

Park Homes (UK) Limited

Eachstep Blackburn

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Eachstep Blackburn is a purpose built care home located near the centre of Blackburn. The home provides residential and nursing care up to a maximum of 64 people. There were 60 people living in the home at the time of the inspection. Accommodation is provided over three floors and all bedrooms are single with an ensuite toilet and shower room.

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

People told us they felt safe living in the home and were satisfied with the service provided. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were sufficient staff deployed to meet people's needs, however, we found some gaps in the recruitment records of new staff. There were shortfalls in some people's care plans and records and risks to people's health safety and well-being had not always been assessed and managed. The home had a satisfactory standard of cleanliness and staff had completed training on the prevention and control of infection. Medicines were not always managed safely.

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 supported this practice. People's needs were usually assessed prior to them using the service. People were provided with a balanced diet; the dining experience on one floor was a pleasant social occasion. However, we made a recommendation to improve people's dining experience on another floor. The provider had appropriate arrangements to ensure staff received training relevant to their role. The premises were light and spacious with themed areas. However, some walls and woodwork would benefit from redecoration. The operations director told us there was plans for redecoration and refurbishment.

Staff and relatives were concerned about a potential healthcare condition. This issue was discussed with the manager, who assured us they were seeking advice and support from medical professionals.

People were satisfied with their care and told us staff were kind and respectful. Whilst staff were caring, we noted there were limited interactions between the staff and people living in the home. The manager assured us this issue would be addressed. Staff respected people's rights to privacy, dignity and independence.

People had individual care plans, however, whilst some plans had been completed other were incomplete and sections had been left blank. People spoken with could not recall discussing their needs and being involved in the development of their care plan. The manager explained a new electronic care planning system was due to be introduced.

Whilst the management team carried out a series of audits as part of the governance systems, we found shortfalls during the inspection in respect of the management of risks and medicines and the completion of records. We also found that people were given limited opportunities to express their views. We saw no

evidence of group residents' meetings and people had not been invited to complete a satisfaction survey.

The manager and director of operations were committed to making the necessary improvements to the service and sent us information on their intended actions following the inspection.

Rating at the last inspection

This service was registered with us on 13 October 2021 and this is the first inspection.

The last rating for the service under the previous provider was outstanding, published on 22 October 2020.

The rating at this inspection is requires improvement.

Why we inspected

The inspection was prompted in part due to concerns in relation to a lack of staff, medicine errors, management of healthcare condition, record keeping and the management of the home.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

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.

Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management of risks, the management of medicines, the governance systems and record keeping. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-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?

Requires Improvement 

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always 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?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-led findings below.

Eachstep Blackburn

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.

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

Two inspectors, a medicines inspector and two experts by experience undertook the inspection on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector visited the service on day two.

Service and service type

Eachstep Blackburn is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Eachstep Blackburn is a care home with nursing care. 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.

Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

What we did before the inspection

We reviewed information we had received about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback from the local authority.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. 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 observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with 12 people living in the home, nine relatives, six members of staff, the deputy manager, the manager and the director of operations. We also spoke with two visiting healthcare professionals.

We had a tour of the building and reviewed a range of records. This included five people's care documentation, two staff files and a sample of people's medication records. We also reviewed a range of records relating to the management of the service.

After the inspection

The provider sent us information about their planned actions in response to the findings of the inspection and the manager sent us additional information relating to the management of medicines.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated 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

- People were at risk from inconsistent and unsafe care. We found risks had not always been assessed and risk assessments had not always been updated following a change in people's needs. We also found risk management strategies had not always been developed to guide staff on how best to mitigate risks to people's safety, health and well-being.
- We found most of the risk assessments for one person with complex needs had not been completed on admission to the home and risk assessments had not been updated following one person experiencing falls.
- Similarly, risks had mostly been identified in relation to people's hydration and nutrition, however, we found gaps in people's food and fluid charts and fluid intake had not been totalled or evaluated.

The provider had failed to assess the risks to the health and safety of people receiving care and treatment and failed to do all that is practicable to mitigate the risks. This was a breach of Regulation 12 (1) (2) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager and operations director told us these issues would be addressed with the implementation of a new electronic care planning system.
- The provider had arrangements for routine repairs and maintenance of the premises and had a refurbishment programme in progress. The safety certificates pertaining to installations and equipment were complete and up to date.

Using medicines safely

- People's medicines were not always managed safely. The time a medicine was administered was not always documented for time sensitive medicines. For example, we could not be assured the four-hour time interval between paracetamol containing products had been observed.
- Medication administration records for topical preparations such as creams were not always completed accurately, and we could not be assured people were having them applied correctly.
- Instructions for medicines given when required were not always person centred and some people did not have these instructions in place. This meant there was risk they would not be given to people safely.
- Staff were not always recording when thickened fluids were being given to people at risk of choking and aspiration so we could not be sure these were being managed safely.
- Stock levels that were being recorded by staff did not always match the actual current stocks and there were gaps in recording of medicines administration. This meant we could not be assured that medicines

were being administered safely as prescribed.

- Although the manager and staff were carrying out audits of medicines management these had not always picked up on the issues found during the inspection. When an external company had carried out an audit the actions had not been followed up and these issues continued to be found during this inspection.
- Medicines were not always stored safely. On one floor, we found room and fridge temperatures were not always being recorded daily. On the same floor, we found the keys to the Controlled Drugs cabinet were not held securely by the nurse during their shift.

The provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had established systems and processes to safeguard people from abuse. Staff had access to appropriate policies, procedures and training and understood how to raise any concerns about poor practice.
- People told us they felt safe and were satisfied with the care they received. One person told us, "I think anyone will do anything for me. The staff are all very nice, I can't complain" and another person commented, "I feel perfectly safe. I think it's a safe place to be." Whilst most relatives felt their family members were safe in the home, two relatives raised concerns which we discussed with the manager during the inspection.
- The manager and staff had maintained a record of accidents and incidents and made referrals as appropriate to the local authority under safeguarding vulnerable adults protocols. The accidents forms included details of action taken, as well as observation and monitoring details.
- The manager had carried out an analysis of the accident and incident data to identify any patterns or trends. Any learning had been discussed with the staff team both at group and individual meetings.

Staffing and recruitment

- The provider's recruitment processes were not always effective. We looked at two staff files and noted minor shortfalls in the documentation. The manager assured us these issues would be addressed.
- Whilst we had received concerns about the number of staff on duty, we observed there were sufficient staff deployed to meet people's needs during the inspection. The manager monitored the staffing levels and ensured a safe number of staff was maintained. A new clinical lead was due to start work in the home and there was a rolling programme of recruitment.

How well are people protected by the prevention and control of infection?

- Following a tour of the building, observing staff practices and discussing the infection prevention control arrangements, we were assured the provider was admitting people safely to the service.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely. We observed staff wearing appropriate PPE and there were plentiful supplies around the home.
- We were assured the provider was accessing testing for people using the service and staff, as appropriate.
- We were assured the provider was making sure infection outbreaks can be effectively managed.
- We were assured the provider's infection prevention and control policy was up to date and was being reviewed regularly.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current safe guidance.
- We were assured the provider was promoting safety through hygiene practices of the premises.

Visiting in care homes

People were supported to have visitors and maintain contact with their friends and families in line with

government guidance. We observed visitors talking with people in all areas of the home during the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were supported to maintain a balanced diet. People were mostly satisfied with the meals provided. One person commented, "I think the food is okay, choices are given" and another person told us, "The food is excellent, sometimes there is a choice of two meals."
- Risks to people's hydration and nutrition were not always assessed. However, the manager closely monitored people's weights and any information of concerns was communicated to the kitchen staff.
- We observed the lunchtime arrangements on two different floors. On one floor, we observed some sensitive and respectful interactions, however, there was no sense of occasion to denote a mealtime. The tables were not set, and condiments were not supplied or offered. One member of staff supporting a person to eat their meal, sat next to them completing paperwork. In addition, one person was left with their meal in front of them for half an hour and were not given support until our intervention. The lunchtime on the other floor was a pleasant social occasion.

We recommend the provider consider current good practice guidance to improve people's mealtime experiences on the second floor.

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

- People were supported to access healthcare services. Staff had developed supportive relationships with other agencies and professionals to ensure people received advice and support with their medical needs.
- People's physical and mental health care needs were mostly documented within their care plan. This helped staff to recognise any signs of deteriorating health. People told us the staff obtained medical advice in a timely manner. One person said, "The staff would ask me what's wrong and see if I need a doctor." However, we noted there was no care plan to provide staff with information about one person's specific health issues.

- Staff and relatives were concerned about a potential healthcare condition. This issue was discussed with the manager, who assured us they were seeking advice and support from medical professionals.

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

- The premises were purpose built and were light and airy. People were satisfied with the environment. One person told us, "I think it is very good. I go into the garden it is nice to go in there for a walk around." People on the ground floor had free access to the gardens. However, they felt the gardens would benefit from more maintenance. The director of operations arranged a team of gardeners to visit the home during the inspection.
- There were several themed areas throughout the home and people could personalise their rooms with

their own belongings. However, some of the walls and woodwork were marked and scuffed. We were assured there was a refurbishment plan and new chairs were on order.

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

- An assessment of needs was usually completed before a person moved into the home. We saw a completed assessment during the inspection and noted it covered all aspects of people's needs. People were invited to visit before making the decision to move in.
- People's diverse needs were considered during the assessment process. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.

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 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 MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had received training and understood the relevant requirements of the MCA. Staff confirmed they asked for people's consent before providing support, explaining the reasons behind this and giving people enough time to think about their decision before taking action.
- People's capacity to make decisions was considered as part of the assessment process. People had signed consent forms, as appropriate.
- Where people needed restrictions on their liberty, to ensure their safety, the manager had applied to the local authority for appropriate authorisation under DoLS. All conditions were met in relation to the approved DoLS authorisations.

Staff support: induction, training, skills and experience

- Staff completed the provider's mandatory training programme, which was refreshed at regular intervals. The staff told us the training was informative and relevant to their role.
- New members of staff were supported through an induction programme, which included the Care Certificate as appropriate. The Care Certificate is a nationally recognised qualification for staff new to a social or health care setting.
- The manager was in the process of providing all staff with individual supervision sessions and had carried out competency assessments to ensure staff carried out their role effectively.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received good day to day care, and we observed they were treated with kindness and respect. Whilst at times there was limited interaction between the staff and people living in the home, the manager assured us the importance of ongoing conversation and positive interactions would be discussed with staff.
- People generally complimented the staff on the caring and kind way they provided support. One person told us, "Staff have a good attitude. They are absolutely superb. They treat me fine" and another person commented, "The staff are friendly very nice. They are good, they take care." Relatives spoken with also praised the staff team.
- The manager promoted and encouraged inclusion. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful of people's diverse needs and had built positive relationships to support them.

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

- People were supported to express their views and were consulted daily on their preferred routines and choices. Staff included people in decisions about their care and gave people time to voice their wishes.
- Relatives told us they were involved in decision making and were contacted if there were any concerns about their family member's health.
- People were provided with appropriate information about the home. The information included details about what people could expect from the service. This helped them to make informed decisions about accepting a place at the home.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted and respected. People could spend time alone in their rooms if they wished.
- Staff had access to policies and procedures about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting.
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and with current regulations.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider had arrangements for developing personalised care plans. However, whilst some plans seen were person centred and fully completed, other plans were not completed, and some sections had been left blank. This meant staff lacked information about how to care for some people with complex needs.
- None of the people spoken with were aware of their care plan and could not recall discussing their needs.
- Where completed the care plans contained a section on how people could best be supported. This set out details of people's preferences to help ensure they had choice and control over their daily lives. The manager was in the process of introducing pictorial overviews for new and visiting staff and explained an electronic care planning system was due to be introduced.
- The manager and staff had an understanding of people's needs. They maintained daily records of care and handover records. These provided information about changing needs and any recurring difficulties. We noted people's needs were described in respectful and sensitive terms.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager understood people's right to have information presented to them in an accessible manner, such as larger print documents or the use of pictures.
- There was a section in the assessment and care planning documentation to provide staff with information about people's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had mixed views on the activities provided, one person told us, "They have games we play, like cards different games we haven't played before." However, another person commented, "Not a lot going on sometimes it is rather boring, but I don't mind I just watch TV."
- The provider employed an activity organiser and there were details of forthcoming activities displayed on each board. The activity organiser was on leave during our visit to the home.
- We observed few activities on the first day of the inspection and noted limited interactions between the

staff and people living in the home.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and arrangements for investigating and resolving complaints.
- The manager kept a log of any complaints which included details of actions taken. This meant any patterns or trends could be readily identified. There were no open complaints at the time of the inspection.

End of life care and support

- People were supported to have comfortable, dignified and pain free end of life care. Where appropriate, people's end of life wishes, and preferences were recorded and reviewed as part of the care planning process.
- Staff involved the relevant professionals when required and obtained appropriate medicines and equipment to ensure people remained pain free. Staff had access to training and the provider's policies on end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider had systems and processes to assess, monitor and improve the service; however, these were not always effective. Whilst the management team had carried out regular checks and audits, we found some people's records were incomplete and care plans were not always reflective of people's current needs and circumstances. There were also gaps in people's daily monitoring charts such as food and fluid intake and individual risks to people's health, safety and wellbeing were not always assessed. In addition, there were shortfalls in the recruitment records of new staff and the management of medicines.
- Whilst it was evident the director of operations was involved in the operation of the home; we saw no ongoing audits or oversight reports completed by the provider or the provider's representative, apart from one quality assessment conducted by the quality director of nursing.

The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. The provider had also failed to maintain accurate, complete and contemporaneous records in respect of each person. These findings constituted a breach of Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager, deputy manager and the director of operations were committed to making the necessary improvements to the service.
- The manager was appointed in January 2022 and told us she intended to apply for registration on receipt of her disclosure and barring check. The manager was visible in the home and staff told us she was approachable and supportive. All staff felt the manager had a good relationship with people living in the home.

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

- People and their relatives told us they were consulted about daily aspects of their care. However, we saw no evidence of any group residents' meetings during 2022 and people living in the home had not had the opportunity to complete a satisfaction survey. This meant people had limited opportunities to express their views on the service.
- The manager explained relatives and staff had been given the opportunity to complete a satisfaction survey, however, the surveys were managed by head office and she didn't have access to the results.
- The manager and staff worked in partnership with external agencies to learn and share knowledge and

information which promoted the development of the service.

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 manager understood her responsibility under the duty of candour.
- The director of operations and manager were open about the areas requiring improvement at the service and the work they were doing to address shortfalls.

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

- The manager promoted a positive open culture. She worked alongside care staff as necessary, which meant she had a good understanding of people's needs.
- The manager completed daily walk arounds and spot checks to observe staff practice and speak with people living in the home.
- People and relatives spoke positively about the way the home was managed. One relative described the manager as, "Very active, you know she is there she is very visible."

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider had failed to assess the risks to the health and safety of people receiving care and treatment and failed to do all that is practicable to mitigate the risks. Regulation 12 (1) (2) (a) (c)</p> <p>The provider had failed to ensure the proper and safe management of medicines. Regulation 12 (g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. The provider had also failed to maintain accurate, complete and contemporaneous records in respect of each person. Regulation 17 (1) (2) (a) (b) (c)