

Chislehurst Care Limited

# Blyth House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Blythe House is a nursing home that provides personal and nursing care support for up to 16 people in one adapted building. At the time of the inspection 16 older people were living at the service.

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

People were not always safeguarded against the risk of abuse and harm as safeguarding concerns were not acted on and reported immediately as required and in line with best practice. The provider failed to report and respond appropriately where possible harm, abuse or incidents had occurred. Systems and processes were not operated effectively to investigate evidence of such harm and abuse and to effectively prevent abuse from occurring. The provider failed to establish and ensure an effective and accessible system for identifying, receiving, handling and responding to complaints from people and their relatives acting on their behalf.

The provider failed to ensure safe management oversight, to seek and act on safeguarding concerns and feedback given and to monitor and improve the quality and safety of the service. The registered manager at the time of the concerns failed to act on their responsibilities under the duty of candour and to take responsibility when things went wrong.

People's relatives told us they thought their family members were safe and looked after, however explained that it was difficult to be fully confident due to the limitations on visiting their loved ones during the Covid 19 pandemic.

At this inspection we found three breaches of regulations.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good report published (04 March 2019).

### Why we inspected

We received concerns in relation to a safeguarding incident. As a result, we undertook a focused inspection to review the key questions of Safe, Responsive and Well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from 'Good' to 'Requires Improvement'. This is based on the findings at this inspection. 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Blyth House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our safe findings below.

**Requires Improvement** ●

# Blyth House

## 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

This inspection was carried out by one inspector who visited the service and a second inspector who supported the inspection remotely and spoke with relatives of people using the service and staff.

#### Service and service type

Blyth House 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 service had 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, at the time of our inspection the registered manager at the time of the concerns had left the service and a new manager was in post and in the process of registering with the CQC to become the new registered manager.

#### Notice of inspection

This inspection site visit took place on 18 September 2020 and was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information, we held about the service. This included details about

incidents the provider must tell us about, such as any safeguarding alerts that had been raised. We spoke with the local authority safeguarding and commissioning teams about 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met and spoke with the new manager, the director and nursing staff. People living at the home had varying levels of communication so we spent time observing the support provided to people in communal areas and the interactions between people and staff.

We reviewed a range of records including three people's care plans and five people's care records. We also looked at staff training, supervision records and records used in managing the service for example, policies and procedures and monitoring records.

After the inspection

Following our inspection, we spoke with three members of nursing and care staff on the telephone. We also spoke with three relatives of people using the service to seek their feedback on the service.

We asked for a number of records to be sent to us for review including policies and procedures and quality assurance records. We continued to seek clarification from the provider to validate the evidence found.

# 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 has now deteriorated to '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.

Systems and processes to safeguard people from the risk of abuse

- People were not protected from avoidable harm. One relative commented, "I think [relative] is safe but you never really know as we can't visit at the moment due to Covid."
- The inspection was prompted due to concerns received about the management of safeguarding people and responding to concerns. The registered manager at the time of the concerns failed to respond immediately upon becoming aware of an allegation of abuse. They failed to act, report and record concerns brought to their attention in line with safeguarding policies and procedures potentially placing people using the service at risk of harm.
- We later raised a safeguarding alert with the local authority safeguarding team when we became aware of the concerns.
- Staff training records showed that a significant number of staff had not completed up to date safeguarding training and this required improvement. This was evident when we spoke with some staff who had limited knowledge of how to report concerns.
- Systems and processes were not safely established and operated effectively to investigate concerns or evidence of abuse. During the inspection we checked safeguarding records. These showed that one safeguarding concern at the service was recorded. However, this was not the safeguarding incident that was reported to the registered manager. Following our inspection, we spoke with the provider and requested a copy of their safeguarding monitoring tool. One was produced and documented the concern that was brought to the registered managers attention only. This showed there was a lack of oversight and management of safeguarding concerns within the service.

We found no direct evidence that people had been harmed as a result of the concerns we found during the inspection, however, systems and processes to safeguard people from the risk of abuse were not safely managed and this placed people at risk of abuse or harm.

This is in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- People were protected from infection risk. There were procedures displayed to reduce the risk from any visitors to the home spreading infection.
- The service was clean and free from malodour; however, we did note that one area of the home required

dusting as there were cobwebs present. The manager ensured action was taken to address this at the time of the inspection.

- Regular testing for people using the service and staff was conducted and shielding and social distancing rules were compiled with.
- Staff received training on infection control, related COVID 19 training and the use of personal protective equipment (PPE). Staff wore appropriate PPE at all times during the inspection and kept to social distancing rules.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and records showed that staff had taken appropriate action to address them. Where required accidents and incidents were referred to health and social care professionals.
- The oversight of safeguarding to identify learning, required improvement to ensure people's safety and well-being and to work effectively.

#### Assessing risk, safety monitoring and management

- Staff identified and assessed risk to ensure people's safety. Guidance was provided to staff to support, manage and minimise identified risks to people.
- Care plans contained risk assessments informing staff on what to do to support people's changing needs and risk assessments were reviewed to manage these risks.

#### Staffing and recruitment

- During our inspection we observed there were enough staff to meet people's needs in a timely manner.
- Staff were recruited safely and employment checks were completed before staff started working with people.

#### Using medicines safely

- Medicines were managed, administered and stored safely in line with good practice guidance.
- Medicines were administered by nursing staff whose competency was checked to ensure the safe management of medicines. Medicines administration records were completed correctly by staff and medicines were administered as prescribed.

# 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 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'.

This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The provider failed to ensure an effective and accessible system for identifying, receiving, handling, monitoring and responding to complaints from people using the service or their relatives.
- One person told us they had raised concerns and complaints to the registered manager and provider, however their concerns were not managed and responded to timely and appropriately in line with the providers complaints policy and procedure.
- During the inspection we asked the manager and director for information and records relating to a complaint that had been raised with them on three separate occasions. They confirmed that they were unable to produce the records and had failed to manage and respond to the complainant in line with their policy and procedures.
- The provider failed to have oversight and establish and operate effectively an accessible system for receiving, recording, handling, responding and monitoring to learn from complaints.

This is in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the provider sent information confirming that they had now responded to the raised complaint.

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

- People's care and support needs were assessed and reviewed regularly to ensure their individual needs and wishes were met appropriately. One relative told us, "Staff contact me to discuss [relative's] care, they [staff] do involve me."
- We observed people were treated respectfully and were able to follow their own routines and choices. Staff knew people well and were knowledgeable about how people liked to receive their care and support.

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 access to important information relevant to them in a format that met their needs, for

example, large print and easy to read documents. One relative commented, "We were given lots of information."

- People's communication needs were assessed and recorded in their care plans and staff understood and acted in accordance with the AIS.

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 were supported to participate in meaningful activities within the service that were relevant to them whilst ensuring their safety in line with Covid 19 government guidance.
- During our inspection we observed that staff spent time with people interacting and socialising whilst following social distancing guidelines.
- People were supported to maintain relationships with those close to them in a safe and controlled way. For example, the service had arrangements in place for relatives and loved ones to visit in the garden to ensure safety and following social distancing guidelines. One relative commented, "Garden visits are limited but I contact staff frequently to make sure [relative] is well."

End of life care and support

- People received care and support at the end of their lives.
- Care plans detailed people's end of life care wishes they had.
- Staff had received training in end of life care and had established positive links with external health and social care professionals and local hospices.

# 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 has now deteriorated to '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

- Systems to manage and monitor the safety and quality of the service were not sufficiently robust. The provider and registered manager had failed to recognise the importance of regularly monitoring the quality of the service to help ensure safe service delivery and to help drive improvements.
- There were failures in identifying and addressing areas of care such as safeguarding and complaints which required improvement, ensuring people received safe care and treatment. There were significant shortfalls in the management and oversight of the service as quality assurance systems failed to identify the concerns we found at the inspection and as detailed in this report.
- These include, the failure to identify, report and respond to concerns and safeguarding concerns appropriately and in line with safeguarding policies and procedures. The failure to establish and operate a system for identifying, receiving, recording, responding and of the management of complaints. The failure to ensure and monitor that people received responsive care and treatment and to maintain accurate, complete and contemporaneous records.

We found no evidence that people had been harmed as a result of these failures however, systems to manage and monitor the quality and safety of the service had not been effectively managed and this potentially placed people at risk of harm.

This is in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were some systems in place to monitor and audit the quality and safety of the service. For example, care plans, medicines and accidents and incidents audits were carried out.

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

- Throughout our inspection the new manager was open and receptive to feedback given. Where they were able to rectify concerns quickly, they did so. For example, ensuring cleaning was carried out where required.
- The new manager was experienced and told us they understood the duty of candour regulation and

recognised the importance of being open and honest with people and their relatives.

- Most relatives told us they were happy with the way the home was managed. One relative commented, "[Relative] looks well when we visit and staff communicate well with us. We have no issues."
- Feedback from staff was largely positive stating they felt supported by the manager. Comments included, "I have supervision on a regular basis which is supportive and the new manger is finding their ground", and, "I feel supported by the provider but feel management is not as good as it was. Staff are all good and people get good care", and, "The new manager is good and their door is always open, I feel supported."

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

- Most relatives told us they had been supported to remain in contact with their loved ones during the pandemic despite limited or restricted visiting. One relative said, "The staff are good in communicating with us, I call most days."
- People and their relatives views about the service were sought through a range of measures such as resident and relatives' meetings and questionnaires. However, the director told us that the last service users meeting was held in February 2020 and they were unable to locate the minutes of that meeting. They also told us they had not held a relative's meeting in 2020 which required improvement. We looked at the results for the service user's questionnaire that was completed from January till June 2020. Results showed many areas for improvement, for example, only 75 percent of people felt that staff listened to them, 75 percent said they were happy with staff manner, 50 percent said staff enabled them to make choices of what to wear, 50 percent were happy with the activities in the home, and only 66.67 percent said they would recommend the home. These findings required improvement.
- We also looked at the staff survey which was also completed from January till June 2020. This also shows many areas that require improvement. For example, only 50 percent of staff knew how to report concerns, 50 percent said they had no difficulty in reporting mistakes, incidents and near misses to the manager, only 50 percent felt they would be fairly treated if they reported them, 50 percent felt there was good communication, 50 percent knew who to go to if they needed support, 50 percent said they work well as a team, and only 50 percent said they receive supervision every 12 weeks. These findings required improvement.

Working in partnership with others

- The service worked in partnership with commissioners from the local authority and with health and social care professionals.

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 Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  Systems and processes were not established and operated effectively to prevent abuse of service users. Systems and processes were not established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  Complaints received were not investigated and necessary and proportionate action was not taken in response to any failure identified by the complaint or investigation. The registered person failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems or processes were not established and operated effectively to ensure compliance with the requirements. Systems or processes did not enable the registered person, in particular, to assess, monitor and improve the quality and safety of the services provided in the carrying

on of the regulated activity; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided; maintain securely such other records as are necessary.