

Senex Limited

Bloomsbury House

Inspection report

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10 February 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bloomsbury House is a residential care home providing personal care to 18 people aged 65 and over at the time of the inspection. The service can support up to 24 people.

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

People's needs were not assessed by qualified health professionals where required and this meant that we could not be assured peoples' current needs were being met appropriately.

The provider's audits in place to monitor the quality of the service were not effective and had not identified the areas of improvement needed which we found during our inspection and as detailed in the report. Feedback about the registered manager was mixed; some found the registered manager approachable and easy to talk to and others did not and were worried to raise concerns.

There were no protocols in place to guide staff for medicines administered as and when required. However, staff we spoke with did know when to administer these medicines and we found that overall medicines were administered safely. Staff could explain the actions they would take to keep people safe from harm. The provider had a recruitment process to ensure they employed suitable staff to support people safely. The provider had an infection control policy in place and staff had access to personal protective equipment.

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 08 February 2018).

Why we inspected

The inspection was prompted in part due to concerns received. The allegations included poor standards of care, unsafe moving and handling practices and poor leadership. A decision was made for us to inspect and examine those risks and we undertook a focused inspection to review the key questions of safe, and well-led only.

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 coronavirus and other infection outbreaks effectively.

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.

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

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

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bloomsbury House 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 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 and good governance at this inspection.

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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bloomsbury House

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection was carried out by two inspectors and an assistant inspector.

Service and service type

Bloomsbury House 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, both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

We spoke with four people who used the service and seven relatives about their experience of the care provided. We spoke with nine members of staff including the provider, the registered manager, care workers and the chef. We also spoke with two health care professionals.

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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and other documents relating to the quality of the service.

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.

Assessing risk, safety monitoring and management

- Risks for people had not always been assessed by health professionals qualified to make those decisions. One person was on a pureed diet but had not been assessed by the SALT team (speech and language therapy) who are qualified to decide whether this was the correct consistency of food for this person to be on. There was conflicting information in the care plan as to what consistency the food should be, compared with what the kitchen staff were preparing. There was no guidance in place to support staff. This meant the person was not on a diet assessed by an appropriate health professional as being appropriate to meet their needs. We asked the registered manager to make the referral to the SALT team on the day of inspection and they confirmed this had been done.
- A decision had been taken by the registered manager to place two people to be cared for permanently in bed without the appropriate referrals made to the health professionals who have professional competency to support this decision. In the provider's Statement of Purpose it states, "The home does not have a hoist. Therefore residents need to be able to mobilise independently or with the assistance of a walking aid and/or care staff." There were no records about whether the provider had looked at alternative ways to care for these people safely without the need to be permanently in bed. We asked for a referral to be made to Occupational Therapy who are qualified to look at whether this is the best decision for these people or whether with the use of specialised equipment, these people would have been able to get out of bed and maintain their independence.
- The personal emergency evacuation plan (PEEP) for one person contained conflicting information about their current mobility needs. The PEEP we reviewed on site was different to the one the registered manager sent to us following the site visit. The information contained in each PEEP was different and did not provide clear information to staff on how to safely evacuate this person in an emergency. Staff we spoke with were unable to tell us how to safely evacuate the person in an emergency.
- Call bells were not easily accessible for some people. The registered manager told us that those people were not able to use the call bells and that they had implemented more regular checks, however, there was no documentary evidence completed to evidence this had been done. The provider could not, therefore, be assured that these checks had taken place to ensure people were safe.

The provider's risk management processes were not always effective. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- On the day of inspection, our inspection team were not screened for risk of infection or temperatures taken before being invited into the home. We did not see documentary evidence that any other visitors to

the home had been screened. We spoke with the registered manager who told us that their usual procedure was to screen people before entering the home. We were somewhat assured that the provider was preventing visitors from catching and spreading infections.

- During the inspection we identified that the provider did not have sufficient donning and doffing stations for staff to change their PPE or yellow bags to dispose of PPE safely. We found used gloves left on the side of the bath. We spoke with the registered manager who immediately rectified these issues. We were somewhat assured that the provider was using PPE effectively and safely
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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
- We were assured that the provider was admitting people safely to the service.

We have signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with and relatives told us people were safe at Bloomsbury House. One relative said, "[Name of Person] is safe and well."
- Not all staff had completed safeguarding training, however, all staff we spoke with knew how to recognise potential abuse and protect people from it. They were able to describe the actions they would take where people were at risk of harm.

Staffing and recruitment

- There were recruitment processes in place and we saw evidence of recruitment checks taking place before staff were appointed to ensure only suitable people worked at the service.
- We saw there were enough staff to support people and people did not have to wait long for assistance when needed.
- People were cared for by regular staff. One relative told us, "A lot of the carers who were there at the beginning are still there today which is good for [person]."

Using medicines safely

- Supporting information to aid staff in knowing when to administer medicines that had been prescribed on a when required basis (PRN) was not in place. However, staff we spoke with were aware when they needed to administer PRN medicines. The registered manager told us they were implementing new medication records and this would include PRN protocols.
- Not all staff administered medicines but those staff that did were trained in how to administer medicines and competency checks were carried out on staff to check they had the knowledge and understanding to do so safely. One relative told us, "When I have seen them do meds, they are very mindful of what they are doing and won't be disturbed. "

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated to try and prevent them from happening in the future.

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 requires improvement. At this inspection this key question has now remained the same. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection, we identified that whilst the provider had systems in place to monitor the quality of the service, these had not always identified some of the shortfalls we found during the inspection in relation to record keeping. We found that this to still be the case during this inspection and the service had not improved.
- Audits had not identified where risk assessments did not contain clear guidance to staff on how to safely meet people's needs. For example, the provider had not identified where a person's PEEP contained out of date information and did not contain sufficient guidance for staff to be able to transfer that person safely during an emergency. There were two copies of one person's PEEP with conflicting information. The provider's oversight of the service had not identified where staff did not know how to evacuate a person during an emergency.
- Audits had not identified where a care plan contained conflicting information about the consistency of a person's food and did not contain guidance for staff to support this person safely.
- There was no clear guidance for staff on how often people were to be re-positioned who were being cared for in bed and audits had not identified this. There were also gaps on some of the re-positioning charts. The registered manager told us during the inspection that this was because the person was sleeping, not that they hadn't been checked. A staff member told us, "We are supposed to re-position every 2 hours. We fill out a chart to say we have re-positioned them [people]. Sometimes staff don't write it down that they have checked on people but when you ask them by mouth they say they have."
- The registered manager had failed to make the appropriate referrals to relevant health professionals in order to ensure people were receiving the correct care and treatment to meet their needs. The provider's oversight of the service had not identified this or taken any action to address this until it was identified during inspection and requested by the inspection team.
- There were no best interest meetings recorded or documented evidence of involvement with health professionals or next of kin detailing whether decisions made about people's health risks, were made in their best interests.
- Most relatives we spoke with told us they had not been able to visit their relatives inside the home for the last 12 months. The registered manager told us they had facilitated window visits and garden visits and had also allowed some visits for those receiving end of life care and for those who were frail. Only one relative out of seven we spoke with, told us they had been allowed to visit inside the home. We discussed with the

registered manager, government guidance available to support providers to facilitate safe visits inside care homes to promote people's mental well-being.

The provider's failure to ensure effective systems were in place to ensure they had good oversight of the service was a breach of a Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good governance.

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

- Throughout the inspection, the registered manager and nominated individual were very concerned about who had made the whistle blowing allegations rather than investigating the concerns within the allegations. We discussed with the management team that staff should be able to whistle blow anonymously and have their concerns investigated. Any concerns raised that were substantiated should be used to drive improvements in the service. We discussed having an independent person staff could speak to if they did not feel comfortable discussing their concerns with management.
- Feedback we received about the registered manager was mixed. One relative told us, "The manager is very good, very helpful." Other feedback, however, was not so positive. A relative said, "The manager is quite defensive, she seems very obstructive as a manager. [Name of RM] is just not approachable."
- Staff we spoke to had mixed feedback. Whilst most staff did say the manager was approachable and they were able to talk with them, some staff did not feel they could raise concerns with the manager.

Working in partnership with others

- Health professionals we talked to spoke positively about Bloomsbury House. One health professional said, "Generally, [name of registered manager] is very good, she is concerned about the residents."

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider's risk management processes were not always effective. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

We have imposed positive conditions on the provider's registration and asked the provider to send in monthly reports detailing the improvements they have made.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's failure to ensure effective systems were in place to ensure they had good oversight of the service was a breach of a Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Good governance.

The enforcement action we took:

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