of regular consultation and appointments with healthcare professionals.

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

- The service was suitably designed and decorated. People lived in a family style home with shared communal facilities and garden. People had their own bedrooms which they had decorated and equipped to reflect their tastes and needs.

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 Act 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.

- The provider ensured people consented to their care and treatment. People living at the service had been assessed as having the mental capacity to make decisions about their care. The staff had discussed their care with them, and they had consented to this.
- The staff had received training and information about the MCA and they understood they needed to obtain people's consent for care and treatment.

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.

We did not review this key question at our last inspection. The last rating for this key question (24 August 2017) was good. At this inspection this key question has remained the same. 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

- People were well treated by staff. They had good relationships with the staff and liked them. We observed staff interacting kindly with people. The staff knew people well and were able to offer personalised support.
- People told us they liked the staff and were happy with the support they received.
- People's cultural and religious needs were recorded in care plans. They were supported with these when they needed support, for example by following specific diets because of their religion and culture.

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

- People were able to make choices and express their views. Care plans included information about their likes and choices. People met with their keyworker (assigned staff member) each month to discuss their care and whether they wanted any changes.
- We observed the staff offering people choices and respecting these.
- Because there were only three people living at the service, they were able to make individual choices about what they ate and how they spent their time, and these choices were respected and supported.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. They were able to spend time in their rooms and we saw staff knocked on bedroom doors and waited before entering. Staff treated people respectfully and were polite.
- People were able to be independent when they wanted. They were supported to participate in shopping, cooking and cleaning. People were supported to use local shops and access the community. Some people did this independently.

Is the service responsive?

Our findings

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to 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; 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

At our inspection of 6 July 2021, we found the provider failed to meet people's needs in a personalised way. This was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 9.

- People received personalised care which met their needs. The staff had created care plans which outlined their needs and preferences. These were regularly reviewed and updated when people's needs changed.
- People were given opportunities to participate in activities within the home and community. Some people joined friends from the provider's other care homes for group outings and social events.
- Senior staff had undertaken training to better understand about activity provision and they had made links with community groups to help expand opportunities for people.
- People were supported to stay in touch with friends and families.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- Not everyone wanted to talk about their wishes at the end of their lives. For some people, the provider had worked with the community matron to help develop care plans to describe people's wishes for end of life care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People living at the service at the time of the inspection did not have any additional communication needs or sensory loss which they needed additional support with.
- The provider had systems that meant they would have been able to provide information about the service in alternative formats if this was required by a person.

Improving care quality in response to complaints or concerns

- There was a complaints procedure. People using the service knew how to raise a concern. The registered manager told us there had not been any formal complaints since the last inspection.

Is the service well-led?

Our findings

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 the last inspection this key question was rated as inadequate. At this inspection this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our inspection of 6 July 2021, we found there was a lack of oversight and systems for monitoring the quality of the service were not effectively operated. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching this part of Regulation 17.

- The provider had systems for monitoring and improving the quality of the service. They had introduced new systems for auditing different aspects of the service. They had provided training and information for staff, so they understood how to do this and why it was important.
- There had been improvements to the way in which people were cared for and supported. In particular, aspects of the service were now safer and risks to people's wellbeing had been reduced.

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 were happy with the support they received and liked living at the service. They were able to make decisions about their care and how they spent their time. They were treated as individuals and their culture, lifestyle choices and wishes were respected.
- The provider made sure people had regular opportunities to contribute their views through meetings with key staff, meetings with each other and through written feedback.
- Staff told us they felt there was a positive culture and they were involved in making decisions. They told us the management team asked for their views. There was a forum which the managers had set up for staff to discuss concerns, ask questions and engage with the provider.

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

- The registered manager was also the owner of the company. They were appropriately experienced, skilled and qualified. They were supported by a team of management staff and had restructured the staffing to provide better oversight and support.
- The staff told us they felt supported and were able to speak with the management team when they

needed.

- There had been improvements to staff communication and information, which helped the staff to understand their roles and responsibilities.

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 understood the duty of candour responsibilities and had shared information appropriately with CQC and other agencies, for example, the local safeguarding authority.
- There were effective systems for identifying when things had gone wrong and then sharing this information with others.

Working in partnership with others

- The staff worked with other healthcare professionals to monitor and meet people's needs.
- The provider had met with the local authority to discuss the service and share how they were making improvements following the last inspection.