

Mrs M Lane

# Blakesley House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Blakesley House Nursing Home is a care home providing personal and nursing care to up to 22 older people, including those who are living with the experience of dementia. At the time of our inspection, 14 people were using the service.

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

People were not always protected from the risk of avoidable harm. Although risks to people's safety and wellbeing were identified, and measures were in place to minimise these, incidents such as falls and aggression had continued to happen.

Records were not always completed appropriately and in a timely manner. People did not always receive their medicines safely and as prescribed. Safety checks were undertaken regularly including fire safety and environment checks. However, we found some safety issues during our visit, such as unsecured cupboards and windows.

Although there seemed to be enough staff on duty to meet people's needs, during mealtime, people being cared for in their rooms were not always supported promptly.

People's health and nutritional needs were met.

The provider's monitoring systems had not always been effective as the systems had not identified the shortfalls we found at this inspection.

The provision of activities had improved and we saw people were consulted and supported to undertake activities of their choice.

Feedback indicated people using the service were happy with the care they received. Relatives' opinion of the service varied, with one being happy with the care and the other expressing negative feedback.

There were robust procedures for preventing and controlling infection, and the staff followed these.

There were procedures to help make sure staff employed were suitable and had the skills and knowledge they needed. These included recruitment checks, regular training and supervision. The staff told us they were happy working at the service.

The provider was suitably qualified and experienced. They worked with staff who had been at the service for a long time and who knew people well. There were appropriate systems for reviewing people's health and working with relevant health and social care professionals.

### Rating at last inspection and update

The last rating for this service was requires improvement (published 5 August 2021) and there was a breach of regulation 9 (Person-centred care). At this inspection we found improvements had been made in this area but the provider was still in breach of regulations.

### Why we inspected

We carried out an unannounced focused inspection of this service on 7 July 2021. One breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person-centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, responsive and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Blakesley House Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

We have identified breaches in relation to safe care and treatment, safeguarding service users from abuse and improper treatment and good governance. 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 for the provider to understand what they will do to improve. We will work alongside the provider and local authority to monitor progress. We will 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive 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** ●

# Blakesley House Nursing Home

## **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 2 inspectors 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.

#### Service and service type

Blakesley House Nursing Home 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. Blakesley House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

The provider is registered as an individual and as such is not required to have a registered manager in place. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. 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.

## Notice of inspection

This inspection was unannounced.

## 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. 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 used all of this information to plan our inspection.

## During the inspection

We spoke with 8 people who used the service and 1 relative about their experience of the care provided. We spoke with 7 members of staff including the provider, 2 nurses, 3 care workers, 2 agency care workers and the chef. 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 reviewed a range of records. This included four people's care records. We looked at 3 staff files in relation to recruitment and staff supervision. We looked at how the provider was managing risk in the service including incidents and accidents. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection, we continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted 3 relatives and received a call from 1 other relative. We emailed 3 professionals who regularly visit the service but did not receive a reply.

# 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. At this inspection the rating 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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. However, concerns were not always recorded or reported appropriately and in a timely manner.
- For example, we were informed by the provider that on 10 January 2023, unexplained bruises were found on a person's body. On the person's care records, nothing was recorded on 10 January, but reference to bruises was recorded on 11 January 2023. There was no incident record to show these unexplained injuries had been recorded, reported or investigated.
- Nobody had been able to provide an explanation for the bruises, even though the person was receiving one to one staff support throughout the day and night.

The provider had not always ensured that where concerns were raised which could have been as a result of potential abuse or neglect, appropriate action was taken according to safeguarding adults processes to rule out the possibility of 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.

- We discussed the above with the provider who made a safeguarding referral on the day of our inspection. We saw evidence this concern had been discussed with the staff after the inspection and the relative had been informed.
- The provider had a safeguarding policy and procedure, and staff received training in these.

Assessing risk, safety monitoring and management

- People who used the service were not always protected from the risk of avoidable harm. Two people tended to become upset and had difficulties managing their anxiety, at times expressing aggression towards staff and other people. Incidents were analysed and discussed with the team and relevant professionals. Also one to one staff support had been commissioned by the local authority for each person. However, this support had not always been effective and had not prevented incidents from happening. This meant the plans to support people when they expressed frustration and aggression had not been effective.
- People had not always been safely cared for. One person had sustained a fall slipping on wet floor as a cleaning staff was mopping their bedroom. On another occasion, the person got up, walked around their room and fell even though they were being supported by a member of staff at the time.
- One person had sustained a hip injury although the cause of this was not known. Records showed that when the person first complained of pain in their hip after they had allegedly fallen, the GP was consulted

and the instructions were to administer pain killers and to observe the person. However, the person continued to complain of pain and no further medical treatment was sought until 10 days later. The person's risk assessments and care plan had not been reviewed or updated when they complained of pain. We discussed this with the provider and nurse who could not explain why this had not been updated.

- People's needs were not always met safely and appropriately. One person requested to go to the toilet. A staff member brought in a standing hoist to help the person mobilise. Two staff members attempted to support the person but did not demonstrate safe techniques for supporting them to move. One staff member placed the person's feet on the standing plates and asked the person to grip the handles. The person verbalised, "This arm is sprained. I don't feel safe using it." The person would not have been able to stand from their sitting position, but the staff were unsure how to support them to move closer to the edge of the chair.

- Several staff members including the provider attended to the person but none were able to support them appropriately. The cook attempted to support the person to transfer in a different way which they were unable to do. The provider did not stay and did not provide any guidance to staff. In addition, there was no attempt to use a screen to protect the person's dignity and privacy until we suggested this.

- During our check of the environment, we found some environmental risks. For example, some windows had integral restrictors which could be disabled which meant the window could be fully opened and a person would be able to get through it, placing them at risk of falling from height. These did not fit the requirements for window restrictors as these should be of a type that cannot be easily disabled.

- One sash window on the 1st floor did not have a restrictor and could be opened wide enough for someone to get through. We were told by staff that only people who were cared for in their bed lived on this floor. However, we were aware there were people who were more mobile and who therefore could have access to the windows as to people had full access to various areas of the home.

- There was a cupboard containing some electrical equipment and a first aid locker containing dressings, catheter equipment and purified water which were left unlocked and which could pose a risk to people. We discussed this with the provider who assured us after the inspection they had installed a lock on both cupboards.

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider took prompt action to make improvements. For example, they told us they arranged for more suitable window restrictors to be installed and ensured the cupboards we found unlocked were fitted with appropriate locks.

- There were clear risk assessments in place where a risk to a person's safety or wellbeing had been identified. Risks assessed risk of harm to self and others, skin integrity, nutrition and falls. The provider had identified that a person was at risk of climbing over the bedrails, and these had appropriately been removed.

- The service had received a food hygiene inspection the day after our inspection and had been awarded the highest rating of five.

- The provider had a health and safety policy in place, and there were processes and checks in place to help ensure a safe environment was provided to people, staff and visitors. These included gas, water and fire safety checks. Environmental risk assessments were in place and included electrical appliances, lighting, smoke detectors and call bells. Equipment was regularly serviced to ensure it was safe.

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 did not always receive their medicines safely and as prescribed.
- We reviewed the medicines administration records for 5 people who used the service. The staff signed these each time they administered a person's medicines. One person was prescribed 2 medicines to be taken each day. According to the number of signatures, 8 tablets should have been left but 9 remained in each of the boxes.
- For another person, 37 tablets remained in the box when there should have been 31 if the person had received all this medicine as prescribed. We discussed our findings with the nurse, who was unable to explain these discrepancies.
- Although there were regular medicines audits taking place, these had not identified the errors we found during our visit.

There was no evidence that people had been harmed, however, failing to ensure people receive their medicines safely and as prescribed is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were 'as required' (PRN) protocols in place and these were appropriately completed. They contained information about the person, when they might need these medicines and the expected outcome. There were initial pain assessments in place specifically for people who were unable to express verbally if they were in pain. These also contained body maps to mark areas where the person may have pain. This helped the staff make decisions whether a person may request pain-relieving medicines.

#### Staffing and recruitment

- There were enough staff on duty to meet the needs of people who used the service. However, during mealtimes, we found two people who were being cared for in bed had to wait to be supported with their meals because only one member of staff was available to support both.

We recommend the provider reviews their staffing levels to ensure people's needs are met in a timely manner.

- Recruitment practices ensured staff employed were suitable to support people. Checks were undertaken before staff started working for the service. These included checks to ensure staff had the relevant experience and qualifications, obtaining references from previous employers, reviewing a person's eligibility to work in the UK and ensuring relevant criminal checks had been completed.
- New staff received an induction into the service which included training the provider identified as mandatory. In addition, staff received training specific to the needs of the people who used the service, such as person-centred care and dementia awareness. Staff received regular supervision and yearly appraisals.

### Learning lessons when things go wrong

- The provider had systems in place for learning from incidents, accidents and complaints. Where incidents and accidents occurred and had been recorded the provider analysed these to identify trends and patterns to prevent similar incidents and accidents from occurring again. These were shared with staff so learning took place.

### 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.

People who used the service were able to receive visitors whenever they wished and relatives told us they felt welcome.

# 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 remained requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Although care plans were usually reviewed and updated as people's needs changed, one person's falls care plan had not been updated in a timely manner. This meant the staff did not always have up to date written information about people. Some care records contained conflicting information and were not always recorded in a timely manner. For example, a person's falls care plan had not been updated following a fall. For another person who had been found with bruises on their body, staff had not been consistent in their recording of the location of these.
- The staff members we spoke with indicated they did not always read people's care plans but relied on the nurses to pass on any updates. This meant there was a risk they may not be aware of changes in a person's condition and people's needs may not be met appropriately.
- We discussed this with the provider who told us they would improve their record keeping and discuss this with the staff. They told us after the inspection they had arranged an immediate meeting to discuss the concerns raised.
- People and relatives said their needs were met and they were happy living at the service. One person told us, "They look after my diabetes. They always monitor my levels daily." A relative agreed and said, "I like it here. It's small and [family member] gets attention... [Family member] has made excellent progress here."
- The staff knew people's needs well and were able to describe people's individual needs, likes and dislikes. We saw evidence of this during our inspection.
- Care plans were developed from the initial assessments and were detailed. They contained all relevant information about the person, and their individual needs and how to meet these.
- Care plans contained a basic summary of the person, such as important family members, their likes and dislikes, how they wanted to be supported and anything people needed to know about the person. They also contained people's background and family history and personality. People's religious and cultural needs were recorded in their care plans and met.
- People's healthcare needs were recorded in their care plans and regularly reviewed. We saw evidence people had access to healthcare professionals and their health needs were met.

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 last inspection, we found, the provider had failed to ensure people's needs were met in a person-centred way. This was a breach of regulation 9 (Person-centred care) 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 9.

- At our last inspection, we found people were not always supported to undertake activities of their choice. We saw evidence that the provider had made improvements in this area.
- Care plans included information about people's preferred social activities, interests and hobbies. There was a board displayed in the lounge which stated planned activities for each day of the week. This was clear so people could be suitably informed of what was happening.
- On the day of our inspection, the staff were playing a range of music which people seemed to enjoy. The staff encouraged people to participate in singing and dancing. A relative told us, "My [relative] came to visit [family member] the other day and said [they were] dancing. That cheered me up no end."

#### 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.

- People's communication needs were recorded in their care plans. People had communication care plans in place. These included the person's communication needs and how staff could meet these.
- Some documents were available in a pictorial format to help people understand and facilitate communication where this was needed. One staff member gave us an example where they showed pictures and photographs to a person to help them understand and make a choice.
- We observed the staff communicating appropriately with people who used the service, giving them time, making eye contact, speaking clearly and offering them choice. For example, by showing a plated choice of meals to people sitting in the lounge for lunch. We saw all staff interacting with people in a kind and caring manner.
- People were supported to keep in touch and communicate with family members who could not visit, using electronic devices. For example, one person was regularly supported to speak and see relatives who lived in another country. The staff were familiar with the names of these relatives and this facilitated a good rapport with the person.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy and relatives we spoke with knew how to make a complaint. There was poster displayed in a cartoon format to remind staff people had a right to complain and that complaints must be taken seriously.
- The provider had received a recent complaint and we saw evidence they were dealing with this in line with the complaints policy.

#### End of life care and support

- There were end of life care plans in place. These stated how people wanted their care at the end of their lives, who they wanted informed, and what arrangements they wished for their funeral. For example, one person's care plan specified they wanted to be seen by a priest and be given the last rites when the time came.
- The home was accredited to the Gold Standard Framework (GSF) since 2013. GSF is an approach to

planning and preparing for end of life care. The provider had met the necessary standards to maintain their accreditation and had recently achieved platinum level.

# 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 remained 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.

Continuous learning and improving care

- The provider had not consistently sustained the improvements they had made at the last inspection, and their monitoring systems had failed to identify the concerns we found during this inspection.
- The provider's medicines audits had not identified the discrepancies we found during our check of people's medicines. Therefore people were not always protected against the risks associated with the management of medicines
- The provider's safety checks had not identified some areas of concerns which put people at risk of avoidable harm.
- Although measures were in place to protect people with complex needs, such as for people who might express agitation and frustration, these measures were not effective as incidents had continued to happen, putting them and others at risk of harm.
- The provider's monitoring systems had failed to identify and make the necessary improvements when there were not always enough staff available at mealtime to meet people's needs appropriately.
- The provider's monitoring systems had not identified that care records were not always completed, reviewed and updated in a timely manner so these appropriately reflected people's current needs and preferences.

The provider did not have effective arrangements to assess, 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.

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

- The feedback we received from relatives varied. Most relatives thought their family members' care needs were met and trusted the nurses and care staff. One relative told us, "They've made excellent progress in here. [Family member] has come a long way." However, some relatives were not happy with the service.
- There was a good and positive atmosphere, with staff that were friendly and engaged well with people who used the service.

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 told us they understood the importance to be honest and open when mistakes were made, or if incidents happened, and to offer an apology. They said, "It is about reporting mistakes, if something happens, we have to report it."

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

- Although the provider understood their role and duty, standards had deteriorated at this inspection. We discussed with them the issues found during our inspection in relation to the increased risk to people's safety and wellbeing. They told us they have learned that they needed to have a more robust way to assess people before admitting them, as this may prevent people being placed wrongly and their needs not being met.
- The registered manager attended training to keep up their skills and told us, "I have just done 'infection control for managers'. Social services tell us all about training available and we can book whatever we need. It's all free."
- There were regular staff meetings and daily handover meetings so relevant information was discussed and shared. This helped ensure staff had up to date information about people's health and wellbeing and could follow up on anything outstanding such as making a referral or taking someone to an appointment.
- Referrals were made promptly to other healthcare professionals where this was required and people's healthcare needs were monitored well.

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

- People were supported to be involved in personalising their rooms according to their taste, and their preferences were respected. There were in some rooms signs that people were being supported with their spiritual preferences. For example, several rooms had Christian pictures and one contained a book of prayers and a crucifix. We observed a staff member say Grace prior to supporting a person who had Christian items in their room.
- The provider issued questionnaires to people and relatives to enable them to monitor their views, review suggestions and make improvements where needed. Overall, comments in the completed questionnaires we reviewed were positive.
- Staff told us the nurses and the provider were approachable and had a nice manner when talking with them.
- Staff said they received supervision and there were regular handovers and meetings. Staff worked well together and spoke of good teamwork in the home between the care workers, nurses and management.

Working in partnership with others

- The provider worked well with the healthcare and social care professionals involved in the care of the people. The provider told us, "The local authority has been helpful. [Quality assurance officer] has been supportive to us."
- We saw evidence people were referred promptly to the relevant professional when needed. Where people were cared for in bed, we saw evidence they were referred to the tissue viability nurse (TVN) for support with wound care where their skin was at risk of breaking down.
- Records showed a range of healthcare professionals were involved in people's care included the GP, community matron, TVN and speech and language therapists. We saw a record of their visits which included any instructions and advice on how to support the person.
- The provider liaised regularly with the local authority and attended provider forums and managers' meetings which they were invited to. This helped them keep updated about any changes within the care sector and share information with others.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered person did not always assess the risks to the health and safety of service users of receiving care and treatment.  The registered person did not always ensure the proper and safe management of medicines.  Regulation 12 (1) (2)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The registered person did not always ensure systems and processes were operated effectively to prevent abuse of service users.  Regulation 13 (1) (2)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person did not have effective arrangements to assess, monitor and improve the quality of the service.  Regulation 17 (1)

