

# Chislehurst Care Limited

# Blyth House

## Inspection report

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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

### About the service

Blythe House is a nursing home that provides personal and nursing care support for up to 16 people in one adapted building. At the time of our inspection there were 15 people living at the service.

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

People were safeguarded against the risk of abuse and harm. Safeguarding procedures were in place and the registered manager and staff had a clear understanding of these procedures and how to respond to concerns appropriately. There were systems in place that ensured the handling and responding to complaints was managed appropriately. There were systems in place that enabled good oversight of the management of the service and to monitor the quality of care that people received.

Appropriate recruitment checks took place before staff started work and there were enough staff to meet people's needs safely. Medicines were managed safely. The provider and staff followed current government guidance in relation to infection prevention and control.

People's care and support needs were assessed before they started using the service and care plans were in place to ensure staff could support them safely. Staff received training relevant to people's care needs. People received appropriate care and support from staff to maintain a healthy balanced diet.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 6 November 2020).

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 unannounced 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. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

You can read the report from our last inspection, by selecting the 'all reports' link for Blyth House on our

website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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?

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 safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Blyth House

## 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 was made up of one 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. The site visit was carried out by one inspector. The Expert by Experience made phone calls to relatives on the day of the inspection.

#### Service and service type

Blyth House 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. This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in place.

#### 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. This included safeguarding referrals and notifications of significant events. 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 took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

Some people were unable to verbally express their views about their care, so we made observations of the care provided and 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 spoke with two people living at the service. The Expert by Experience spoke with five people's relatives by telephone to seek their feedback on the care and support their loved ones received.

We met and spoke with the registered manager, registered nurse, two care staff and an activity coordinator. We reviewed a range of records, including three people's care records and eight medicines records. We looked at three staff files in relation to staff recruitment and supervision, and a variety of records relating to the management of the service, including monitoring checks and audits.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

At our last inspection we found systems and processes were not safely established and operated effectively to investigate concerns of abuse. Staff had not always completed safeguarding training and did not know how to report concerns appropriately.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- During our inspection we observed that people were relaxed in the presence of staff. One person commented, "The carers are very kind, always helpful and yes I do feel very safe." People's relatives told us they thought their loved ones were safe. One relative commented, "It feels safe there because of the ability of the care team to reassure [relative] they are safe. [Relative] also tells me they feel safe and secure. The home's procedures are reassuring to us. [Relative] has a smile on their face."
- Staff had received up to date safeguarding training. Staff were knowledgeable about the different types of abuse and the signs to look out for. They told us they would report any concerns they had to the registered manager and were aware of the provider's whistleblowing policy and how to raise concerns outside of the service if required.
- Systems and processes were in place and operated effectively to ensure concerns were investigated and managed appropriately in line with current good practice guidance.
- Staff we spoke with understood the importance of reporting and recording accidents and incidents. Records showed that staff took appropriate actions to address accidents and incidents and where required staff referred to health and social care professionals to ensure people's safety and well-being.

Assessing risk, safety monitoring and management

- People were kept safe from the risk of avoidable harm. Risks to people's health and well-being were assessed, documented and reviewed to ensure their needs and wishes were safely met.
- Risks to people were assessed in areas such as moving and handling, medicine management and nutrition and hydration. Risk assessments included guidance for staff on how best they could support individuals and prevent or mitigate identified risks occurring.

Using medicines safely

- Medicines were safely managed. People and their relatives told us they received their medicines when required. One person commented, "The staff are very good, they always make sure I have my tablets when I should."
- We observed staff administer medicines safely. Medicines administration records we looked at were completed correctly. There were medicines risk assessments in place and guidance for staff on how to administer as required medicines.
- Medicines were administered by staff who were appropriately trained and whose competency was checked to ensure the continued safe management of medicines.

#### Preventing and controlling infection

- People were protected from the risk of infection. We observed during our inspection and people told us that staff wore personal protective equipment (PPE). One relative said, "Staff wear all the PPE and I am always handed it myself when I visit. The home give me a mask etc. and a temperature check is done."
- There were up to date infection prevention and control policies and procedures in place and staff knew how to minimise the spread of infections or diseases.
- Staff had completed training in infection prevention and control and had access to good supplies of PPE.

#### Staffing and recruitment

- Throughout our inspection we observed there were enough staff to meet people's needs in a timely manner. One person told us, "There is always someone around if I need them, they come and check on me regularly and always come if I call them." A relative commented, "Always enough staff and a good number around to answer any concerns. Always a prompt reply if I phone."
- Appropriate recruitment practices were in place and satisfactory pre-employment checks were completed before new staff began working. Checks included employment history, identification, references, right to work in the United Kingdom and criminal records check. This ensured staff were suitable for their roles.

# Is the service responsive?

## 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 now improved to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection we found the provider had failed to ensure there was an effective and accessible system in place for identifying, receiving, monitoring and responding to complaints.

This was a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- Complaints were managed effectively. There was an up to date complaints policy and procedure in place. The complaints procedure was available in formats that met people's needs.
- People told us they knew how to raise a complaint or concern and felt confident the issues they raised would be addressed. One relative commented, "I am comfortable with the manager's response. She took the problem seriously and has put extra checks in place." Another relative said, "The manager is responsive and easy to talk to."
- There were systems and process in place to ensure complaints were received, monitored and responded to in line with the provider's policy. Records showed that when complaints were raised, these were investigated and responded to appropriately. Where necessary we saw discussions were held with complainants, and letters were sent in response to resolving complaints and or concerns.

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

- People were involved in the planning of their care to ensure the support they received met their individual needs and wishes. One relative told us, "There is very good communication with the home. I speak to the carers regularly and have spoken to the manager on several occasions, very helpful. The carers and [relative] communicate well, they talk to [relative]. They involve [relative] and are always asking how they are."
- Records showed that people's needs and wishes were discussed with them and their relatives to establish their preferences and ensure the support they received was meeting their needs. Care plans documented people's individual care and support needs and provided information and guidance for staff on how best to support people to meet their needs.
- Staff knew people well and were knowledgeable about how they liked to receive their care and support. During our inspection we observed good communication and interaction between people and staff and

people were treated respectfully by staff.

#### 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's communication needs were appropriately assessed and documented within their care plans.
- People had access to important information in a format that met their needs, for example, large print and or easy to read documents.
- People and their relatives told us communication was good and information was provided to them. One person told us, "Staff always talk to me, they also listen which is really important." A relative commented, "Staff are very approachable. They communicate well with [relative]. [Relative] would tell me if they had any problems with communication."

#### End of life care and support

- People received care and support at the end of their lives.
- People were supported to make decisions about their preferences for end of life care if they chose, and these were retained in their care records.
- Staff had received training on end of life care and had well established links with health and social care professionals and local hospices.

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 to participate in meaningful activities within the service whilst ensuring their safety in line with government guidance. One relative told us, "Staff try to get [relative] into the lounge for activities, but [relative] is far more comfortable in bed. They [staff] do their best and there is lotto, bingo etc. and they have bought jigsaws for [relative]." Another relative said, "People come in and sing and [relative] tells me they really enjoy it."
- During our inspection we observed staff spent time with people socialising and engaging in activities such as reading, playing games and making puzzles.
- Activity staff visited people in their rooms where required to engage in one to one activities of their choosing.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

At our last inspection we found systems to manage and monitor the safety and quality of the service were not sufficiently robust. The provider and registered manager had failed to recognise the importance of regularly monitoring the quality of the service to help ensure safe service delivery and to help drive improvements.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were effective quality monitoring systems and processes in place, which were monitored and maintained by the registered manager.
- Regular checks and audits were conducted on important areas of the service, such as medicines, health and safety, IPC, care plans, safeguarding and accident and incidents. These ensured a good oversight of the service was maintained and people received safe and responsive care.
- Checks and audits were recorded and also monitored on the provider's centralised system. This enabled the provider to have an oversight of quality and safety at the service.

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

- During our inspection the registered manager was open and receptive to feedback given. They were experienced and understood the duty of candour regulation and recognised the importance of being open and honest with people and their relatives.
- People and their relative's told us they were happy with the care and support provided and the home was well managed. One person said, "I'm very happy living here, they [staff] are all very nice and really care. I think this place is very well run." A relative commented, "The manager is so lovely, she seems to run a really good team. Staff are all happy and I think that is a good indication." Another relative told us, "The home seems to be quite calm; no one is rushing around but staff are always to hand."

- Staff told us the registered manager and provider were approachable and supportive. Comments included, "I have supervision and get up to date training", "We have meetings but I can go to the manager at any time", and, "We are a very supportive team and always help each other to do the best we can for people."

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

- People were treated in a respectful and dignified manner and their equality characteristics were appropriately considered. Staff addressed people by their preferred names and interactions were observed to be kind in nature and respectful.
- People and their relatives views about the service were sought on a regular basis through a range of methods such as meetings and questionnaires. Comments from people and their relatives in relation to opportunities for feedback were very positive. Comments included, "I have received a number of surveys. I made only positive comments", "I receive a survey form every six months. No issues raised by me. 'Teams' meetings take place and there are regular updates", and, "I give feedback verbally and I tell them [staff] I appreciate what they do. Only have good things to say about them."

Working in partnership with others

- The home worked in partnership with a range of health and social care professionals such as the GP and local hospices to meet people's needs appropriately. Care records documented advice received from health professionals to ensure staff followed any guidance given.
- The registered manager attended the local authority provider forums to gain support and advice when required and to help drive service improvements.