Mrs M Lane

Blakesley House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Blakesley House Nursing Home is a care home providing personal and nursing care to 22 older people, most of whom living with the experience of dementia. At the time of our inspection, 10 people were using the service.

People's experience of using this service and what we found
The risks to people's safety and wellbeing had not always been identified, assessed or managed. Records were not always completed appropriately and the local authority was not always informed of accidents and incidents. This put people at risk of avoidable harm.

Quality surveys indicated people using the service were happy with the care they received. However, relatives we spoke with told us people did not always receive personalised care which reflected their preferences and met their needs.

People were being supported in their rooms and we saw no activities or stimulation were provided. Activity records were disorganised and out of date. The records of deceased people were mixed with current ones which showed a lack of respect.

Overall, medicines were managed well, and people received these safely and as prescribed. However we found one discrepancy during our visit, which the provider could not explain.

The provider had systems in place to monitor the quality of the service. However, these had not always been effective and had failed to identify the shortfalls we found during our inspection. Stakeholders told us communication was not always effective and could be improved.

We discussed these areas of concern with the provider. They agreed to look at how they could make improvements in these areas and sent us reviewed documents.

There were suitable procedures to help make sure staff were suitable and had the skills and knowledge they needed. These included recruitment checks, regular training and supervision. The staff told us they were happy working at the service although did not always feel valued and appreciated by the provider.

The provider had responded promptly where shortfalls in relation to infection prevention and control. We found during this inspection that there were suitable systems in place. The staff were aware of these and the systems had been reviewed and updated appropriately.

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

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

Rating at last inspection
The last rating for this service was good (published 7 August 2018). However, on 11 November, we carried out a targeted inspection of the service to look specifically at infection prevention and control (IPC). This was because we had been alerted to concerns. During the inspection, we found significant shortfalls and issued the provider with urgent conditions telling them to make immediate improvements.

Why we inspected
The inspection was prompted in part due to concerns we found during the IPC inspection. A decision was made for us to inspect and examine those risks, as we wanted to check if the provider had made the necessary improvements.

We inspected and found there was a concern with risk management, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe, responsive and well-led.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

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.

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 safe care and treatment, person-centred care and good governance 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Blakesley House Nursing Home

Detailed findings

Background to this inspection

The inspection
This was a targeted inspection to check on a specific concern we had about infection prevention and control. During the inspection, we made the decision to widen the scope of the inspection to include the domains of safe, responsive and well-led.

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

Inspection team
The inspection was carried out by one inspector, another inspector undertook telephone interviews with staff and healthcare professionals remotely, and an Expert by Experience undertook telephone interviews with the relatives of people who used the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Blakesley House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection
Due to a COVID-19 outbreak, people were being cared for in their rooms and we were unable to speak with them. However, we spoke with eight relatives about their experience of the care provided. We spoke with five members of staff including the provider, deputy manager and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four 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.

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 one professional who regularly visits the service.

Requires Improvement

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.

Preventing and controlling infection
At our inspection of 11 November, we found significant shortfalls in relation to infection prevention and control. We issued the provider urgent conditions telling them to make immediate improvements. At this inspection, we found the provider had made the necessary improvements.

- There were suitable systems for the prevention and control of infection. These had been reviewed and updated to reflect the risks associated with the COVID-19 pandemic. There were policies and procedures which the staff were aware of and had training in. Information about good infection control practices and hand hygiene was displayed throughout the home.
- The provider had created personal protective equipment (PPE) stations on each floor and these were well stocked with the necessary equipment. The staff wore PPE when providing care and around the home. There were appropriate systems for disposing of PPE and other clinical waste.
- The environment was clean and hazard-free. The provider carried out regular infection control audits and action plans were in place where improvements were needed.
- The provider had put in place detailed cleaning schedules for staff to follow to help ensure the home and equipment was clean at all times. The provider undertook a range of audits in relation to infection control, such as check of the environment and the use of PPE.
- The provider had introduced detailed COVID-19 risk assessments for staff and people who used the service, taking into consideration their individual circumstances and health care needs. We saw evidence that people and staff were being regularly tested for COVID-19 and this was recorded.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
- People who used the service were not always protected from the risk of harm. Not all risks to people's safety and wellbeing had been assessed and mitigated.
- One person was at risk of falls and had fallen three times in June 2020, sustaining injuries as a result. There was a falls assessment in place, but this was incorrectly completed and calculated the risk as medium when it should have been high. When the person had fallen on 6 June 2020, this had been recorded on a basic one-page accident report, however, two further falls on 12 and 14 June 2020 were not recorded and the local authority had not been notified.
- There was no analysis about how the falls might have happened and how to put in place measures to prevent reoccurrence. There were no lessons learned, which meant the person had continued to fall. We discussed this with the provider who acknowledged they needed to do more to protect the person.

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Notwithstanding the above, most relatives felt their family members were safe and had their care needs met. One relative told us, "I do feel [they are] safe" and another said, "I feel [their] needs are being met." A healthcare professional told us they had no concerns except they felt communication was not always effective.
● The provider had a health and safety policy in place, and there were processes and checks in place to help ensure a safe environment was provided to people, staff and visitors. These included gas, water and fire safety checks. Environmental risk assessments were in place and included electrical appliances, lighting, smoke detectors and call bells. Equipment was regularly serviced to ensure it was safe.

Using medicines safely
● Overall, people were receiving their medicines as prescribed, although we found one discrepancy. We checked the boxed medicines for seven people who used the service. Staff recorded appropriately when these had been administered and kept a record of the amount left in the boxes. Most of these were correct, apart from one person's where 19 tablets were left in the pack although it should have been 20. We raised this with the provider who could not provide an explanation but told us they would investigate this.
● There were regular medicines audits and checks including medicines fridge temperatures, drug trolley, room temperatures and daily drug checks. We could see these had been undertaken regularly.
● There was a policy and procedure in place for the management of medicines and staff were aware of these. Staff received training in the administration of medicines and had their competencies assessed regularly.
● There was information about people's medicines, such as what they were prescribed for and their possible side effects. There were initial pain assessments in place for people so staff would evaluate what support they needed if they were in pain. There were also body maps in place so areas of pain or where there were any marks or bruises were clearly recorded on the body area.
● People's medicines were recorded on medicines administration record (MAR) charts. These were detailed and included each medicine, dose and when to administer. We checked the MAR charts for all the people using the service and found these were clear and completed appropriately.

Systems and processes to safeguard people from the risk of abuse
● People who used the service were prevented from the risk of abuse. Relatives told us their family members were safe living at the home.
● The provider had a safeguarding policy and procedure, and staff were aware of these. The provider worked with the local authority's safeguarding team to investigate safeguarding concerns. There were no concerns at the time of our inspection.
● Staff received training in safeguarding adults and demonstrated they would know what to do if they had concerns. One staff member told us, "If anything was wrong in the home or the manager was not doing something right, I would know it is wrong and I would want to whistle blow."

Staffing and recruitment
● Since the start of the COVID-19 pandemic, the number of people using the service had reduced which meant there was enough staff to meet their needs, and suitable arrangements in place to cover in the event of staff sickness. We viewed the rota for four weeks and saw that all shifts were covered appropriately.
● Recruitment practices ensured staff employed were suitable to support people. Checks were undertaken before staff started working for the service. These included checks to ensure staff had the relevant

experience and qualifications, obtaining references from previous employers, reviewing a person's eligibility to work in the UK and ensuring relevant criminal checks had been completed.

● New staff received an induction into the service which included training the provider identified as mandatory. In addition, staff received training specific to the needs of the people who used the service, such as person-centred care and dementia awareness. Staff received regular supervision and yearly appraisals.

Requires Improvement

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.

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

● People's needs were not always met in a personalised way. Relatives we spoke with told us people's basic needs were met but there was a lack of pastoral care. Their comments included, "[Family member's] physical needs, health and safety are all being met. [Their] emotional care is lacking", "I think [they are] safe, fed, washed, the routine care is alright… I feel I need to be on the ball because they are not" and "The care staff are functional. The residents are just widgets… fed, cleaned and they move on to the next one. Not treated as humanly as they could."

● On the day of our inspection, people were being supported in their rooms following a COVID-19 outbreak. Although there was nobody in the communal lounge, the TV was on loud and was left on the whole day. From our observations, we saw people had nothing to do but sleep or watch TV.

● Some relatives told us they were not always informed of important matters and felt staff were 'reactive' rather than 'proactive'. Their comments included, "I haven't been involved in any decision making that I know about. They haven't contacted me to update me about [family member's] care", "The home doesn't really make contact" and "There has never been an active conversation about [their] needs, we have never had a review or an update."

● One relative described a time where staff said they were 'not free' to attend to a person's personal care, and this had left the person 'distraught'. They expressed concerns that staff felt this was an acceptable way to behave. They also told us staff did not always speak to people in a kind and gentle manner. We fed this back to the provider after our inspection. They told us they had met with the staff to discuss these concerns.

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

● People's care plans were standardised and contained detailed information of the needs of each person and how to meet these. Care plans considered people's likes and dislikes and how they wanted their care. We saw people were supported to access healthcare professionals where this was needed.

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

● Relatives were concerned about the lack of willingness from the staff to promote communication during the pandemic, considering they were now unable to visit their family members. One relative told us, "I relied

on Facetime once a week, and suggested a set time on a Sunday morning… I could not rely on this happening without having to chase them." They added the staff did not ensure the person's mobile phone was charged up and switched on so they could receive calls. They told us, "I feel I am banging my head against a brick wall."

● Due to the COVID-19 pandemic, and people self-isolating in their rooms, activity provision was restricted. However, we saw that the staff had made no effort to find ways to interact and provide individual activities to people and this meant they had nothing to do but to sit alone in their bedrooms.

● People's activity plans were kept in a disorganised manner, where deceased people's records were mixed with current people's records. Activity plans dated between April 2020 up to recently were mixed up in a pile. The old activity plan was still displayed in the lounge and there had been no arrangements to organise a new activity program to meet people's needs during the pandemic.

Meeting people's communication needs

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

● People had communication care plans in place. These included the person's communication needs and how staff could meet these.

● Some documents were available in a pictorial format to help people understand and facilitate communication where this was needed. For example, menus displayed photographs of different meals to help people make choices.

● The provider told us they encouraged staff to communicate appropriately with people who used the service, giving them time, making eye contact and speaking clearly. We did not witness any interactions on the day of our inspection as people were in their rooms, so we were unable to verify this.

Improving care quality in response to complaints or concerns

● There was an appropriate procedure for investigating and responding to complaints. Relatives we spoke with told us they knew who to speak with if they had any concerns.

● The provider told us they had not received any complaints in the last year.

End of life care and support

● People's end of life needs were met. People were supported to make their own decisions about how they wanted to be supported at the end of their lives. This was recorded in advanced care plans.

● The home was accredited to the Gold Standard Framework (GSF) since 2013. GSF is an approach to planning and preparing for end of life care. The provider had met the necessary standards to maintain their accreditation and had recently achieved platinum level.

Requires Improvement

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.

Continuous learning and improving care

- The provider did not effectively operate systems to assess, monitor and mitigate risk. They had not always evaluated correctly the risks of people falling. This meant they had not put in place adequate measures to prevent these incidents happening again.
- Risk assessments did not always reflect accurately how care should be provided for people in order to meet their needs and reduce the risk of avoidable harm. For example, for the person who had several falls in a short period of time, the risk assessment stated there was now a crash mattress in the person's room, and the staff were to monitor the person every 30 minutes. However, there had been no analysis into why the person was falling and how this could be prevented. Furthermore, the provider had not made a referral to relevant services for advice, and the person had continued to fall.
- The provider's monitoring systems had failed to identify that people's activity records were disorganised and those of deceased people were mixed with current people using the service. People were cared for in their rooms and received little stimulation. Relatives told us their family members had nothing to do but watch TV all day. We discussed this with the provider who told us they sometimes went to see people and talked to them. However, this did not seem to be a regular occurrence and no effort had been made to find out what people might like to do.

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

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

- Relatives we spoke with did not always speak positively about the provider and the staff who supported their family members. Their comments included, "The manager is very dismissive when I call. I talk nicely but they answer in a way of 'what do you want'. Sometimes they have just hung up while I am talking mid-sentence", "They need to improve the way they speak to [family member]. There's a particular [staff] I don't like" and "They could improve the communication. It would be nice to speak to a specific person in the home who knew about my [family member]."
- The provider was suitably qualified and experienced and had run the service for many years. They had been the registered person and owner of the service since 1991 and of a smaller home nearly since 1984.
- There were regular staff meetings and daily handover meetings so relevant information was discussed and

shared. This helped ensure staff had up to date information about people's health and wellbeing and could follow up on anything outstanding such as making a referral or taking someone to an appointment.

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

● The feedback we received from relatives varied. Most relatives thought their family members' basic care needs were met but were concerned this was not always done in a personalised way. They also thought people's pastoral care needs were not always met.

● Most relatives thought communication was poor and they felt the service was more reactive than proactive. Their comments included, "I would score them 6.5/10", "I would like more activity instead of being in [their] room all the time", "The communication is bad and could be improved"

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The provider told us they understood the importance to be honest and open when mistakes were made, or incidents happened, and to offer an apology. However, some incidents had not been reported to the local authority and this was raised with the provider during our inspection.

● The provider dealt with complaints in line with their policies and procedures.

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

● People's feedback was obtained via questionnaires. These contained questions about meals, communication, the environment and if people were happy with the care they received. We viewed the outcome of the most recent survey, done in February 2020, and saw people appeared happy with the service. Comments included, "I am happy", "At the moment I don't have any complaints" and "I am very happy with the food and the carers are lovely."

● The provider kept a log of compliments they received from relatives or visitors. We saw a sample of these. Comments included, "Thank you for making [family member's] life as comfortable and content as possible" and "You and your staff did what was over and above anyone's call of duty." Surveys were evaluated and where actions were needed, this was addressed. For example, one person stated they would like to be offered ice-cream. This was actioned without delay.

● Visitors' views of the service were also sought. We saw their comments on the forms were positive and they were complimentary about the management and staff.

● Staff told us they were happy working at the service and enjoyed caring for people. Their comments included, "The nurses are good and have a good heart like the carers" and "I love the residents. It's a small home so we look at it as family."

● However, the staff did not always feel valued or appreciated by the provider. One staff member told us there was "No appreciation, no award" and another stated, "I love [working for the service]. It's only the manager who can't appreciate."

Working in partnership with others

● The staff worked closely with other health and social care professionals and had made referrals for extra support when people needed this. A healthcare professional told us they thought the staff were caring and overall did not have major concerns. However, they added there had been issues with communication and administration. They stated, "I have no massive concern about staff. It's more about the overall running. It has been an issue that has a knock-on effect." They added, "It's the whole system, and the recent outbreak highlighted a few gaps, and I think it is being managed."

● The registered manager attended regular meetings organised by the local authority. They kept abreast of

developments within the social care sector by attending provider forums to share ideas and keep updated with changes in guidance and legislation. Relevant information was cascaded to staff during meetings so they could improve their practice.

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not always assess the risks to the health and safety of service users of receiving care and treatment. Regulation 12 (1) (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have effective arrangements to assess, monitor and improve the quality of the service. Regulation 17 (1)