

Mrs S L Pitman and D J Wheeler

King Edward Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

King Edward Care Home provides accommodation for up to 13 older people, including people living with dementia. At the time of the inspection 13 people lived at the home.

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

The building was clean and hygienic and staff were seen to wear appropriate personal protective equipment (PPE). There were sufficient staff to meet people's care needs. One staff member said, "We manage, the manager has done a great job to make sure we spend time with residents." Staff were employed following a thorough recruitment process. Safeguarding training was mandatory for the manager to provide and staff were aware of the processes to follow to enable people to keep safe. A relative said, "It is a small home and I feel confident the staff look after [relative] and keep them safe." Risks were assessed and carefully monitored to ensure individuals safety. People received their medicines safely.

The manager had auditing systems to maintain ongoing oversight of the service and make improvements where necessary. Surveys had been introduced for staff, people and their relatives. Quality assurance systems ensured people were able to give their views of the service. The manager and provider acted upon suggestions or ideas that were made by people, to ensure the service continued to improve.

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 25/02/2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow Up

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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

King Edward Care Home

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

King Edward Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. However, the manager in place was in the process of being registered by (CQC) and an application had been submitted.

Notice of inspection

This inspection was unannounced. Inspection activity started on 20 September 2022 and ended on 22 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and commissioners who work with the service. We also looked at information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public. Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who lived at King Edward Care Home, four relatives of people, four members of staff and the manager. In addition, we spoke with the provider. We observed staff interaction with people, also, we reviewed a range of records. These included care records of people, medication records, two staff files in relation to recruitment and staff training records. We also reviewed a variety of records relating to the management of the service. We had a walk around the premises and looked at infection control measures.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at their quality assurance systems the manager had in place.

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 remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this

Using medicines safely

- Staff maintained appropriate records for the receipt, administration and disposal of medicines. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required. We observed medication being administered at breakfast time. We saw people received their medication safely and at the right time.
- The manager had good systems and procedures to manage medicines safely. In addition, the manager had in place auditing processes to monitor medicines and identify any issues so that people were kept safe.

Staffing and recruitment

- Staff recruitment processes were robust. Pre-employment checks were completed to help ensure suitable people were employed. We confirmed this by talking with two recently employed care staff.
- Newly recruited staff told us they worked with experienced staff members until they felt comfortable to care for people independently.
- There were sufficient staff at the time of the visit to support people's care needs. People we spoke with told us they did not have to wait long if they required help. One person said, "Staff help me whenever i need it."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and confident with staff that cared for them.
- There were effective safeguarding processes in place. The manager and staff had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns.
- Staff told us they had received training in areas of safeguarding adults which was regularly updated. Records confirmed this.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The manager had good processes in place to manage people's safety and reduce risks. Risks to people and the service were assessed and managed well. This helped to protect people's safety.
- The manager reviewed incidents as part of lessons learned, to ensure risks were assessed to prevent reoccurrence where possible.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider had processes to admit people safely to the service.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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 remains the same. This meant people's outcomes were consistently good, and people's feedback confirmed this

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

- Although the manager was recently appointed, they had already begun to promote a culture aimed at the deliverance of high-quality person-centred care, which was understood and shared by staff. We observed staff support people in an individual caring and compassionate way which was dignified and respectful. A relative said, "The manager and staff treat [relative] as a person with lots of care."
- Staff and people were consistently complimentary about the manager. Comments included, "[Manager] has certainly made things a lot better and has worked hard to do that."
- Staff said their views and suggestions were listened to and they felt valued by the manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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 service should have 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. However, the manager in place was in the process of being registered by (CQC) and an application had been submitted.
- The manager had introduced auditing systems to maintain ongoing oversight and continued development of King Edward Care Home. They had systems in place to address any issues or shortfalls to improve the service. Audits looked at included, medication and care planning.
- The manager encouraged candour through openness. The manager and staff were clear about their roles, and understanding of quality performance, risks and regulatory requirements.

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

- The manager encouraged people to provide their views and about how the home was performing, for example recent surveys had been sent to relatives and staff. One survey said, 'Really happy with the care [relative] is safe here.' Positive results were received from recent surveys.
- The manager and staff involved people in the running of the home and gave consideration to their equality characteristics. This ensured people were treated fairly and as an individual.

Working in partnership with others

- Records highlighted advice and guidance was sought from health and social care professionals when

required.

- The manager worked closely with other agencies and relatives to share good practice and enhance care delivery.