Chislehurst Care Limited

Blyth House

Inspection report

16 Blyth Road
Bromley
Kent
BR1 3RX

Tel: 02084603070
Website: www.millscaregroup.co.uk

Date of inspection visit:
18 February 2019

Date of publication:
04 March 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	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 to 12 people at the time of the inspection.

People's experience of using this service:
● The home had safeguarding policies and procedures in place and staff had a clear understanding of these procedures.
● Appropriate recruitment checks took place before staff started work and there was enough staff available to meet people's care and support needs.
● Risks to people had been assessed and reviewed regularly to ensure people's needs were safely met.
● People were receiving their medicines as prescribed by health care professionals.
● There were procedures in place to reduce the risk of the spread of infections.
● Assessments of people's care and support needs were carried out before they moved into the home.
● Staff received training and support relevant to people's needs.
● People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.
● People were supported to maintain a balanced diet.
● Staff treated people in a caring and respectful manner.
● People were consulted about their care and support needs.
● People were supported to participate in activities that met their needs.
● End of life care and support was provided to people and their family members when required.
● People knew how to make a complaint if they were unhappy with the service.
● There were effective systems in place to assess and monitor the quality of the service.
● The home worked in partnership with health and social care providers to plan and deliver an effective service.
● The provider took people and their relatives views into account through satisfaction surveys and meetings. Feedback from the surveys and meetings was used to improve on the service.
● Management support was always available for staff when they needed it.

Rating at last inspection: Good (Report published on 7 September 2016).

Why we inspected: This was a planned inspection based on the last inspection rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect the service 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 effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors carried out this inspection.

Service and service type: This service is a nursing home. It provides care and support to older people, some of whom were living with dementia.

The service had a manager registered with the Care Quality Commission. 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.

The inspection was unannounced. The site visit activity started and ended on 18 February 2019.

What we did: Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority that commissions services from the provider and asked them their views on the care provided at the home. We used this information to help inform our inspection planning.

During the inspection we looked at two people's care files, staff recruitment and training records and records relating to the management of the home such as medicines, quality assurance audits and policies and procedures. We spoke with the registered manager, a nurse, two care staff and the chef about how the home was being run and what it was like to work there.

People using the service had complex communication disabilities and were not able to communicate their

views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with three people using the service and one person's relative for their views on the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- A relative told us, "My loved one is safe here, I don't need to worry about them."
- There were safeguarding adults procedures in place. Staff had a clear understanding of these procedures. They said they would report any concerns they had to the registered manager and to the local authorities safeguarding team and CQC if they needed to.
- The registered manager knew they had to report abuse to the local authority and CQC; however, there had not been any concerns of abuse since our last inspection of the service.
- Training records confirmed that staff had received up to date training on safeguarding adults from abuse.

Assessing risk, safety monitoring and management

- Risks were managed safely. People's care records included risk assessments, for example on moving and handling, falls, eating and drinking and medicines. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely.
- Training records confirmed that staff had received training in fire safety.

Staffing and recruitment

- One person using the service told us, "There's usually enough staff around." A relative commented, "There's plenty of staff to look after the residents."
- We observed, and staff told us the staffing levels at the home was meeting people's needs.
- The registered manager told us that staffing levels were arranged according to the needs of people using the service. If people's needs changed additional staff cover was arranged.
- Robust recruitment procedures were in place. Recruitment records included completed application forms, employment references, evidence that a criminal record checks had been carried out, a health declaration and proof of identification.

Using medicines safely

- Medicines were securely stored and managed safely. People were receiving their medicines as prescribed by health care professionals. People had individual medication administration records (MARs) that included their photographs, details of their GP and any allergies they had. They also included the names, signatures and initials of staff qualified to administer medicines.
- MARs had been completed in full and there were no gaps in recording.
- Training records confirmed that staff responsible for administering medicine had received medicines training. Staff confirmed they had been assessed as competent to administer medicines by the registered manager.

Preventing and controlling infection

● The home had infection control procedures in place. There was hand wash and paper towels in communal toilets and staff told us that personal protective clothing such as gloves and aprons was available to them when they needed them.

● Training records confirmed that staff had completed training on infection control and food hygiene.

Learning lessons when things go wrong

● Staff understood the importance of reporting and recording accidents and incidents.

● The provider had systems for monitoring, investigating and learning from incidents and accidents. The registered manager told us that incidents and accidents were monitored to identify any trends and actions had been taken to reduce the likelihood of the same issues occurring again. For example, after a person had a fall their risk assessment was reviewed and updated to reduce the risk of them falling again.

Good

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. People's outcomes were consistently good, and a relative's feedback confirmed this.

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

- A relative told us, "My loved one's needs were assessed before they moved into the home. They used this information to put care plans in place."
- We saw initial assessments of people's care and support needs were in their care records. These assessments were used to draw-up individual support plans and risk assessments. Nationally recognised planning tools such as the Multi Universal Screening Tool [MUST] was being used to assess nutritional risk and the waterlow score were being used to assess the risk of people developing pressure sores.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Staff told us they had completed an induction, they were up to date with training and they received regular supervision and appraisals.
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included dementia awareness, safeguarding adults, infection control, medicines administration, equality and diversity, fire safety, first aid, moving and handling, pressure ulcer care and MCA and DoLS.
- A member of staff told us that recent virtual dementia awareness training for the team had improved their understanding of the condition. They felt the team were giving people better care as a result of this training.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people lacked capacity to make specific decisions for themselves, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection we found that the authorisation paperwork was in place and kept under review.

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

● People's care records included assessments of their dietary needs and preferences which indicated their dietary requirements, food likes and dislikes, food allergies and their care and support needs.

● One person told us, "The food is good." Another person said, "We get very nice food here." A relative commented, "The food always looks great and very appetising."

● Where people needed their food to be prepared differently due to medical conditions this was catered for. The chef told us they worked closely with nursing staff and speech and language therapists [SALT] to make sure people with swallowing difficulties could enjoy food and drinks that met their needs.

● We observed people being supported at lunchtime. The atmosphere in the dining room was relaxed and there were enough staff to assist people when required. Some people ate independently and some required support from staff to eat their meals. They received hot meals and drinks of their choice in a timely manner.

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

● Staff worked in partnership with GPs and other health and social care professionals to plan and deliver an effective service. A relative told us, "My loved one is being very well looked after. They get to see the health care professionals they need whenever they need them."

● Peoples care records included advice and support guidance for staff to follow, for example, from speech and language therapists and physiotherapists.

● Information was available and shared with other health care services when required. For example, when people attended hospital, records were sent with them that outlined their health care and communication needs.

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

● People had en-suite bedrooms, which had been decorated and furnished to their choice. One person told us, "I have my own furniture and paintings that remind me of my past. I sometimes discuss these with staff."

● The home was warm and clean and suitably adapted to meet people's needs.

● People had access [via ramps where required] to the home and to a rear garden with seating areas for them to relax in.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. People were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care.

- People and their relatives, where appropriate, had been consulted about their health, care and support needs. One person told us, "I get everything and anything I need. I just have to ask. I have a named nurse and a key worker that makes sure I am well looked after." This person's relative told us, "I am involved in helping my loved one plan for their care needs. I attend all of the review meetings with them at the home."
- Care records were person centred and included people's views about how they wished to be supported.

Ensuring people are well treated and supported; equality and diversity.

- One person told us, "The staff are very kind." Another person said, "The staff are very caring. They can't do enough for me." This person's relative told us, "Some of the staff have been here for a long time. It's great because they are experienced, and they know what they are doing. I am very happy with the care my loved one receives."
- People's diverse needs were met. People's care plans included a section that referred to their spiritual, religious and cultural needs. A member of staff told us how they supported a person with bible reading and listening to Gospel music. A representative from an inter-denominational church also visited the home to support people with their needs.
- Staff provided further examples where people with diverse needs were being supported to maintain relationships that were important to them.
- Training records confirmed staff had received training on equality and diversity. Staff said they were happy to support people to do whatever they wanted to do.

Respecting and promoting people's privacy, dignity and independence.

- Staff provided support to people in a sensitive way. They responded to people politely, allowing them time to respond and make choices.
- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms.
- Staff maintained people's independence as much as possible by supporting them to manage as many aspects of their own care that they could. A person using the service told us, "I will do as much as I can for myself for as long as I can. The staff know this and they let me get on with it."
- Staff made sure information about the people was kept confidential at all times. Information about people was stored in a locked office.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

● The home had recently introduced an electronic system for assessing people's needs and compiling, monitoring and reviewing care plans and risk assessments. The registered manager told us they and the staff team had received training and they were becoming familiar with using the system.

● People had care plans that described their health care and support needs and included guidelines for staff on how to best support them. For example, there was information for staff for supporting people with moving and handling and with eating and drinking. Staff understood people's needs and they were able to describe peoples care and support needs in detail.

● The registered manager understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in their care plans

● A relative told us their loved one had been prone to pressure sores and was always going into hospital, but since they moved into the home they had been in very good health. They said, "I am really happy with the quality of the care my loved one gets here."

● People were supported to take part in activities that met their needs. Activities included reminiscing, bible reading, listening to music, sing a longs, musical bingo, quizzes, snakes and ladders, movie evenings, chair exercises and cake decoration. We observed the home's activities coordinator playing games with people in the lounge and visiting people in their rooms.

Improving care quality in response to complaints or concerns.

● The home had a complaints procedure in place. The complaints procedure was available in a format that people and their relatives could understand and was displayed at the home.

● A person using the service and their relative told us they knew about the complaints procedure and how to complain. They said they had never needed to complain but if they did they would raise their concerns with the registered manager and they were confident they would deal with it.

● The registered manager told us they had not received any complaints since our last inspection. However, if they did, they would write to any person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

End of life care and support

● The home had been awarded an accreditation by the Gold Standards Framework for the high standard of care provided to people in the final years of their lives. None of the people currently living at the home required support with end of life care. The registered manager said they would work with the GP and the local hospice in order to provide people with end of life care and support if and when it was required.

● People's care records included a section relating their end of life care wishes.

● Where people did not want to be resuscitated, we found Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms had been completed and signed by people, their relatives [where appropriate] and their GP to ensure people's end of life care wishes would be respected.

Good

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted quality, person-centred care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014 and demonstrated good understanding of people's needs and the needs of the staff team. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the home.
- There was an organisational structure in place and staff understood their individual responsibilities and contributions to the service delivery. There was an on-call system in operation that ensured management support was available for staff when they needed it.
- Staff told us they were well supported by the registered manager. One member of staff said, "The registered manager is very supportive, she listens to staff and she really cares about the people who live here.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People's needs were assessed and monitored, and their rights protected.
- Information about people was written in a respectful and personalised way. Staff were aware of the rules on protecting and keeping people's information safe.
- The registered manager understood their responsibility under the duty of candour was to be open and honest and take responsibility when things went wrong.
- The registered manager recognised the importance of regularly monitoring the quality of the service. Records confirmed that regular medicines, health and safety, infection control, incidents and accidents checks were being carried out at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care.

- A relative told us, "The home is very well run and organised. The registered manager is very proactive and gets stuff done. Most of the staff have been there for a long time too, they are very caring and know what they are doing."
- The provider sought people's views through satisfaction surveys and residents' meetings. We saw completed surveys included positive comments about the service and the care people were receiving. Action had been taken in response to people's feedback; for example, where people or their relatives did not know who their designated nurse and keyworker was this had been displayed on the wardrobe door in each person's room. People's feedback from the survey had also been discussed at team meetings.
- Action was taken following a residents meeting in November 2018. People fed back that the cooked breakfast was very popular. One person wanted smaller food portions, another person wanted to speak with

their friend, and these were actioned.

● Regular team meetings took place at the home. A member of staff said, "Everyone [staff] gets a chance to say what they need to say. The registered manager takes everything on board. She is always looking for ways to improve things for the people that live here and the staff."

Working in partnership with others

● The registered manager worked effectively with other organisations to ensure staff followed best practice. They had regular contact with the local authority that commissioned the service, health and social care professionals and they welcomed their views on service delivery. An officer from the local authority quality monitoring team told us they had received very positive feedback about the home from staff and residents and relatives and they had no concerns about the home.

● We saw evidence during the inspection confirming that the registered manager and staff worked closely with health care professionals such as a GP, speech and language therapists and physiotherapists to make sure people's needs were being met.