

Ms Catherine Blyth

Feng Shui House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Feng Shui House Care Home is a residential care home providing personal care to people aged 65 and over. The service is registered to support up to 20 people, at the time of the inspection there was one person who lived at the home. 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 service was not always safe. We observed staff not following good practice guidance around infection prevention and control including the use of Personal Protective Equipment (PPE). Staff were trained to give medicines and staff told us they were confident giving people medicines. Staff were aware of how to identify and report safeguarding concerns. Staff were able to tell us about the risks to people and knew how to support people to minimise the risks.

The service was not always well-led. Records relating to care and the management of the service were either incomplete, inaccurate and/or not kept up to date. We found no impact to people however; this could have compromised the quality and safety of the service provided. We have made a recommendation about this.

The service was effective. We were assured 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. However, we found documentation was at times conflicting, we have made a recommendation about this.

People were involved in their care planning. Staff told us that they received training and felt supported in their role. People told us they enjoyed the food and they were offered choice. The service was caring. Staff were aware of how to protect people's privacy and dignity and people told us the staff did this well.

The service was responsive. Staff had received training in end of life care. Staff were aware of people's communication needs and how best to support them. People told us the service is flexible and responsive to their needs.

The provider worked with us in a positive manner and provided all the information we requested. Additionally, they responded promptly to our concerns during and after the inspection

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (21 May 2021). At this inspection we found improvements had been made and the provider was no longer in breach of regulations around consent to care and good

governance. However not enough improvement had been made with regards to safe care and treatment and the provider remains in breach for this regulation.

This service has been in Special Measures since 28 April 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

We have found evidence that the provider needs to make improvement. Please see the safe and well led section of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to infection control, at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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

This inspection was carried out by two inspectors.

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 the follow up visit to provide feedback was arranged with the provider.

What we did before 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 one person who used the service about their experience of the care provided. We spoke with four members of staff including the provider, a senior care worker, a care worker and a member of the domestic team.

We reviewed a range of records. This included one person's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. 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.



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 inadequate. At this inspection this key question has now improved 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly identify, assess and effectively mitigate and document risks relating to the health, safety and welfare of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Fire safety was not adequately risk assessed and planned for. On the day of the inspection we found several fire doors did not close adequately to effectively delay the spread of a fire. We referred the home to Lancashire Fire and Rescue Service and the provider took immediate action to address some of these concerns.

We recommend the provider consider current guidance and best practice around risk management.

- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. This included assessments of specific risks such as the risk of falling and nutritional needs.
- Staff explained they were aware of the different risks people were vulnerable to.

Preventing and controlling infection

At our last inspection we found people who used the service were placed at risk because the provider did not always follow best practice when preventing the spread of infection. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements in the environment were evident, not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- We were not assured that the provider used PPE effectively and safely. We observed staff not following good practice guidelines around the use of PPE. The provider explained that they felt the practice they were currently following fit the needs of their service. We asked for the risk assessment around the decision making for this, but we were not provided with one. The provider advised that they would update their policy to reflect their practice. We observed visitors at the service not wearing any PPE.

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

- We saw that there was an adequate supply of PPE at the service.
- The premises were clean and tidy throughout and there were cleaning schedules in place.

Using medicines safely

At our last inspection the provider had failed to ensure robust and effective systems were in place to demonstrate that medicines were effectively managed. 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.

- Medicines were received, stored, administered and disposed of safely.
- Staff who administered people's medicines had completed appropriate training.
- Medicines administration was person centred. People were given time to take their medicines in a calm and patient manner.

Staffing and recruitment

At our last inspection we recommended the provider followed good practice guidance related to safe recruitment. The provider had made improvements.

- The provider made sure there were enough staff to meet people's needs in a timely way and in line with their care plan. People told us there were enough staff to meet their needs.
- The provider carried out checks on all new staff before they were employed.

Systems and processes to safeguard people from the risk of abuse

- The service had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to demonstrate their knowledge. People told us they felt safe and were happy living in the home.

Learning lessons when things go wrong

- The registered provider promoted an open and transparent culture in relation to accidents, incidents and near misses. Managers and staff were aware of their responsibility to report and record, accidents and incidents.
- We found that some issues around risks such as the fire safety remedial actions had not been acted upon in a timely manner. The same concerns were found during this inspection. The provider took immediate action to address the areas of concern.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to act in accordance with the requirements of the Mental capacity Act 2005. This was a breach of regulation 11 (Consent) 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 11.

- Staff told us they made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible.
- We viewed records for one person and the information was at times conflicting. We discussed the principles of the MCA with the provider who was able to demonstrate their understanding of the process and assured us this would be followed.

We recommend that the provider follows the principles of the MCA (2005) and documents this accurately.

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

At our last inspection we recommended the provider follow best practice guidance to ensure all care plans

reflect people's assessed needs and gender. The provider had made improvements.

- The provider completed initial assessments and devised care plans. Staff used these to guide them on how best to support people.
- The provider had policies and procedures for staff to follow which reflected relevant local and national legislation, guidance and CQC regulations.
- The provider had a policy in place which considered people's protected characteristics, such as their religion or beliefs .

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

At the last inspection we recommended the provider implement processes to give oversight on people's ongoing healthcare support needs. The provider had made improvements.

- The registered manager and staff provided appropriate support to meet people's healthcare needs.

Staff support: induction, training, skills and experience

- Staff received a range of appropriate training to carry out their role effectively. Staff told us they felt the training was good and they could request more if needed. During the inspection we observed staff supporting people appropriately.
- All of the staff we spoke with told us they felt supported in their role.

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

- People's needs for nutrition and fluids had been considered. One person we spoke with told us they were given choices on what meals they wanted making and choices of drinks.

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

- The registered provider ensured the design and layout of the service was suitable for people living there. Communal areas were comfortable and homely; bathrooms were suitably equipped.
- We observed people were relaxed and comfortable in the service. People had been supported to personalise their bedrooms with their own belongings, such as family photographs, ornaments and soft furnishings.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with respect, compassion and kindness, they were given emotional support when needed. We observed staff speaking with people who lived at the service in a respectful and dignified manner.
- People were complimentary about the attitude and kindness of staff. Staff and people living in the home had developed good relationships. Staff knew about people's preferences and how best to support them.

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

- The service supported people to make choices in their daily lives. We observed staff offering choices and encouraging people to make their own decisions. Staff said they had time to talk with and listen to people.
- Staff encouraged people to make decisions about their day to day routines and their care needs, in line with their personal preferences. People could express their views as part of daily conversations.

Respecting and promoting people's privacy, dignity and independence

- The provider and staff respected and promoted people's privacy, dignity and independence. Staff knocked on people's doors and waited for their agreement to enter.
- Staff encouraged people to maintain their independence whenever possible. People told us how they were encouraged to be independent in daily living activities.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

At the last inspection we recommended the provider reviewed people's care plans to ensure documentation reflects the person – centred care and treatment they received. The provider had made improvements.

- People received personalised care, which met their changing needs. We saw care records were written in a person-centred way and we observed staff followed the guidance in people's care plans.
- The provider and staff recognised the importance of supporting people on an individual basis. They understood the importance of promoting equality and diversity and respecting individual differences.

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.

- The provider and staff understood about the AIS and people's communication needs had been identified and recorded.
- People were encouraged to discuss any concerns during meetings and during day to day discussions.

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 maintain contact with their friends and family. One person living at the home was supported to follow their local football team. Information about people's hobbies and interests was included in their care plan.

Improving care quality in response to complaints or concerns

- People were happy living in the home.
- The registered manager confirmed any concerns or complaints would be taken seriously, explored and responded to. There had been no recent complaints, the provider had a record of concerns that had been received.

End of life care and support

- Staff had undergone training in end of life . No one was being supported with end of life needs at the time of the inspection.

- We found a hospital passport for one person contained out of date information in relation to their end of life needs. Following the inspection, the provider took action to address the concerns.

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 inadequate. At this inspection this key question has now improved 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.

Continuous learning and improving care

At our last inspection the providers systems had failed to assess and improve services provided in the carrying on of the regulated activity. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We found shortfalls in the oversight by the provider. Systems to assess, monitor and improve the service had not always been implemented and operated effectively. They did not highlight the concerns we found around documentation, infection prevention and fire safety.
- We found the provider had not followed required standards, guidance and their own policies with regards to IPC.
- The registered provider responded immediately during and after the inspection. They confirmed the documentation where shortfalls were identified during the inspection had been reviewed and updated where required.

We recommend the registered provider follows current best practice to consistently monitor and promote safe and high quality care.

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

- There was a positive culture at the service which focussed on providing people with high standards of care. Management and staff knew people well. Staff told us they felt supported and valued by the management team.

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

- Staff and management meetings took place regularly and were open forums for information to be shared.
- The management team were aware of how to share information with other professionals, when appropriate. They understood the need to escalate any concerns to outside agencies, so action could be

taken.

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 provider understood their duty of candour responsibilities. Good relationships had been developed between staff and people who used the service and their family members.
- There was a clear management structure in place with the provider taking the lead in decision making.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to do all that was reasonably practicable to assess the risk of, and prevent and control the spread of infections. This placed people at risk of harm.</p> <p>12(2)(h)</p>