

Ms Catherine Blyth

Feng Shui House Care Home

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Feng Shui House Care Home is a residential care home providing personal care to 15 people aged 65 and over at the time of the inspection. The service is registered to support up to 20 people. The home is in the seaside resort of Blackpool overlooking the south promenade. There are two communal lounges and all bedrooms have en-suite facilities.

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

The provider did not have effective systems in place to ensure all risks were identified and medicines were managed safely. We found failings regarding the management of medicines and risks related to people's health and the environment.

We found no evidence people had been harmed but they were at risk of avoidable harm due to the ineffective governance arrangements in place. Records were not always accurate and completed in line with people's assessed needs. Audit systems failed to highlight the concerns we found around, medicines management, care planning, risk management, infection prevention and fire safety.

People were not always supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The provider failed to document when decisions were made in people's best interests. Mental capacity assessments had not been documented for some key decisions when people lacked capacity.

Employment processes were not always followed. We have made a recommendation about recruitment. Care plans did not always reflect people's needs. We have made a recommendation about care planning. One person did not receive timely health care support. We have made a recommendation about supporting people to live healthier lives.

People told us they felt safe living at Feng Shui House. Staff were able to explain how to raise a concern to safeguard people. People and staff spoke positively about the food and the choice of food they had. People and staff felt the provider was approachable and supportive. One person told us, "[Provider], she's very approachable for a chat." During the inspection the provider worked to address concerns raised and minimise the risks identified during our visits.

Rating at last inspection

The last rating for this service was good (published 01 November 2019).

Why we inspected

We received concerns in relation to risk management, infection prevention, consent to care and governance. As a result, we carried out a focused inspection to review the key questions of safe, effective and well-led

only. Some of these issues are subject to further review and enquiry by CQC and additional information on any further action may be reported after this process.

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.

The overall rating for the service has changed from good to inadequate. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider has completed multiple actions since we visited, and this has reduced the risks for people living at Feng Shui House Care Home.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Feng Shui House Care Home on our website at www.cqc.org.uk.

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 breaches in relation to the management of risk, medicines, consent and infection control. There are breaches related to consent and good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Inadequate ●

Feng Shui House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

One inspector, one inspection manager and the regional medicines manager attended on the first day. One inspector visited on the second and third day.

Service and service type

Feng Shui House Care 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

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, including Healthwatch Blackpool. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 ten members of staff including the provider, deputy managers, care workers, housekeeping staff and the chef. We observed care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and 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 spoke with two professionals who visited the service while we were onsite. We spoke with several professionals throughout the inspection to ensure we had an accurate understanding on concerns raised and the provider's responses.

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 inadequate. This meant people were not safe and were at risk of avoidable harm.

At the last rated inspection, we made a recommendation about the 'as and when' medicines. At this inspection improvements had not been made. The same concerns were identified again. One person's 'as and when' medicine did not have guidelines to show staff how to manage the person's behaviours prior to the administration of tablets. These guidelines could reduce the amount of medicine the person needed.

- Systems for recording, storing and handling medicines were in place but these were not always being followed so there was a risk people would not be supported to have their medicines safely.
- Medicines requiring cold storage were not safely kept.
- Medicines were not always given in line with prescriber's instructions and records to support this did not always accurately reflect administration. The wrong dose of a medicine was given to one person, two medicines were given with food instead of before and medicines records were not always signed properly.
- New governance arrangements to support medicines management had been implemented however these were not fully embedded and required further development.
- Records that showed staff had their medicine administration competence reviewed were unavailable for two staff. One staff member was observed handling one tablet prior to administration.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed and all risks were assessed and managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Not all risks were consistently assessed and managed. The provider had identified risks to people's health and wellbeing, within their care plans. However, at the time we inspected, not all care plans had guidance and strategies for staff on how to identify and manage their health risks, such as type 2 diabetes. The provider stated the information had been included in the care plans and would investigate how the removal of information had occurred.
- People had personal emergency evacuation plans (PEEPs). These are for people who may have difficulties leaving the home to a place of safety and may require support. Some PEEPs we looked at did not contain the correct information. The provider stated these had been updated but were now missing. After the inspection the provider reported information had been updated as required and PEEPS were stored appropriately.
- Risks related to some people's health and lifestyle choices were not consistently managed. One person smoked; however, their risk assessment did not reflect the dangers related to the paraffin based cream they used.

- Documentation related to the administration of anti-fungal cream, turning charts and catheter care were not consistently completed.
- We observed several doors throughout the home were secured open either with wedges or due to uneven floors the doors stayed open when pushed fully back. This risk was not identified in any assessments. The provider purchased and installed door closers to minimise risk.
- The passenger lift was required to be serviced six monthly. It had not been serviced for 14 months. The provider stated the pandemic had made it difficult to get engineers onsite, but an appointment had since been made.

Preventing and controlling infection

The provider did not always follow best practice when preventing the spread of infection. During an outbreak of COVID-19 the provider provided two days day care to one person within the home. The provider stated that everyone who were COVID-19 positive were cared for on a separate floor and remained in their rooms. Different staff supported the people who were COVID-19 positive. These actions reduced the risk but still exposed one person to some risk of avoidable harm.

- New processes had been introduced to give management oversight of the hygiene practices within the home. However, we noted soft furnishings needed cleaning and this was completed during our inspection.
- We were not assured that before their outbreak of COVID-19, the provider was accessing regular testing for people using the service and staff. We received mixed feedback on regular testing of staff. Some staff we spoke with said they had not been recently tested for COVID-19. The provider stated all staff were tested regularly.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate all risks related to infection prevention were assessed and managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a food hygiene rating of one. This meant major improvement was necessary. When we visited, we noted actions had been completed to improve hygiene standards.
- We were assured that the provider was using PPE effectively and safely.

Staffing and recruitment

- Some recruitment processes had not been operated effectively. We looked at three staff files and found not all pre-employment checks had been completed. A full employment history was not recorded on one file.

We recommend the provider follow good practice guidance related to safe recruitment.

- There were enough staff on duty to meet people's needs. However, some people expressed concerns that staffing levels at night needed to be increased.
- Staff stated there were enough staff to meet people's needs. Daily handover meetings guided staff on their allocated roles.

Learning lessons when things go wrong

- The provider had recently been visited by several local authority agencies. In response, the management team had completed an action plan to address concerns identified. Some processes were not yet embedded within the service. This issue forms part of a series of issues of a similar nature that have led to a

breach of regulations that can be seen in the 'Well-led' section of the report.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Feng Shui House Care Home. One person said, "I actually do feel safe living here."
- Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies. One staff member commented, "I would report concerns. You do what is right for the residents not what is right for you."

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.

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 effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last rated inspection, we recommended that the provider ensured they work within the principles of the MCA. At this inspection, improvements had not been made.

- Concerns had been raised that some people lacked capacity to make informed decisions on medical treatment, and decisions had been made on their behalf by the provider. Families of two people did not believe their relatives were able understand and remember information long enough to make decisions. Records for one person stated, '[X] does not understand why they are on medication or what it is used for.' However, documentation submitted on their behalf to health professionals stated they had decided to refuse treatment. No additional capacity assessments had been completed or documented to show they understood this specific decision.
- Some families and interested parties were not included in any best interest discussions around the administration and refusal of medicines. In addition, there were no records to show relevant professionals had been included in discussions.
- On some matters related to people's health, welfare and treatment, there was no documentation to show information had been shared with people in a way and at a time that would improve their understanding of the subjects.

The provider had failed to act in accordance with the requirements of the Mental capacity Act 2005. This placed people at risk of avoidable harm. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff offered people day to day choices to people in ways they could understand. We observed staff kneeling in front of staff when communicating to people who were hard of hearing. People were shown what options were available when offered food, snacks and drinks.

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

- Some care plans did not always accurately reflect the person or their support needs. The provider stated they would review all care plans.

We recommend the provider follow best practice guidance to ensure all care plans reflect people's assessed needs and gender.

- People had an assessment of their needs to ensure the provider could provide suitable support. People's preferences, likes and dislikes were included within their care plan.

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

- There was evidence the provider had liaised with local health professionals. However, when health professionals wrongly stopped one person's medical support; this had not been identified by the provider until several weeks later.

We recommend the provider implement processes to give oversight on people's ongoing healthcare support needs.

- The management team worked in partnership with several agencies to ensure identified health concerns were addressed.

- People we spoke with said the provider was good at ensuring their health needs were met. One person commented, "They inform the doctors and keep up to date with appointments." A second person spoke about virtual appointments with G.P's, "They [staff] come round with hand held tv's so we can chat to doctors."

Staff support: induction, training, skills and experience

- One staff member told us they had not completed any training since starting their role. They stated they had completed training when employed elsewhere. Two staff stated they had not received training related person protective equipment (PPE). The provider has organised training for staff.

- Staff told us they had the skills to complete their role. They shadowed more experienced staff when they were new to their role.

- Staff told us they felt supported by the provider and daily handover meetings guided them on their roles and responsibilities.

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

- People were given appropriate choice and support with their meals. We observed one person being asked if they wanted support with their meal or did they want to eat independently. The staff member remained in the area, observed the situation and offered and gave support when the person became tired.

- People had their weight monitored to minimise the risk of malnutrition. One person told us, "The food has improved, and you get a choice." A second person commented, "You get plenty." One staff member commented, "Anyone who wants more food can have more food. [Person] had three portions of soup the other day."

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

- People's individual bedrooms had been personalised with their own belongings, photographs and ornaments.
- Communal areas of the home were clutter free supporting people's independence.

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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care

At the last rated inspection, we recommended the provider seeks advice from a reputable source on the implementation of audits to allow effective oversight of the service. At this inspection improvement had not been made.

- Audit systems and processes had failed to identify shortfalls we found. They did not highlight the concerns we found around, medicines management, care planning, risk management, infection prevention and fire safety.
- The provider failed to make reference to some discussions with people who use the service, their carers and those lawfully acting on their behalf.
- Systems had failed to be operated effectively to ensure accurate records were maintained related to the management of the regulated activity. The lift was last examined January 2020 and was due to be examined in July 2020 and again January 2021. The maintenance audit and action plans dated 22 January 2021 and 19 February 2021 showed no significant shortcomings related to the passenger lift being serviced. The registered provider's failure to mitigate risks related to health and safety placed people, staff and visitors at risk of avoidable harm.
- One person required ongoing treatment from community healthcare professionals. They did not receive this support for several weeks. The provider failed to have systems in place to notice the person's treatment had stopped. This placed them at risk of avoidable harm.
- Three people's records did not hold all the necessary information related to their underlying health conditions

Systems failed to assess and improve services provided in the carrying on of the regulated activity. This placed people at risk of care that was not well-led. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Processes linked to working in accordance with the Mental Capacity Act 2005 had not been followed. This has led to a breach of regulations that can be seen in the 'Effective' section of the report.
- People spoke positively about the provider. One person told us, "[Provider], she's very approachable for a

chat." One staff member commented, "[Provider] is brilliant. You can go to her with a problem and it is sorted. She is very understanding."

- Observations showed people were happy in the company of the provider and staff. One person said, "[Provider] knows what she is doing, and, she goes shopping for me."

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

- There was a clear management structure in place with the provider taking the lead in decision making.
- Changes in the management team had led to changes in quality reviews and audits. This had promoted a greater oversight of the service. These changes had not been embedded and sustained so their effectiveness could not be fully assessed.

Working in partnership with others; 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 management team knew how to share information with relevant parties, when appropriate. They understood their duty involved escalating their concerns to outside agencies, so action could be taken.
- The management team were working with other agencies to meet their regulatory requirements. When concerns had been identified by health professionals, they participated in frank discussions and local authority reviews of people's needs.
- When concerns had been highlighted from other agencies, the management team had acted to address the issues and lessen the risks identified.

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 11 HSCA RA Regulations 2014 Need for consent Records did not indicate the principles and codes of conduct associated with the Mental Capacity Act 2005 were appropriately applied. Regulation 11(1)(2)(4)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to demonstrate safety and medicines were effectively managed. The provider failed to do all that was reasonably practicable to mitigate risk. This placed people at risk of harm. Regulation 12(1)(2)(a)(b)(g)(h)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not operated effectively to ensure compliance and the provider had failed to meet the requirements of all regulations. Regulation 17(1)

The enforcement action we took:

Warning notice