

Parkcare Homes (No.2) Limited

Blyton Court

Inspection report

3 Laughton Road
Blyton
Gainsborough
Lincolnshire
DN21 3LG

Tel: 01427628791

Website: www.prioryadultcare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Blyton Court is a residential care home providing personal and nursing care to 15 people at the time of the inspection. The service supports people living with learning disabilities, autism and physical disabilities. The service can support up to 18 people.

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

Right Support

People were supported to engage in social and meaningful activities of their choice. Staff promoted people's independence as much as possible. People received were supported with medicines safely. Support plans, risks, health and wellbeing, was consistently monitored and reviewed.

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.

Right Care

People were protected from poor care and abuse. There was information on display about safeguarding and whistleblowing. People were treated with dignity and respect by staff who knew their care needs.

Right Culture

The service promoted improvement or acted on people and their relatives' views through the support of people's key workers and good communication strategies. Relatives felt confident to approach the provider with any concerns and were positive about the communication they received. The registered manager worked hard to improve and then sustain good quality care for people at the service through the provider's quality monitoring processes.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 April 2022) and there were breaches of regulations. 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.

Why we inspected

We undertook this focused inspection to follow up on action we told the provider to take at the last inspection. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk as the provider had worked to make the necessary improvements to people's care to ensure their safety. Please see the Safe, Responsive and Well Led sections of this full report.

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

Follow up

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?

Good ●

The service was safe.

Details are in our safe 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.

Blyton Court

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 team consisted of one inspector. An Expert by Experience undertook telephone calls to relatives following the site visit. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Blyton Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Blyton Court provides nursing care as part of their registration. 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 announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

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 the inspection we spoke with 2 people who used the service and 8 relatives by telephone following the site visit. We spoke with, the cook and a kitchen assistant, a registered nurse and care staff. We also spoke with the registered manager. We reviewed a number of documents associated with people's care needs, this included medicine administration records and 3 care plans. We also reviewed documents associated with the running of the service, this included quality monitoring records, policies, environmental risk assessments and cleaning schedules.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection systems and processes were not effective in ensuring people received safe care and treatment. This related to the management of risks to people's safety and the administration of medicines. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(1).

Assessing risk, safety monitoring and management

- The risks to people's safety were assessed and measures were in place to reduce both personal and environmental risks for people living at the service. Where people required specialist diets and medicines these were given. The information in people's care plans gave staff guidance on their dietary needs and how to support them, the staff we spoke with showed good knowledge of these needs.
- A number of people at the service had limited mobility. Some people required specialist chairs, these chairs had been assessed to ensure they were suitable for people and there was information in people's care plan on the safe use of the chairs. During the inspection we saw people using their personalised chairs, the staff supporting them followed the guidance in people's care plans to ensure they were safe and used aids and regular repositioning of people to prevent skin damage.
- People's health needs were regularly assessed. For example, where people could experience seizures we saw there was information in their care plans on how a person was affected and how to support them. This included information on when staff would need to administer medicines and when emergency medical assistance would be required.
- Risks relating to the environment had been assessed and measures were in place to reduce risks. For example, the risks relating to fire had been mitigated by following current legislation on the use of fire alarms, lay out of the building, and use of fire doors and staff training in fire safety. People living at the service had personal emergency evacuation profiles (PEEP's) in place showing the support they would need in an evacuation.

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.

Using medicines safely

- People's medicines were managed safely. Their medicines were administered by staff who had received training in the safe handling of medicines. People's medicine administration records (MARs) showed their picture, any allergies and how people liked to take their medicines and what support they needed. Where people needed medicines to be crushed or administered in food, there were records to show this had been discussed with both their GP and pharmacist to ensure it was safe to be administered in this way.
- Some people required their medicines to be administered covertly. We saw when this was required there had been best interest meetings and clear discussion with GP, pharmacist and relatives to ensure this was undertaken safely and in the person's best interest. Where people received as required medicines there were protocols in place, so the medicines were administered when people needed them, and in a safe way.
- People's medicines were stored safely and there were regular checks and audits in place to monitor practice, and ensure a good oversight of medicine administration.

Staffing and recruitment

- When we last visited the service there was not always the right staff in place to support people. The service did not always have enough nurses to cover shifts. At this inspection we saw this issue had been resolved and there were enough appropriately trained staff to support people. The registered manager told us they had been able to recruit nurses, and this had a positive effect on the stability of the service.
- The rosters we viewed showed the number of staff matched the established numbers of staff the provider had assessed as being required to safely support people. One relative we spoke with said, "There wasn't (enough staff) at one-point last year. Now there is plenty about." Staff we spoke with told us they felt there was enough staff to provide the right support for people.
- During our inspection we saw staff worked well together as a team and everyone show good knowledge of people's needs. For example, at lunch time the kitchen staff worked with care staff to support people with their meals.
- There were safe recruitment processes in place. Potential staff underwent an interview process, checking of references and any gaps in employment were explained. The provider also used the Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and the provider had systems and processes in place to support this. One person we spoke with told us they felt safe at the service and they liked the staff supporting them. Relatives told us they felt their relatives were safe. One relative said, "The carers keep [Name] safe, providing constant care."
- Staff had received training in safeguarding adults and showed good knowledge of the types of abuse people could be exposed to and what their responsibility was in reporting any concerns they had.
- The registered manager understood their responsibility to work with the local safeguarding team and investigate any concerns raised to them.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was following government guidance in relation to visiting, and relatives were able to see their family members safely and at times of their choosing.

Learning lessons when things go wrong

- There were processes in place to learn from events and incidences. The staff had the daily handover, morning flash meetings and at the end of a shift a daily huddle where any issues were reviewed. The registered nurse told us the communication around events was good. They said following incident and accidents there would be a debrief and the team needed to undertake a review and learning event within a week to ensure any actions required had been addressed.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating 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

- People received personalised care from staff who showed good knowledge of their needs. There was clear information in people's care plans on how they preferred to be supported. We saw this had a positive effect on people's daily lives. One relative said, "I love how they push [Name's] independence and encourage them to be active." They went on to say, "[Name's] quality of life is amazing." The relative told us staff had achieved things with the person they had never been able to achieve.
- There were clear examples of how the personalised support had benefited people. One person who had come to live at the service almost a year ago had showed improvements in their daily living activities through the personalised support they received. This had positively impacted on their continence, mobility and independence. One member of staff told us the staff team had worked with the person closely and the person who could not use words to communicate now came to staff to let them know they wanted the toilet. This had impacted positively on their skin integrity and dignity.
- One person told us staff followed their wishes when providing care, they discussed what support they needed from staff and we saw their care plan reflected this. A further person who could become distressed when being supported had clear information in the care plan on how staff should provide support, using distraction techniques that were known to have a positive effect on the person's distress.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- There were examples of how people were supported with accessible information. One person who benefited from structure throughout their day had a visual easy read board in their room to support them with their daily activities. The person was unable to use words to communicate so was able to point to activities and communicate their needs in this way.
- There was easy read signage in place to support people move around the service and staff used the sign language Makaton to communicate with people who were nonverbal. There was a poster in place which had the word of the week displayed using the Makaton signage to help people develop their Makaton skills.

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

- People were supported in an individualised way to follow their interests. Relatives told us staff had worked

with them to ensure people were able to follow the things they were interested in. One person told us they enjoyed spending time in the communal areas during the day and joining in with activities and then in the evening relaxing in their room and watching the television. They told us they had the choice as to what they did.

- The provider had an activities coordinator in post, and they were supported by staff so people's interests and likes could be pursued. All the staff we spoke with showed a good knowledge of how best to interact and engage with people. One member of staff said, "Some people have a short attention span, we tailor the activity to this. "They gave an example of different activities they would undertake that may only last about 10 minutes such as foot massages or looking at books together. They told us little and often was the key to supporting people.
- We saw people were able to join in with different activities and use the sensory room at the service. On the morning of our visit some people had joined in with a quiz while others enjoyed listening to music in another area of the service. People had the chance to go out into the community to undertake different activities of their choice, this included going to specific events, holidays or going out to the local ice cream parlour. On the day of our visit one person went to the pantomime.

Improving care quality in response to complaints or concerns

- There was processes in place to manage complaints. The complaint procedure was displayed in the service. The activities coordinator held a monthly resident meeting called 'your voice' they used easy read documents to show people and go through the safeguarding and making a complaint process.
- The registered managers used their quality walk round of the service, to ask bespoke questions of people who can respond. Monthly family meetings were held to address any concerns for those residents who cannot verbally communicate. People's key workers held monthly meetings and anything they found as a concern would raise and document to ensure people's voices are heard.

End of life care and support

- Where people and their relatives were happy to discuss end of life care, these wishes were documented in an advanced wishes care plan. The registered manager told us people and their relatives were often reluctant to discuss this aspect of people's care. However, she continued to work with them to gradually gather information.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating 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.

At our last inspection we found the provider failed to ensure that governance systems or processes were established and operated effectively. In the absence of a registered manager there had been inconsistent and disjointed leadership at the service impacting negatively on the quality monitoring systems in place. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17(1).

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since our last inspection there had been a new registered manager appointed. They had worked hard to encourage and promote a positive culture for people at the service. We saw information in care plans written in a person-centred way and interactions between staff and people were person centred. Staff worked with people to achieve good outcomes for them. Staff showed good communication skills which were tailored to each person's communication abilities. This had impacted positively on the people living at the service.
- The registered manager had worked to build a strong staff group with a clear structure of management at the service. Staff we spoke with were clear about their roles. For example, they understood the importance of reporting, recording and reviewing incidents and accidents to reduce the risk of reoccurrence.
- The registered manager had worked with her regional manager and staff team to address the issues we highlighted in the last report to ensure the auditing processes in place were consistent and robust. People's behaviours, incidences and accidents were analysed to establish any trends. The registered manager gave an example of how by monitoring a person's behaviour patterns and staff responses to it, they had been able to highlight the best way to respond to the person to reduce their anxieties.
- Action had been taken when medicines, care plans and the environment audits highlighted issues. 1 audit, undertaken by the regional manager, around people's mealtime experience had highlighted some areas which needed addressing, such as the lack of background music and the way the tables were laid. Our mealtime audit on the day of inspection showed these issues had been addressed by the registered manager and their staff team, resulting in a positive mealtime experience for people.

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 registered manager understood their responsibilities under the duty of candour. They worked in an open and honest way to people and their relatives should any incidents occur.
- The registered manager also undertook their legal responsibility to notify CQC of events at the service.

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

- People were supported to engage with their key workers and the registered manager to give their opinions on the way the service is run. This included both individual and group activities, decoration of the service and the structure of people's day. This was gained via meetings, individualised support considering their individual communication needs, and engaging with people's relatives. One relative gave an example of how they had brought up an issue with the registered manager and it had been addressed at the 'One voice' relative's meeting.
- Staff were supported to attend staff meetings, discuss ideas with the registered manager and through individual supervision. Staff told us the registered manager was supportive and approachable. All the staff we spoke with told us the service had improved since the registered manager had been appointed. They spoke positively about their jobs and how well they worked as a team to provide a caring open environment for the people who lived there.

Continuous learning and improving care; Working in partnership with others

- The staff team at Blyton court worked in partnership with a number of different health professionals to improve people's care. This included people's GP, social workers, physiotherapist, speech and language therapy (SALT) team and behaviour therapist. One person's mobility had improved since coming to the service and staff had supported the person to strengthen their muscles using equipment provided by the person's physiotherapist.