

Blake Court Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Blake Court Limited provides personal care to older people living within an extra care setting. People using the service lived within flats as part of a gated community in North London. At the time of the inspection the service was supporting eight people with the regulated activity of personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and their relatives told us they felt safe with the care and support they or their relative received. However, despite positive feedback we found issues with the management of people risks, management of medicines and management oversight which placed people at increased risk of harm.

The provider had systems in place to monitor the quality and safety of the service, however they did not identify the issues we found during the inspection. We found the service had not addressed concerns found at the previous inspection.

We made a recommendation around staff recruitment.

People were kept safe from the risk of infection and COVID-19.

People were supported by kind and caring staff who understood their responsibility to report any concerns.

Staff told us the management team was supportive and they could raise any concerns. People and their relatives told us they were satisfied with the service provided.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 May 2021) and there were breaches of regulation. At this inspection we found the provider remained in breach of regulations. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an announced comprehensive inspection of this service on 16 March 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staff recruitment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe 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 remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Blake Court Limited 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 safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Blake Court Limited

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.

Inspection team

This inspection was carried out by one inspector, one inspection manager and one Expert by Experience who made telephone calls to people and relatives of people using the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

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 not a registered manager in post. The assistant manager, referred to as the manager within this report, had responsibility for the management of the service whilst the recruitment of a registered manager was being undertaken.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 27 June 2022 and ended on 29 June 2022. We visited the location's office on 27 June 2022.

What we did before the inspection

We reviewed information we had received about the service and formal notifications that the service had sent to CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and six people's relatives. We spoke with six members of staff including the assistant manager, a senior manager and four support staff. We reviewed a range of records. This included three people's care records and three people's medicines records. We looked at three staff files in relation to recruitment. We looked at a variety of records relating to the management of the service, including policies and procedures and audits. We sought feedback from the local authority and professionals who work with the service.



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 requires improvement. The rating for this key question has remained 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

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

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The provider had systems in place to assess risks to people before undertaking their care and support. However, during the inspection, we found examples where risks had not been sufficiently assessed and documented in people's care records.
- For example, where people were at risk of falls or where risks were identified relating to people's mental health, we found there was a lack of detailed guidance in place for staff to follow to mitigate the risks.
- Several documents were used to assess and record people's risks. We found information regarding people's risks was disjointed across their care records. This meant staff did not have clear information to support people safely.
- The manager told us they conducted regular care reviews. However, we found some people's risk assessments were not dated, this meant we could not be assured these documents had been reviewed and the information was up to date.
- The manager confirmed the service was not completing an audit of people's care plans and risk assessments, we will report further on this in 'Is the service well led?' section of the report.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate risks to people were effectively managed. The concerns identified above placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager told us they planned to change the format of people's care plans and risk assessments to ensure people's risks were appropriately assessed, with clear guidance for staff to follow.
- Despite our concerns, staff told us they knew how to support people safely.
- People and their relatives did not raise any concerns about the management of people's risks.
- Health and safety including fire safety was regularly checked and monitored to ensure people's safety.

Using medicines safely

At our last inspection the provider had failed to ensure effective systems were in place to ensure safe medicine management and administration. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- People received their medicines as prescribed. However, we found medicines were not always managed safely in line with national guidance.
- Staff had their competency to administer medicines assessed within the past year, however we found staff training had not been refreshed within the past year in line with procedure.
- The provider did not always have sufficient guidance in place for staff to know how and when to administer medicines prescribed to be taken as needed (PRN).
- Where a person had been prescribed a medicine, which had to be administered in a specific way, we found there was a lack detailed in guidance in place to ensure it was administered safely.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a further breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the manager sent us evidence they had updated guidance for medicines which needed to be administered in a specific way.
- People and their relatives did not raise any concerns about support provided with medicines.
- Medicine Administration Records (MARs) were complete with no gaps or omissions in recording identified.

Staffing and recruitment

At our last inspection we found processes and checks were either not in place or comprehensively completed to ensure safe staff recruitment. This was a breach of 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Systems and processes in place supported the recruitment of staff who had been appropriately assessed as safe to work with vulnerable adults.
- Pre-employment checks included DBS checks, evidence of conduct in previous employment and proof of identity. 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.
- However, despite some improvements, we found some staff recruitment records were not clearly documented and gaps in employment history were not always fully explored. We brought this to the attention of the manager who told us this would be addressed in any future recruitment.
- People and their relatives told us people received support from staff who arrived on time and stayed for the allotted time. One person said, "They always make sure they do everything for me I ask and never rush

my care." A relative told us, "My [person] is happy with her carers who arrive on time."

We recommend the provider reviews their recruitment processes to ensure these are completed in line with procedure.

Preventing and controlling infection

- Effective systems were in place for managing and controlling infection, including COVID-19.
- People and their relatives told us staff wore PPE appropriately.
- The manager told us an increase in daily cleaning had been implemented during the COVID-19 pandemic to reduce the risk of infection. Staff told us, "We clean all high touch areas. Plastic aprons, gloves, masks, shoe covers and arm protectors. [Covid-19 test] on days when I work."
- The provider had an infection control policy in place which had been recently reviewed, however we found it was not up to date with current legislation and records showed not all staff had refreshed their training in infection control in line with procedure. We report further on this in 'is the service well led section of the report?'

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People and their relatives responded positively when asked if they felt safe with the care and support, they or their relative received. One person said, "I am 100% happy with the care I receive. I am very safe in their care."
- The provider had an up to date policy in place which gave staff guidance on how to safeguard people from abuse and report any concerns.
- However, records showed not all staff had refreshed their safeguarding training in line with procedure. We report further on this in 'is the service well led section of the report?'
- Despite this issue, the staff we spoke to understood their responsibility to report any concerns.

Learning lessons when things go wrong

- Accidents were documented and included details of the event and actions taken at the time.
- The manager told us any accidents and incidents were reviewed and lessons learnt shared at daily handovers and team meetings.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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 the provider had failed to ensure effective systems and processes were in place to assess, monitor and improve the quality of the service provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The service had systems in place to monitor the quality and safety of the service such as health and safety checks and medicines audits, however these systems and processes did not identify the issues we found during the inspection.
- For example, the service was completing a medicines audit and care reviews. However, these checks did not identify the issues we found with the management of medicines and people's risks as detailed in the safe section of the report.
- During the inspection we found not all staff had refreshed their training in safeguarding, medicines and infection control in line with procedure. The manager told us this was due to a lack of management oversight of staff training.
- The service had policies and procedures in place which had recently been reviewed by the provider, however we found the medicines and infection control policies were not up to date with current legislation and national guidance.
- During the inspection we found some records of medicines errors did not include sufficient details of management action taken to prevent re-occurrence and some records had not been signed off by the management team.
- The manager had developed an action plan for the service, which included some of the areas where we found concerns during the inspection. However, we found sufficient improvements had not been made.
- The management team confirmed the provider was not completing any audits or checks to monitor the quality and safety of the service.
- We found the service had failed to address a number of the concerns found at the previous inspection. A lack of effective management oversight within the service placed people at risk of receiving care which was not safe. This also meant learning and improvements could not be identified or implemented.

Whilst we found there was no evidence that people had been directly harmed by the issues as identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the manager and were told there had been several recent changes in the management team which had negatively impacted on progress being made since the last inspection.
- The manager and senior manager told us they would improve their management oversight of the service and make improvements to their auditing procedures to ensure they were more effective in identifying issues.
- The manager told us they had audited staff training records prior to the inspection and refresher training courses were now planned for staff.
- Following the inspection, we were told the service would be commissioning an external agency to ensure their policies and procedures were kept up to date.
- Throughout the inspection the manager and senior manager demonstrated a willingness to learn and reflect to improve the service people received. We were told the service was committed to making the improvements required.
- Despite our concerns, people and their relatives felt the service was well managed and spoke positively of the manager. One person said "This company is well managed, and I feel they go the extra mile. I have no concerns or complaints." A relative told us, "The company is very well managed, the manager approachable."

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

- The management team promoted a positive culture, which supported the delivery of person-centred care. One relative said, "They always speak so nicely to [person], chatting etc. [person] enjoys their company and gets on with them very well."
- Staff told us the management team was supportive. One staff member said, "Yeah, very. I'm really lucky and they're understanding."
- People and their relatives told us people were supported by kind and caring staff. One person said, "They are always very kind and caring. I get on with them well, they treat me with respect."

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

- The management team sought the views of people and their relatives. This included meetings with people using the service and satisfaction surveys. One relative said, "[Family members] are well informed about [person's] care and feel our communication needs are met. We have completed a survey, all positive."
- People and their relatives knew the staff team and felt they could raise any concerns. A relative told us, "I have no complaints or concerns but I know they would be dealt with effectively if I had. The office service is good. I would recommend this service and see no need for improvement."
- Staff told us they could raise any concerns with the manager. One staff member said, "Yeah definitely, if I have problem, I'll go to the manager." Records confirmed regular staff meetings were taking place.
- People's care records considered their diverse needs such as their personal history, ethnicity and religious beliefs.

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; Working in partnership with others

- Policies were in place identified the actions staff should take in situations where the duty of candour would apply.
- Where required the service worked in partnership with health and social care professionals to ensure people had the care and support, they needed to maintain their health and wellbeing.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people were not always assessed and managed to keep them safe.</p> <p>People were at increased risk because medicines were not managed in accordance with national guidance.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not operate effective systems and processes to assess and monitor the quality and safety of the service.</p>