

Charing Park Investments Limited

# Blair Park Residential Care Home

## Inspection report

2 Beechwood Avenue Crown Road  
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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

Blair Park Residential care home is a large detached house in a quiet residential area. It provides care and support for up to 47 older people, most of who are living with dementia. At this inspection, there were 31 people living in the service.

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

People told us, "They [staff] do everything you want them to do, so it's not a problem. And they are very good giving choices." And "Staff are very good, friendly and brilliant"

People were protected from the risk of harm as robust safeguarding procedures were in place and staff had a good understanding of their responsibilities. Risks associated with people's care and wellbeing were safely managed.

We found that staff were adhering to government guidance on Covid-19. We observed staff wearing masks correctly in the service.

Staff were recruited safely, and checks were completed. People were supported by staff with the relevant skills and experience, which enabled them to meet people's needs. Staff also received appropriate training to enable them to carry out their roles safely. Staffing rotas showed, and we observed there were enough staff deployed to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Medicines were safely managed and administered. Staff received appropriate medicine administration training. Staff understood and demonstrated their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.

People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted. The manager had good oversight of the service and the staffing team.

The manager and staff team learnt from incidents that had happened. Any incidents were discussed, and trends and pattern analysed to improve the service.

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 (published 10 July 2017).

### Why we inspected

We received concerns in relation to management of the service and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained Good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see safe and well-led sections of this full report.

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

### 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 safe findings below.

# Blair Park Residential 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 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

This inspection was carried out by two inspectors.

#### Service and service type

Blair Park Residential Care Home 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. Blair Park Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post

for about one month and had submitted an application to register. We are currently assessing this application.

#### 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do 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 used the service and one visiting relative about their experience of the care provided. We spoke with seven members of staff including the manager, deputy manager, activities coordinator, senior care workers and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- We received concerns about inadequate staffing prior to this inspection. We found that there were enough staff available during the day and at night to support people's needs and rotas confirmed this. For example, there were 13 staff during the day. This included, care staffs, domestics, kitchen staff, deputy manager and manager. At night, there were three care staff and one senior. We observed night staff responding to call bells quickly and appropriately. Rota was based on the use of a dependency tool (dependency tools are useful in being able to assess staff requirements based on the needs of people using the service).
- People and their relatives told us they felt there were sufficient staff available and they did not have to wait for their care. One person told us, "I am okay here. Staff are super. I cannot find any fault. I go to bed when I like and wake up when I like. I am safe here. They come quickly." One relative told us, "There always seem to be enough staff. I have no concerns. My relative does not sleep at night, that is the only thing. But staff are always with her. I come in daily and staff are always with her because she walks around a lot."
- People's staffing support needs were jointly assessed and reviewed with their social worker or relevant healthcare professionals. Staff spoken with fully understood people's needs and we observed this throughout our visit.
- Staff were recruited safely, and checks were completed. Application forms were completed with no gaps in employment history, references and proof of identity were checked. Disclosure and Barring Service (DBS) checks had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Accredited agency staff were used, whenever necessary with appropriate checks and agreements in place.

### Assessing risk, safety monitoring and management

- Risks to people living at the service had been appropriately assessed and guidance was in place for staff to minimise potential risks. For example, one person who needed expressing their feelings was appropriately assessed for the potential risk of harm to themselves and other people. Appropriate guidance was put in place which enabled mitigation of identified risk.
- Risk assessments had been reviewed in line with concerns raised or if there had been a change with a person's needs, this ensured staff had the most up to date information to minimise risks to people's health and wellbeing.
- Support was delivered as planned in people's support plans. Some people needed support to manage their mobility to reduce the risk of an incident or accident occurring particularly at night and in the morning. Plans to manage their falls and mobility were thorough, detailed and contained the information staff needed to support people safely.
- Environmental risks had been assessed and checks made to ensure the service was safe for people to live.

For example, checks around fire safety were completed with personal evacuation places in place for each person and the fire alarm had been serviced regularly to ensure it was in good working order.

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. Any conditions related to DoLS authorisations were being met.
- Mental capacity assessments were completed when there were concerns about a person's ability to make decisions for themselves. Assessments were decision specific and contained details of how a determination of a person's capacity had been made.
- Where a person was not able to make decisions for themselves a best interest decision making process was completed and recorded. The manager worked with relevant people, their relatives and professionals to decide on people's behalf.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person said, "I do feel safe here, yes I do." A relative said, "They are very good, they are looking after my relative very well. Oh, yes, she is safe here. I have no concerns."
- Staff demonstrated knowledge of the different types of abuse and signs and symptoms to look out for to keep people safe. A member of staff said, "I have to make sure people are kept safe and protected from harm/abuse. If I suspect anything, I will raise it with the senior on shift, then to the manager and director level. If nothing is done, I will report to CQC."
- There were policies and procedures in place to protect people from the risk of abuse. Safeguarding alerts had been raised by the manager on behalf of people to the local authority safeguarding teams and investigations had been completed to identify ways to keep people safe.

Using medicines safely

- Medicines were stored safely. Medicines administration records (MARs) were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. Medicine records were appropriately audited by the manager.
- Our observation of medicine round showed that staff strictly followed the arrangements in place to ensure people received their prescribed medicines.
- Where people were prescribed medicines on a PRN basis (as and when required) guidance was in place for staff regarding how and when these should be administered. Our observation showed staff understood and followed set protocol that was put in place.
- Staff completed training in medicines administration and their competency was checked to make sure they continued to practice safe medicines administration.

Preventing and controlling infection



- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

The provider was facilitating visits for people living in the service in accordance with the current guidance.

#### Learning lessons when things go wrong

- The manager had reviewed incidents and accidents to ensure these had been dealt with correctly by staff and to identify any learning which could reduce the risk of reoccurrence. For example, the manager had analysed incidents of a person who had reoccurring falls. The manager discussed medicines they felt were having a negative impact on a person with their GP. A medicine review was completed, and medicines were altered. The person had not had a recorded fall since this took place.
- All people living at the service had their own analysis form for recorded accidents or incidents, allowing people to be monitored individually. All reported accidents or incident had to be countersigned by the manager to ensure the incident had been reviewed and appropriate action taken to minimise risk of reoccurrence.
- Staff had followed the correct reporting procedure relating to accidents and incidents. They had taken appropriate action where further support was needed following an accident or incident such as referrals to fall teams, healthcare professionals and external therapists.

# 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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We received concerns about the new manager management style and not taking in to account raised concerns. However, staff told us, "I do get support from the manager. The manager has an open door policy. We also have an on call system whereby they are there for advice anytime." And "The manager has only been here for a few months and the changes being made will have massive impact for all in a positive way. She is approachable."
- We observed a positive culture in the service during the inspection. We observed caring attitudes from the staff when supporting people. For example, we overheard a member of staff speaking to a person in a very kind way when assisting them to the toilet.
- Staff supported people in a person-centred way. Care plans offered guidance to staff on how to deliver care in line with people's preferences. For example, guidance was provided to staff on supporting an individual with their sexual orientation needs. Staff were able to explain this to us. This demonstrated that people's individual needs and preferences were being met in the service.
- Communication within the service was facilitated through monthly staff meetings. Records showed that staff took time to listen to people. A member of staff said, "We have staff meetings. We talk about developments in the home. For example, we have been informed that records such as the care plan will soon be on an electronic system. We are able to talk and say our minds in meetings. We can raise concerns and make suggestions."

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

- The manager understood the duty of candour. This means that following an unexpected or unintended incident involving a person, the registered person must provide an explanation and an apology to the person or their representative.
- The manager understood the requirement of notifying the Care Quality Commission (CQC) of important events which had happened in the service. We reviewed evidence of notifications which confirmed events had been reported to the CQC appropriately.
- The manager had implemented a range of audits to monitor the quality of the service and identify areas of improvements which would benefit people, such as, checks of people's bedrooms, people's medicines and people's weights. We saw actions had been identified from audits and these had been completed.

- Audits were uploaded to the provider's management report. Senior managers reviewed them to ensure oversight on the service.
- Staff were encouraged to report concerns, accidents or incidents to the manager and be honest when things had gone wrong.

Working in partnership with others; Continuous learning and improving care

- The manager had an open approach to working with people's relatives and professionals to ensure people were receiving appropriate care. We reviewed a document provided to the manager by a member of a person's family which detailed their needs and preferences. The manager had reviewed this and completed an action plan to ensure the person received care and support the way they wanted.
- The manager and staff worked with local authority social workers to complete full reviews of people's care. During our inspection we saw staff taking part in a meeting with professionals and provided information to evidence how people's needs were being met.
- The manager attended local authority forums and events hosted by the Care Quality Commission to ensure they kept up to date with latest guidance, legislation and best practice.
- The manager had a vision for the service and had started to implement this following feedback from people, their relatives and staff, such as, making changes to the activity programme and planning for new facilities such as a 'hydration station' which would allow people to have access to drinks whenever they wanted.