

Ms Catherine Blyth

Feng Shui House (Blackburn)

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

This unannounced focused inspection took place on 14 May 2018. We had previously carried out an unannounced comprehensive inspection of this service on 19 February 2018 when we found the provider was meeting all the regulations we reviewed.

Following the inspection in February 2018, we received concerns regarding the management of risks, particularly those relating to people's nutritional needs. The team therefore inspected the service against two of the five questions we ask about services: is the service safe and is the service well –led?

No risks, concerns or significant improvement were identified in the remaining Key Questions through our on-going monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection. Although the rating for the Key Question: is the service safe? had deteriorated to Requires improvement, the overall rating for the service remains Good.

Feng Shui House (Blackburn) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home is a detached building on the outskirts of Blackburn and accommodates up to 16 people in one adapted building. On the day of our inspection visit there were 12 people living at the home.

The registered provider was an individual who also managed the home on a day to day basis. Registered providers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. As the registered provider was also responsible for managing another care home, they were supported in the day to day running of the home by a deputy manager.

People told us they felt safe in the home. They told us the staff that supported them were kind and caring. Sufficient numbers of staff were on duty to be able to meet people's needs in a timely way.

Staff had completed training in safeguarding adults and knew the correct action to take if they witnessed or suspected abuse. They told us they were confident the managers in the service would take action if they reported any concerns to them.

Most people's medicines were handled safely. However, we noted improvements needed to be made to the processes in place when people were unable to consent to taking their prescribed medicines. These processes help to ensure people's rights are upheld and decisions are taken, where necessary, in their best interests.

Each person's care records contained an assessment of the risks relevant to them. We saw that, with one minor exception, care records had been reviewed and updated when people's needs and risks changed to help ensure they received safe care and treatment.

We noted that people's nutritional needs were clearly documented. Staff sought and followed advice from relevant health professionals in relation to any identified nutritional risks. We observed that people received appropriate individual assistance to help them safely eat their meals.

Staff recruitment files contained all the required information. However, we noted references for one staff member had not been sought by the home or verified as genuine by the registered provider. One reference for another staff member had not been received until after they had commenced employment at the home. Such pre-employment checks are important to help ensure that people living in the home are protected from the risk of unsuitable staff. We were told no concerns had been raised about the conduct of any new staff employed to work in the home since the last inspection.

People were cared for in a safe and clean environment. Systems were in place to protect people from the risk of cross infection. The registered provider had refurbished parts of the home since the last inspection for the comfort of people who lived there. The registered provider had plans in place to improve the garden areas of the home. They were also in the process of building a therapy centre adjacent to the home which would provide a range of holistic therapies, all of which could be accessed free of charge by people who lived in Feng Shui House (Blackburn).

The registered provider had systems in place to monitor the quality and safety of the service. People who lived in the home and their relatives had regular opportunities to comment on the care provided in Feng Shui House (Blackburn). People spoken with during the inspection told us the home was well run and managed.

Staff told us they enjoyed working in the home and considered the managers always listened to any suggestions they had for improving the service. An on call system helped to ensure staff were able to contact a manager for advice, support and guidance out of office hours.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People told us they felt safe in the home and that staff cared for them well.

Minor improvements needed to be made to the recruitment process to help ensure people were protected from the risk of unsuitable staff.

The registered provider had not ensured there were appropriate arrangements in place for the administration of medicines when people were unable to consent to this process.

Risks to people's safety and welfare had been assessed. Information about how staff should support individuals to manage known risks was recorded in each person's care records.

Is the service well-led?

Good ●

The service was well-led.

People spoken with during the inspection were complimentary about the way the home was run.

Staff told us the registered provider and deputy manager were approachable and supportive towards them.

The registered provider had systems in place to monitor the quality and safety of the service. They demonstrated a commitment to on-going service improvement.□

Feng Shui House (Blackburn)

Detailed findings

Background to this 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 was planned to check 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.

The inspection was prompted in part by a notification of an incident following which a person using the service died. This incident is subject to an investigation by CQC and the local safeguarding authority and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of the risk of choking and the wider safety issues relating to people who lived in the home. This inspection examined those risks.

This focused inspection took place on 14 May 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held about the service including notifications the provider had sent to us. A notification is information about important events which the service is required to send us by law. We also spoke with the local authority safeguarding team.

During the inspection, we spoke with four people who lived in the home and one visiting relative. We also spoke with the registered manager, two members of care staff, the cook and a visiting healthcare professional. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

We looked at the care records for seven people and the medicines administration records for everyone in the home. In addition, we looked at a range of records relating to how the service was managed; these included two staff personnel files, staff training records, staff rotas, meeting minutes and records relating to

the auditing and monitoring of service provision.

Is the service safe?

Our findings

At our last inspection in February 2018, this key question was rated as 'Good'. During this inspection, we found improvements were required in relation to the recruitment processes and the systems in place for the safe handling of medicines. As a result, the rating for this key question has deteriorated to 'Requires improvement'.

People told us they felt safe in Feng Shui House (Blackburn). One person told us, "I really like it here. I enjoy being with the other people. Staff are good." Another person commented, "All the staff treat me very nicely." A visiting healthcare professional also told us, "Residents always seem happy and relaxed. I don't have any concerns at all."

We found safe systems in place to support people with their nutritional needs. We saw that where people had identified needs in relation to nutrition or diet, a care plan was put in place. These care plans were individualised and contained information about the way food should be prepared and presented in order to help ensure people's nutritional needs were met in a safe way. We noted that, where issues such as weight loss or eating difficulties had been identified, referrals to a dietician or the Speech and Language Team (SALT) were made. Care staff and the cook were able to tell us how they were following the advice that had been received from these professionals. In addition, we observed meals were presented in accordance with people's assessed needs and, where necessary, people received individual assistance to help them eat their food.

Appropriate systems were in place for the management of risks. Environmental risk assessments were completed and there were procedures to be followed in the event of emergencies. Individual risks had been identified in people's care plans, including those relating to moving and handling, hydration and nutrition, tissue viability and falls. However, we noted one person's care plan had not been updated to reflect their mobility had improved. With this exception, all risk assessments had been reviewed on a regular basis to ensure they were an accurate reflection of people's needs.

We noted the registered provider had introduced an electronic system to document people's needs, risks and daily progress notes. When we were shown this system, we noted there were minor discrepancies between the information on the electronic notes and the paper records we had been given to review prior to the registered provider arriving at the home on the day of the inspection. The electronic records contained the most up to date information and the registered provider told us, it was these documents to which staff always referred.

The recruitment process needed minor improvements to help ensure people were suitable to work with vulnerable people. Both files we reviewed contained a completed application form, which documented a full employment history, identity checks and a Disclosure and Barring Service (DBS) check. The DBS checks help employers to make safe recruitment decisions by reducing the risk of unsuitable staff working with vulnerable people. Neither of the files contained a completed health declaration form to help ensure people were able to carry out the role for which they had applied. The registered provider told us these documents

had been received but not yet filed. They were sent to us following the inspection. Although both files contained two references from previous employers, we noted the references for one person had not been sought by the home and there was no evidence that these had been verbally checked. One of the references for another person had not been received at the home until after the person had commenced their employment. The registered provider told us they would ensure all required checks were fully completed before people were offered employment in the home. We were told there had been no concerns raised about the conduct of any staff recently employed in Feng Shui House (Blackburn).

We found the systems in place for the administration of some medicines needed to be improved; this related to when people were unable to consent to taking their medicines as prescribed. We noted two people were being given medicines covertly; i.e. in food and drink when they were unaware of this. Although each person's GP had provided a letter to state their prescribed medicines could be given covertly, there had not been any meetings held with family and other professionals to ensure this would be in the best interests of each individual and the most appropriate route of administration. In addition, one person's medicine administration record (MAR) stated one medicine should be chewed and another should be given 30 minutes before food. Staff spoken with confirmed all this person's medicines were crushed and given with food; this meant we could not be certain they would be effective in treating the conditions for which they were prescribed. The registered provider assured us they would ensure these processes were improved and appropriate advice sought.

We noted one person's record contained a Do Not Attempt Cardiopulmonary Resuscitation Order (DNACPR), which documented the person's address as being at a previous care home. It was also a photocopy of the document, rather than the original order. The registered provider told us they would take immediate action to remove this document from the person's records and arrange for a review by their GP in order to assess if a DNACPR order was still appropriate, in consultation with the person if possible and their relatives. This should help ensure the person was not provided with treatment which would be against their wishes or was considered by their GP to be inappropriate due to their health condition.

People were protected from the risk of abuse. Staff had undertaken safeguarding training and had policies and procedures to refer to. Staff spoken with understood how to report any suspected abuse and were confident the managers in the service would take the necessary action to ensure people were protected. Staff were aware of the whistleblowing policy (reporting poor practice) in place and told us they would not hesitate to use it, referring to outside agencies if necessary.

During the inspection, we observed people were relaxed in the company of staff. We also observed staff responding promptly and appropriately when people became anxious or requested support to meet their personal care needs.

Records were kept of any accidents and incidents that had taken place at the service. Staff told us they had received additional training on how to keep people safe that included moving and handling, the use of equipment, infection control and first aid.

People lived in an environment which was safe and clean. Our observations during the inspection showed all areas of the home were very clean and well maintained. We were told some areas of the home had been refurbished since the last inspection for the comfort of people who lived there. Records we reviewed showed all equipment used in the home had been serviced in accordance with manufacturer's instructions.

People were protected from the risk of cross infection. Staff were aware of the action to take to help prevent the spread of infection. During the inspection, we observed staff wore personal protective equipment when

completing care tasks. Regular checks were completed to ensure required standards of cleanliness were met.

Procedures were in place to protect people in the event of an emergency at the home. Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order. Records were kept of the support people would need to evacuate the building safely in the event of an emergency. In addition, staff had completed training to ensure they were able to take appropriate action in the event of a fire.

Is the service well-led?

Our findings

At the last inspection in February 2018, this key question was rated as 'Good'. At this inspection, the rating remains 'Good'.

Our checks confirmed the latest CQC rating was on display in the home and also on the website; this was to inform people of the outcome of our last inspection.

We received positive feedback from people spoken with during the inspection about the way the service was run. A relative told us, "There is good communication with the manager. [Name of registered provider] is very straight forward. Things get dealt with and issues are resolved." A visiting healthcare professional commented, "It's a fabulous care home. It's one of my favourites and I would be happy for a relative to live here."

Feng Shui House (Blackburn) was not required to have a registered manager in place as the registered provider and owner was responsible for supervising the management of the regulated activity provided. There had been changes to the management team since the last inspection as a new deputy manager had been appointed from within the care team. This meant they should have a good knowledge of people's needs, wishes and preferences, although we were unable to speak with them as they were not working on the day of the inspection.

There were policies and procedures in place to guide staff practice. Staff understood their responsibilities and lines of accountability. We saw there was an on-call management rota in place. This meant staff on duty always had a manager to contact should they require guidance or support.

Staff spoken with told us they enjoyed working in the home and that the staff team worked well together to ensure people received high quality care. They told us they felt valued and supported by the registered provider and deputy manager. We were told that staff who were on duty at the time of the death of a person in the home, as well as other people who lived there, had been offered emotional support by the registered provider to help them deal with this distressing event.

Staff told us they felt able to contribute to the running of the service by making suggestions in staff meetings. Comments staff made to us included, "We have good management here. [Name of registered provider] is approachable and will always take on board suggestions from staff" and "We have regular staff meetings. [Name of registered provider] listens if we make suggestions. I really feel the home is well managed."

The registered provider continued to have processes in place to monitor the quality and safety of the service. We noted they had taken immediate action following the death of a person at the home to improve the handover records used by staff. This was to ensure these records accurately recorded whether people's care arrangements were authorised under the Deprivation of Liberty Safeguards (DoLS) or if there was a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) order in place. This action demonstrated the

registered provider was committed to ensuring lessons were learned from significant events.

There were systems in place to seek feedback about the service from people who lived in the home and their relatives; these included resident/relatives' meetings and surveys. We looked at the responses from the most recent survey distributed by the registered provider in September 2017 and saw these were all very positive. We also noted a number of compliments written by relatives of people who had lived in the home, all of which praised the care people had received.

We asked the registered provider about any planned developments in the service. They told us they were currently in the process of building a therapy centre adjacent to the home. They told us this would provide people with a range of holistic therapies, all of which people who lived in Feng Shui House (Blackburn) would be able to access free of charge. They told us they also had plans to improve the garden areas of the home. These plans demonstrated the commitment of the registered provider to on-going service improvements.