

Mrs M Lane

Blakesley House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Blakesley House Nursing Home is a care home providing personal and nursing care to up to 22 older people, including those who are living with the experience of dementia. At the time of our inspection, 13 people were using the service.

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

People were not always supported to undertake activities of their choice and told us there was little to do. There was an activity plan displayed although this did not reflect the activities undertaken. The staff did not always engage with people to find out what they wanted to do.

The provider's monitoring systems had improved since our last inspection although further improvements were required, as the systems had not identified the shortfalls we found in relation to the provision of activities for people who used the service. Stakeholders told us communication had improved and they were happy with the service overall.

People were protected from the risk of avoidable harm. The risks to people's safety and wellbeing had been identified, assessed or managed. Records were completed appropriately and the local authority was informed of accidents and incidents.

Feedback indicated people using the service were happy with the care they received. However, people who were being cared for in their rooms told us staff did not always have enough time to spend time with them. Relatives we spoke with told us people were well cared for and thought the staff were good but had mixed feelings about the provider.

People who used the service received their medicines safely and as prescribed. Safety checks were undertaken regularly including fire safety and environment checks.

There were robust procedures for preventing and controlling infection, and the staff followed these.

There were procedures to help make sure staff employed were suitable and had the skills and knowledge they needed. These included recruitment checks, regular training and supervision. The staff told us they were happy working at the service.

The provider was suitably qualified and experienced. They worked with staff who had been at the service for a long time and who knew people well. There were appropriate systems for reviewing people's health and working with relevant health and social care professionals.

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 December 2020) and there were

multiple breaches of regulation. At this inspection we found improvements had been made in some areas but the provider was still in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 3 December 2020. 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, person-centred care 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, responsive and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed. 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 Blakesley House Nursing Home on our website at www.cqc.org.uk.

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 have identified one breach in relation to person-centred care. 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. 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?

Good ●

The service was safe.

Details are in our safe 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.

Blakesley House Nursing 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 and an Expert by Experience. 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

Blakesley House Nursing 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.

The provider is registered as an individual and as such is not required to have a registered manager in place. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

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 professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the provider, the nurse in charge and care staff.

We reviewed a range of records. This included four people's care records. We looked at three staff files in relation to recruitment and staff supervision. We looked at how the provider was managing risk in the service including incidents and accidents. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We emailed four professionals who regularly visit the service and received a telephone call from one.

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 requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

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 (Safe Care and Treatment) 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 12.

- People who used the service were protected from the risk of harm. Risks to people's safety and wellbeing had been assessed and mitigated. Risk assessments were detailed and were reviewed and updated monthly, or more often if necessary.
- Some people were at risk of developing pressure ulcers. We saw they had wound management plans in place which were regularly reviewed and updated. There was a clear record of how the wounds were progressing with photographs and body maps. Staff recorded the date of the photograph taken at the start of treatment and the date when it had healed.
- Each person had a fire risk assessment in place. This took into account the person's comprehension and ability to take appropriate action in the event of a fire. Based on the level of risk, care plans recorded instructions for staff about how to support the person if a fire broke out.
- People who were being cared for in bed were carefully monitored and there were up to date checks undertaken such as repositioning charts. Where people required bedrails to prevent them from falling, we saw a safety rail assessment had been put in place. Where people could not consent to the use of bedrails a best interests meeting with the relevant professionals and those involved in the care of the person, was arranged to make the necessary decision.
- The service had received a food hygiene inspection the day before our inspection and had been awarded the highest rating of five.
- The provider had a health and safety policy in place, and there were processes and checks in place to help ensure a safe environment was provided to people, staff and visitors. These included gas, water and fire safety checks. Environmental risk assessments were in place and included electrical appliances, lighting, smoke detectors and call bells. Equipment was regularly serviced to ensure it was safe.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe living at the service. Their

comments included, "I feel safe here. I can see how they do things and that makes me feel safe. You know, how they treat people. They're always helpful" and "I feel safe enough." One relative agreed and said, "To the best of my knowledge the carers are well trained and there seems to be enough. I think it is a safe place."

- Some relatives told us they had worried in the past about how staff cared for people and did not always feel people's needs were met. However, they had noticed improvements more recently. One relative told us, "There were some issues with the staff before the last CQC inspection. Some carers were rough and rude. Not trained properly. There has been a noticeable difference in attitude of new staff."
- The provider had a safeguarding policy and procedure, and staff received training in these. The provider worked with the local authority's safeguarding team to investigate safeguarding concerns. There were no concerns at the time of our inspection.

Staffing and recruitment

- There were enough staff on duty to meet the needs of people who used the service. The provider had recruited new staff including a qualified nurse who demonstrated they knew people's needs well and were efficient.
- Recruitment practices ensured staff employed were suitable to support people. Checks were undertaken before staff started working for the service. These included checks to ensure staff had the relevant experience and qualifications, obtaining references from previous employers, reviewing a person's eligibility to work in the UK and ensuring relevant criminal checks had been completed.
- New staff received an induction into the service which included training the provider identified as mandatory. In addition, staff received training specific to the needs of the people who used the service, such as person-centred care and dementia awareness. Staff received regular supervision and yearly appraisals.

Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed. One person confirmed this and said, "Nurse [Name] gives me my medication and vitamins. It's all done very well. They have a piece of paper telling them what each patient needs."
- We were unable to fully check medicines stock as the nurse in charge was recording the new cycle of medicines which had been delivered from the pharmacy. However, we saw they were recording medicines on medicines administration records (MAR) appropriately and clearly, whilst checking each medicine to ensure they matched instructions on MARs.
- There were regular medicines audits and checks including medicines fridge temperatures, drug trolley, room temperatures and daily drug checks.
- There was a policy and procedure in place for the management of medicines and staff were aware of these. Staff received training in the administration of medicines and had their competencies assessed regularly.
- There was information about people's medicines, such as what they were prescribed for and their possible side effects. There were initial pain assessments in place for people so staff could evaluate what support they needed if they were in pain. There were also body maps in place so areas of pain or where there were any marks or bruises were clearly recorded on the body area.

Preventing and controlling infection

- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. This was because the care workers who let us in did not ask us for evidence of a COVID-19 negative test, did not take our temperature and did not ask for us to sign in. We raised this with the provider who told us staff knew what to do and they would address this without delay.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The provider told us that after the last inspection, and following the COVID-19 outbreak, they communicated with relatives and took action to stop people visiting until everyone was safe. They contacted a COVID-19 unit in another nursing home and asked for them to send some documentation so this could be used at the home. Relevant agencies were informed of the outbreak.
- At our last inspection, we found the provider did not always record incidents and accidents appropriately. This put people at risk of avoidable harm. At this inspection, we found the provider had made improvements to the way they recorded incidents and accidents, and these were discussed with the staff during handover and team meetings. There had not been any recent incidents.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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; 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

At our last inspection, we found, the provider had failed to ensure people's needs were met in a person-centred way. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider was still in breach of regulation 9.

- People were not always supported to undertake activities of their choice. One person told us, "There isn't a lot to do but I don't mind" and another said, "No-one sits with me and has time to talk." They added, "They just come in, change your nappy, bring you a meal and turn around, they're gone. They don't talk to you. They have no time for that." Relatives agreed and said, "There is an activity board but my suspicion is that they don't do very much with the residents. Certainly not what is advertised" and "There have never been any garden events at the home. No parties, nothing like that."
- On the morning of our inspection, very little was organised. The television was on showing a program nobody seemed interested in. One person was sitting with a colouring book and pens in front of them but nobody attempted to support them to use these. Eventually, a staff member went over and spoke to the person with the colouring book and stood over them saying something. They did not attempt to sit with the person and left promptly.
- Two people were sitting in their armchairs with nothing to do. A fourth person was sitting in their wheelchair whilst a member of staff was standing against the wall beside them. The member of staff did not attempt any conversation or eye contact with the person or anyone else. We raised this with the provider who explained the member of staff was from the agency and was providing one to one support with a person. The provider spoke with the member of staff and asked them to organise some activity with the person. They started showing the person some large playing cards, but did not face them or explain what they were doing.
- There was an activity board on display in the lounge. However, this did not always reflect the activities on offer and as a result people did not have accurate information about activities planned to take place on the day. For example, the hairdresser was listed as visiting on the afternoon. We were told they were not coming but people had not been informed. An activity which was meant to take place in the morning did not take

place. We queried this and were told one person did not want it. However, we did not see staff asking other people whether they wanted this activity or not.

- We spoke at length with a person who showed an interest in a piece of classical music. Through conversation, it was clear the person would have enjoyed this area of interest to be explored. However the staff did not seem aware of this, and this was not recorded in their care plan so nothing had been done to meet the person's needs in this area.

The provider had failed to ensure people's needs were met in a person-centred way. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- While we observed that most of the time, people did not have much to do and were not involved in activities, there were times where staff attempted some kind of activities. For example, In the afternoon, some of the staff sat with people in the lounge and engaged in a conversation about football which was well received. The staff put on musical scenery on the TV, which provided a relaxing background. Some people told us they took part in weekly exercises and enjoyed these.
- The provider employed an activity coordinator but they were unavailable on the day of our inspection. We saw they had put in place more person-centred activity plans, kept a record of activities some people took part in and commented on their participation and whether they enjoyed these.
- A care worker demonstrated they knew which activities people liked to do and we saw activity plans reflected these. They told us, "[Person] really likes listening to music so we make sure they have the music they like" and "[Person] enjoys reading the newspaper every day and we make sure [they] have this delivered."
- Overall, people felt their personal care needs were met by caring and respectful staff. Their comments included, "The nurses give me a wash and put lotion on me, it's lovely. They are respectful" and "I get to have a shower whenever I want. They treat me well." A relative agreed and said, "They reposition my [family member] regularly to prevent bed sores. I am confident they do a good job and they are well cared for." A healthcare professional thought people were well cared for and added, "I have visited on a number of occasions and I do not have any concerns about the care. I think people are well cared for."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication care plans in place. These included the person's communication needs and how staff could meet these.
- Some documents were available in a pictorial format to help people understand and facilitate communication where this was needed.
- The provider told us they encouraged staff to communicate appropriately with people who used the service, giving them time, making eye contact and speaking clearly. We saw most staff interacting with people in a kind and caring manner.

Improving care quality in response to complaints or concerns

- There was a complaints policy and relatives we spoke with knew how to make a complaint. There had not been any complaints since our last inspection. Previous complaints were addressed appropriately and in line with the complaints policy.

End of life care and support

- There were end of life care plans in place. These stated how people wanted their care at the end of their lives, who they wanted informed, and what arrangements they wished for their funeral. For example, one person stated they did not want anyone informed and had made their own funeral arrangements.
- The home was accredited to the Gold Standard Framework (GSF) since 2013. GSF is an approach to planning and preparing for end of life care. The provider had met the necessary standards to maintain their accreditation and had recently achieved platinum level.

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 requires improvement. At this inspection this key question has remained the same.

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.

Continuous learning and improving care

At our last inspection, the provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer in breach of regulation 17. However, further improvements were required.

- The provider's monitoring systems had improved and they had made the necessary improvements in relation to the management of risks. For example the risks of people falling were appropriately addressed and adequate measures were implemented as part of learning lessons to prevent incidents and accident happening again. However, although there had been some improvements to the provision of activities, these were still not always meeting people's needs.
- Risk assessments had improved since our last inspection and reflected accurately how care should be provided to help keep people safe and for them to meet their needs and reduce the risk of avoidable harm.
- There were daily checks undertaken in the home, which included checks of air flow mattresses, call bells and door bell responses, cleanliness and environmental checks and fire safety checks. There were also weekly checks undertaken such as the emergency bag, water, fire alarm, wheelchair cleaning and monthly checks including first aid boxes, PPE stock, building and room by room risk assessments, care plans and house cleaning.

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

- The feedback we received from relatives varied. Most relatives thought their family members' care needs were met and trusted the nurses and care staff. One relative told us they did not always find the provider approachable but another stated, "[The provider] is very approachable and always available to discuss any issues."
- Most relatives thought communication had improved since the last inspection. A healthcare professional agreed and told us, "It does feel like there has been an improvement. We can get through on the phone. [Nurse's name] is excellent. [They are] very good and very organised."

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 provider told us they understood the importance to be honest and open when mistakes were made, or if incidents happened, and to offer an apology. They said, "It's about reporting and safeguarding. You have to report everything to the relevant people. We have a duty of care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider was suitably qualified and experienced and had run the service for many years. They had been the registered person and owner of the service since 1991 and of a smaller care home since 1984.
- There were regular staff meetings and daily handover meetings so relevant information was discussed and shared. This helped ensure staff had up to date information about people's health and wellbeing and could follow up on anything outstanding such as making a referral or taking someone to an appointment.
- We saw people's records and clinical checks were up to date and recorded appropriately. The nurse in charge was organised and knew people well. They were able to provide information we requested in a timely manner. Referrals were made promptly to other healthcare professionals where this was required and people's healthcare needs were monitored well.

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

- The provider had introduced visitors' questionnaires to enable them to monitor their views, review suggestions and make improvements where needed. They only had one back at the time of our inspection. We saw comments were positive and included, "I am happy with Blakesley House. The care, the staff are fantastic. My [family member] is happy here..... Thank you for everything."
- A care worker told us they had worked at the service for many years and felt it was 'like a family'. They said people were well cared for and the staff enjoyed looking after people. They added, "The relatives feel happy because they know people are well looked after here. Some have been here many years. I love them."
- Relative were able to visit their family members using a booking system and told us this was working well.

Working in partnership with others

- The provider worked well with the healthcare and social care professionals involved in the care of the people. We saw evidence people were referred promptly to the relevant professional when needed. For example, two people who were being cared for in bed were referred to the tissue viability nurse (TVN) for support with wound care where their skin was at risk of breaking down.
- Records showed a range of healthcare professionals were involved in people's care included the podiatrist, community matron, TVN and speech and language therapists. We saw a record of their visits which included any instructions and advice on how to support the person.
- The provider liaised regularly with the local authority and attended provider forums and managers' meetings which they were invited to. This helped them keep updated about any changes within the care sector and share information with others.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	<p>The registered person did not do everything reasonably practicable to make sure that people who used the service received person-centred care and treatment that was appropriate, met their needs and reflected their personal preferences.</p> <p>Regulation 9 (1)</p>