

Ms Catherine Blyth

Feng Shui House (Blackburn)

Inspection report

548 Preston Old Road
Blackburn
Lancashire
BB2 5NL

Tel: 01254433380
Website: www.fengshuihouseblackburn.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Feng Shui House (Blackburn) is a residential care home providing accommodation and personal care to up to 16 people. At the time of our inspection there were 13 people using the service.

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

Systems in place for staff recruitment were not sufficiently robust. Staff files did not all contain the required pre-employment checks to ensure fit and proper people were employed. Health and safety checks were being carried out, but we found areas of the home that were not properly maintained or cleaned. Training records did not all accurately reflect training that staff had completed and staff had not received all the training required to undertake their duties effectively.

We observed some staff wearing face masks inappropriately whilst supporting people who used the service. We found that not all staff had received PPE or COVID-19 training. There was a range of audits and monitoring in place, but they were not sufficiently robust and systems for ongoing quality monitoring had not identified the breaches of regulation found during the inspection.

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.

There were sufficient staff to meet people's needs. People felt safe living at the home, staff knew how to raise concerns. Medicines were managed and administered safely. Risks to people were identified and reviewed regularly.

The provider was managing the risks associated with COVID-19. Regular COVID-19 testing was taking place. There were supplies of personal protective equipment (PPE) readily available to staff and visitors. People were supported to have visitors as per government guidance. The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19. People's needs were assessed before they started to live at the home. People were positive about the food provided.

People and their relatives said the care and support people received was caring and kind and the home has a 'family' feel to it. We observed staff supported people respectfully and with kindness. Staff were very positive about the provider and the new management team. Staff spoken with said managers of the service and the provider are very approachable.

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

Rating at last inspection

The last rating for this service was good (published 17 February 2020).

Why we inspected

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. This included checking the provider was meeting COVID-19 vaccination requirements.

We received concerns in relation to recruitment processes, training records, unclean environment and poor care. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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 good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Feng Shui House (Blackburn) on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to premises and equipment, staff recruitment, staff training and systems of governance for the monitoring and oversight of the service at this inspection.

We have taken enforcement action. 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 from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Feng Shui House (Blackburn)

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 included checking the provider was meeting COVID-19 vaccination requirements. 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 undertaken by two inspectors who visited the service.

Service and service type

Feng Shui House (Blackburn) 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. Feng Shui House (Blackburn) is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This first day of inspection was unannounced.

What we did before inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. 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 all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and also spoke by telephone with five relatives of people living at the service. We spoke with the provider, assistant manager, deputy manager, the cook and four care workers.

We reviewed a range of records relating to the concerns raised and the management of the service. These included care records, records relating to medicines, staff recruitment, training and supervision, building maintenance, cleaning and equipment checks, accident and incidents and safeguarding logs and policies and procedures for infection control. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

We also spent time in communal areas observing how staff supported people.



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.

Staffing and recruitment

- Systems in place for staff recruitment were not sufficiently robust. Not all staff files contained the required pre-employment checks to ensure fit and proper people were employed.
- Full employment histories had not always been obtained, gaps in employment had not been explored, reasons for leaving previous employment had not always been sought. References had not always been appropriately sought from previous employment or care settings. Interview notes and health questionnaires were not recorded.
- Not all staff files contained evidence of Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Recruitment processes failed to ensure staff employed were properly assessed and vetted and were fit and proper to fulfil their roles and associated responsibilities. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient staff to meet peoples' needs. Staff knew people well, interactions were friendly, caring and unrushed. People told us staff always provided them with the support they needed and responded in a timely manner. One person said, "They know what they are doing generally. They come when you want them."

Assessing risk, safety monitoring and management

- Health and safety checks in the home had been carried out. There was a programme of regular servicing of equipment. However, we found lifted and ill-fitting carpets, a radiator cover not attached to the wall, ill-fitting curtains and blinds, a stained bed base, a torn fly screen and broken intumescent door strips that form part of fire safety and prevention measures.
- Most areas of the home were clean, clutter free and there were no unpleasant odours. However, we found the laundry untidy, due to bags of washing that were unable to be completed as there was only one domestic sized washing machine in operation. We found the hand washing sink in the laundry had no soap, sanitizer or paper towels.
- Care records including risk assessments were in place and reviewed regularly. We saw that two people had bed rails on their beds. Their care records did not include the required assessment for safe use of those bedrails.

Premises and equipment were not properly used and maintained for the purpose for which they were being

used. This placed people at risk of harm. This was a breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second and third day of our inspection we saw improvements had been made. These included securing or replacing carpets, replacement of a bed base, fixing intumescent strips. Appropriate handwashing facilities in the laundry had been put in place and a new washing machine had been purchased.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination.
- Staff had a good knowledge of safeguarding and whistleblowing and how to raise any concerns they had. Staff were confident any concerns raised with managers or the provider would be dealt with appropriately.
- People told us they felt safe living at the home. They said, "The staff are nice." Relatives told us, , "Yes,[person who used the service] says staff are lovely" and "[Person who used the service] is safe and extremely well looked after."

Using medicines safely

- Medicines were stored, managed and administered safely.
- Staff had received training in the administration of medicines and had regular competency checks. Staff were competent and confident with supporting people with their medicines.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were somewhat assured that the provider was using PPE effectively and safely .

During our inspection we observed some staff wearing face masks inappropriately, under their chins whilst directly supporting people who used the service. We found that not all staff had received donning and doffing or COVID-19 training. We have addressed this in the effective domain of this report.

We also found some concerns with the hygiene practises in the home. We have addressed this in the sections above.

A COVID-19 contingency plan was in place but needed updating to include current guidance. We have

signposted the provider to resources to develop their approach.

Visiting in care homes

- People were supported to have visitors as per government guidance. Relatives were very positive about how staff have helped maintain contact and encouraged them to visit.

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.

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.

- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- Records were kept of accidents and incidents that occurred to people who used the service and to staff.
- When accidents or incidents happened, care records were reviewed. However, records did not always include details of what was considered as part of the review. The provider told us this information would now be included.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Not all training records accurately reflected training that staff had completed. Certificates were in staff files for courses that had not taken place and other certificates for training that predated staff's employment at the location. We had confirmation that these certificates were not accurate.
- Four staff were identified in fire safety records as being fire marshals. Only one of these staff had up to date appropriate training. Only eight staff on the training matrix had received training in COVID-19. Four new starters had not received training in donning and doffing personal protective equipment (PPE).

Staff had not received the training required to undertake their duties effectively. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the provider confirmed a new training system was being introduced. This included the assistant manager having oversight of online training completion and an additional new training provider to provide some face to face training.

- Staff received supervisions and annual appraisals. Staff were positive about the support they received. Staff told us, "I don't think we could ask for any better management team. I could go to them for anything."

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

- A new cook had started at the service in January 2022. The cook was aware of people's dietary needs, likes and dislikes. They oversaw food purchasing to ensure ample stocks.
- People were very positive about the food. They told us, "The food is alright. There's plenty of it" and "It's proper food, it's wonderful."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- People's needs were assessed before they were admitted to the home, this helped ensure staff knew what support people needed.
- Staff worked with a variety of health and social care professionals to ensure people's health and social care needs were met.
- Managers spoke positively about the support they had received during the COVID-19 pandemic from the local authority.

- People's bedrooms were personalised with their own possessions.

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 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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was meeting the requirements of MCA. DoLS had been applied for as required. People, and where appropriate their relatives, had been involved in decisions about their care.
- The home has four double rooms that can each be shared by two people. Each of those bedrooms had a shared toilet area in the room. Because of this unique arrangement the provider informed us that people's consent to share the rooms was always sought and measures were taken to ensure people's privacy and dignity. Where people do not have capacity a best interest decision would be made. Only two of these rooms were shared at the time of our inspection.
- Staff demonstrated a good understanding and provided examples of how they ensured they involved people in decisions about their care and support.

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 good. At this inspection the rating has changed to inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The service was not required to have a registered manager in place as the registered provider was an individual who was responsible for the management of the service. The registered provider was also responsible for managing another care home. To assist them in the day to day running of the home a new assistant manager had recently started at the home. Staff were very positive about the provider and the changes being introduced by the management team.
- There was a range of audits and monitoring in place. There was evidence these had been completed, but they were not sufficiently robust. Systems for assessing, monitoring and improving the quality and safety of the services had not identified the breaches of regulation found during the inspection.
- Systems and processes had failed to identify premises and equipment were not properly maintained.
- Systems in place for staff recruitment were not sufficiently robust. Staff had been employed without the required pre-employment checks to ensure fit and proper people were employed. Full employment histories had not always been obtained, gaps in employment had not been explored, reasons for leaving previous employment had not always been sought. References had not always been appropriately sought from previous employment or care settings. Interview notes and health questionnaires were not recorded.
- Systems in place had not identified that all training records did not accurately reflected training that staff had completed staff. Staff had not received all the training needed to carry out their roles effectively.

Systems for assessing, monitoring and improving the quality and safety of the services provided in the carrying out of regulated activity were not always effective. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014

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

- People and their relatives said the care and support people received was caring and kind and the home had a 'family' feel to it. People consistently described a relaxed and calm atmosphere. People told us they liked living at the home and relatives told us they thought their family members were happy and safe. Relatives said, "I find it nice. My [person who used the service] is happy. Everyone is lovely. It's like a little family" and "We like the home and the staff. They are very caring and kind. They are really nice with [person who used the service]."

- During our inspection we observed staff supporting people in caring and respectful ways. One staff member said, "I enjoy working with the residents. I make time to sit and talk with them. It's quite chilled and relaxed."
- Staff told us managers were flexible and would always try to accommodate them if they needed changes or support.

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

- Statutory notifications are certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it. The provider had notified CQC of significant events such as safeguarding concerns.
- It is a requirement the provider displays the rating from the last CQC inspection. We saw that the rating was displayed on the provider website and in the reception area.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- There was a statement of purpose and service user guide. This gave people details of the facilities provided at the home. They explained the service's aims, values, objectives and services provided.
- Staff meetings and handovers were used to pass information and seek staff views. Staff felt valued and recognised and told us they enjoy working at the home.
- The service had a range of policies and procedures to guide staff on what was expected of them in their roles.

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	Regulation 15 HSCA RA Regulations 2014 Premises and equipment All premises and equipment were not properly used and properly maintained for the purpose for which they are being used.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received the training required to undertake their duties effectively.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems for assessing, monitoring and improving the quality and safety of the services provided in the carrying out of regulated activity were not always effective.

The enforcement action we took:

Warning notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes failed to ensure staff employed were properly assessed and vetted and were fit and proper to fulfil the roles and associated responsibilities.

The enforcement action we took:

Warning notice.