

Bablake House Limited

Bablake House

Inspection report

Birmingham Road
Millisons Wood
Coventry
CV5 9AZ

Tel: 01676523689

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14 July 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bablake House is a care home providing personal care to a maximum of 45 older people, younger people and people living with dementia within a large adapted building. At the time of our visit, 38 people lived at the home. This included six people in short term discharge to assessment beds (D2A) which are used to support timely discharges from hospital.

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

People felt safe and safeguarding procedures were in place to protect people. Staff knew how to manage risks, but guidance was not always in place to help them provide safe care.

People received their medicines when they needed them. However, we recommended the provider reviews their medicines policy to ensure it reflects best practice guidance and current legislation.

The management team had developed good working relationships with health and social care professionals and shared information when required to ensure people received the care and treatment, they needed to remain healthy and well.

Enough staff were on duty to meet people's needs and staff received an induction when they had started work to help them provide the care people needed. People and relatives had confidence in the ability of staff to provide effective care. Staff spoke positively about their training, but they had not received training to help them support people to manage some health conditions.

People spoke positively about the food and drinks provided and risks associated with eating and drinking were well managed.

The environment was clean and continued to meet people's needs. Areas in need of updating had been identified and plans were in place to make improvements. Staff practiced good infection control.

People liked the managers and had opportunities to feedback their views on the service they received. Staff enjoyed their jobs and understood what the provider expected of them.

The management team demonstrated commitment to their roles. Some action had been taken to strengthen quality monitoring processes to improve outcomes for people. However, some audits and checks required further improvement.

The management team understood their responsibility to be open and honest and lessons had been learnt when things had gone wrong.

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 13 June).

Why we inspected

The inspection was prompted in part due to concerns received about the quality and safety of the service people received including the management of some risks. As a result, a decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe, effective and well-led only.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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 effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service well-led?

The service was not always Well-led

Details are in our Well-led findings below.

Requires Improvement ●

Bablake 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an assistant inspector.

Service and service type

Bablake House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

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

Notice of inspection

Our inspection visit took place on 14 July 2020 and was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and health 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 nine people who lived at the home about their experiences of the care provided. We spoke with the registered manager, two senior care workers, three care workers, the chef, one domestic assistant

and the staff member providing social activities to people.

We observed the care people received in communal areas. We reviewed seven people's care records and multiple people's medicine records. We looked at a sample of records relating to the management of the service including training data, improvement action plans and a sample of completed audits and checks.

After the inspection

We spoke with one person's relative via the telephone.

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 good. At this inspection this key question has deteriorated 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.

Assessing risk, safety monitoring and management

- Information we received prior to our visit indicated people did not always receive safe care because some risks associated with their safety were not managed well.
- During our visit risk management plans were not always in place to help staff provide safe care. One person had a urinary catheter. A risk management plan had not been completed to inform staff how to manage associated risks including how to empty the catheter bag safely. The registered manager immediately addressed this shortfall.
- Despite recording omissions staff knew how to manage risks. When one person attempted to stand up without their walking frame, a staff member quickly noticed this and reminded the person to use their frame which reduced the risk of them falling.
- Completed risk management plans were detailed. We saw staff followed instructions. For example, when discussing people assessed at risk of falling a staff member said, "We make sure people wear well-fitting slippers with sturdy soles so the risk of them slipping or tripping up is reduced." We saw this happened.
- Environmental risks were not always managed well. We saw a fire exit and staircase was blocked with equipment. The registered manager acknowledged this risk and took immediate remedial action.
- People had Personal Emergency Evacuation Plans so staff and emergency services knew what support people required in the event of an emergency evacuation.

Using medicines safely

- People received their medicines when they needed them. One person said, "I get my pills on time." A relative commented, "Mum always get her pain relief medicine."
- Prescribed creams were not always managed in line with best practice because the date when creams had been opened was not recorded. Therefore, the provider could not demonstrate creams were being discarded within the recommended timescales.
- The provider's medicines policy did not include best practice guidance on the administration of creams or eye drops in line with The National Institute for Health and Social Care Excellence (NICE) guidance.

We recommend the provider reviews their medicines policy to ensure it reflects best practice guidance and current legislation.

- People's medicines, including 'as required' and time-specific medicines, were administered by trained staff whose competency to do so had been assessed by their managers.
- Medicines were ordered, received, stored, and disposed of safely.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person said, "I like it here. The staff watch out for us. It's reassuring to have them." A relative commented, "They look after mum well. I have peace of mind she is safe in their care." They explained a safeguarding concern had been raised about their relative's care prior to our visit. They felt confident the registered manager had correctly followed safeguarding procedures to ensure the concern was thoroughly investigated.
- Safeguarding procedures were in place to protect people. Staff received training to help them understand the different types of abuse people might experience.
- Staff knew to report any suspected or witnessed abuse to their managers. They felt confident concerns would be addressed and understood the importance of escalating their concerns if they were not.
- The registered manager understood their legal responsibilities to keep people safe.

Staffing and recruitment

- Enough staff were on duty to meet people's needs. One person said, "Staffing levels are good; staff are lovely."
- Some new staff had been recruited and were due to start work following our visit. The registered manager explained recruiting new staff had been one of their priorities to ensure people received consistent care from familiar staff.

Preventing and controlling infection

- The environment was clean. One person commented, "My room is spotless."
- Infection control protocols reflected Public Health England guidance and best practice to prevent and control the risk of infection.
- Staff completed infection control training and practiced good infection control. This included wearing personal protective equipment such as, face masks in line with current guidance.

Learning lessons when things go wrong

- Lessons had been learnt when things had gone wrong.
- Accidents and incidents were recorded and analysed to identify patterns or trends so appropriate action could be taken to reduce reoccurrence. One person had fallen on multiple occasions during June 2020. Actions including increased staff supervision to prevent further falls had been taken.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People had confidence in the ability of staff to provide effective care. One person said, "The girls, they know what they are doing. Most of them are really experienced."
- A relative provided positive feedback about staff skills and the overall quality of care they provided. They told us, "Mum has dementia. Staff are patient and compassionate with her."
- New staff completed an induction in line with nationally recognised induction standards when they started work at the home.
- Agency staff working at the home had received an induction to help them provide the care people needed in line with the provider's policies and procedures. Records confirmed this.
- Staff spoke positively about their training and told us it helped them to care for people well. One said, "We get lots of good training. I've had more training working here than in any other care homes."
- Staff were encouraged to develop their skills to benefit people. For example, some staff had completed 'train the trainer programmes' in moving and handling.
- Staff received support and guidance through meetings and observations of their practice.

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

- Information we received prior to our visit indicated nutritional risks were not always managed well which posed a risk to people's health.
- During our visit risks associated with eating and drinking were well managed. Some people were at risk of losing weight. Records confirmed the system in place to monitor the nutritional intake of those people was effective.
- People spoke positively about the food and drinks provided. Comments included, "Food is lovely; it's home cooked," and, "Food is top notch... we have good cook." Staff supported and encouraged people with eating and drinking throughout our visit.
- Menus included foods people enjoyed eating, such as roast dinners. People's dietary preferences were catered for. A relative told us, "Mum can't eat strawberries or beef." Staff knew this important information.

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

- Prior to our visit information we received indicated people had not always been supported to attend their hospital appointments which had impacted negatively on them. The registered manager explained in response to a recent complaint the provider's policy had been reviewed to include a staff member accompanying a person to attend their appointment if required.
- A system was in place to share information with health professionals. 'Hospital packs' contained

information including, people's preferred method of communication and a summary of their care needs. This meant hospital staff would know how to provide effective care. This was of particular importance as some people lived with dementia and would not be able to tell hospital staff.

- People had access to health and social care professionals including doctors and dentists.
- People had been referred to health professionals when required including the falls prevention team to manage risks and maintain their health. We saw staff followed the advice of health professionals.
- The management team had developed good working relationships with external professionals to ensure people received the care they needed to remain healthy and well.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 compliant with the MCA.
- The registered manager had submitted DoLS applications when needed to keep people safe. Systems were in place to ensure conditions on DoLS authorisations were met and, where appropriate, authorisations were renewed.
- Staff received training to help them understand the Act. People confirmed, and we saw, staff sought consent before they provided care and support.
- People's care records documented whether or not they had capacity to make specific decisions about their care. When people had been assessed as not having capacity, best interest decisions had taken place. Decisions made were clearly recorded which demonstrated how people's rights were upheld.

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

- People's needs were assessed before they moved into the home. Completed assessments provided information to help staff get to know people. However, the senior care worker explained completing assessments of people's needs for admission into the D2A beds could be difficult. This was because information received from health professionals was not always correct. Action was being taken to address this.
- Protected characteristics under the Equality Act had been considered during the assessments. For example, people had been asked about their cultural needs which helped staff to meet their needs.

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

- The environment continued to meet people's needs. For example, the passenger lift enabled people with limited mobility to access the first floor of their home.
- Areas in need of updating had been identified and plans were in place to make improvements. For example, carpets were being replaced during our visit and the lighting in some areas of the home was being reviewed to ensure all hallways were suitably lit.

- People chose to spend their time in a variety of communal areas including lounges and the rear garden during our visit.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant leaders did not always support the delivery of 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

- Information we received prior to our visit indicated the service was not always well-led. For example, we were informed checks to ensure people received quality care did not take place. We discussed this with the registered manager who said, "I wasn't checking enough but I am now. Audits have improved."
- Prior to our visit some new systems to monitor the quality and safety of the service had been implemented and others had been reviewed. For example, checks of people's care records had commenced in May 2020.
- Some audits required further improvement. Medication audits had not identified the provider's medicines policy did not reflect best practice guidance and current legislation.
- Environment audits did not include checks of hallways and we saw one handrail was not securely fixed to the wall which posed a risk. The registered manager took immediate action to address this.
- The management team demonstrated commitment to strengthening quality monitoring processes to improve outcomes for people. A service improvement plan was in place to drive forward improvement.
- Whilst staff knew how to manage risks, they had not received the training needed to ensure they could support people to manage specific health conditions including diabetes and Parkinson's disease. We brought this to the attention of the registered manager for them to address.
- Management changes had occurred since our last inspection. The registered manager had worked at the home since April 2019 and had registered with us in October 2019. They were supported by a team of senior care assistants who had lead roles including care planning and medicines.
- The management team felt supported by the provider and staff confirmed they understood their roles and what the provider expected of them.
- It is a legal requirement for the provider to display their ratings so the public can see these. We checked and found the home's latest CQC rating was displayed within the home and on the provider's website.

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 management team understood their responsibility to be open and honest. Throughout our visit they were open and honest and welcomed our inspection and feedback.
- Lessons had been learnt when things had gone wrong. The provider's injuries and accidents procedure had been amended in June 2020 to ensure staff understood what action they needed to take when a person had an accident including falls.
- Prior to our visit we had not always been notified of people's deaths as required by the regulations. We had written to the registered manager in May 2020 to remind them of their responsibilities. Discussion with the

registered manager confirmed they knew which notifications they were required to send to us, so we were able to monitor any changes or issues within the home.

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

- People liked the managers. Comments included, "They are good; I would talk to them if I had a problem." and, "They are all very pleasant."
- A relative provided positive feedback about the management team. They said, "Communication is good. [Person] only has to have a sniffle and [registered manager] phones me to tell me."
- People had opportunities to feedback their views on the service they received. Recent feedback including thank you cards showed people were happy with their care and how their home was run.
- People had opportunities to maintain positive links with their community. For example, representatives from faith groups visited the home.
- Staff enjoyed their jobs. They told us team work was good and they felt listened to because they had opportunities to attend and contribute to regular team meetings.
- All staff demonstrated commitment to continually develop partnership working with other organisations to support care provision and service development.