William Blake House Northants

Blakesley

Inspection report

2 High Street
Blakesley
Towcester
Northamptonshire
NN12 8RE

Tel: 01327860587
Website: www.williamblakehouse.org

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Blakesley is a residential care home providing personal care to six younger adults with learning disability and autism. The service can support up to six people in one adapted building. Blakesley is a family sized house in a residential area, similar in appearance to the other houses in the street.

People's experience of using this service and what we found
Health and safety audits were not always completed in line with best practice guidance. Several maintenance tasks were not completed in line with the provider's policies.

Quality control systems were not always effective and did not always identify issues within the service. When issues were identified during audits, this did not always result in the provider developing effective action plans to improve care and drive continuous learning.

Medicines were safely managed. Medicines administration record (MAR) charts were accurately completed, medicines were safely administrated and when people received their medicines 'as and when required' (PRN) the correct PRN protocols were in place.

The provider had enough staff with the right skills deployed to provide people with their commissioned care.

People's individual risks were managed in a safe way and staff knew how to protect people from the risk of harm and abuse. Risk assessments were completed appropriately, for example around medication, mobility, behaviour and personal care.

Comprehensive cleaning schedules were in place which supported staff to prevent and control infection.

Care records were person-centred and contained sufficient information about people's preferences, specific routines, their life history and interests.

People and their representatives were involved in the planning of their care and given opportunities to feedback on the service they received. People's views were acted upon.

The provider and management team had good links with the local communities within which people lived.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support,

right care, right culture.

The service ensured that people can live as full a life as possible and achieve the best possible outcomes by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to gain new skills and become more independent.

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 outstanding (published 10 August 2018).

Why we inspected
We received concerns in relation to staffing levels, staff training, medicines errors and governance of the service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

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 outstanding 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 Blakesley 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 a breach in relation to management oversight 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 from 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?

Good

The service was 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

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 one inspector.

Service and service type
Blakesley 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 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
The inspection was unannounced; however, we spoke with a member of staff on the phone before entering the service. This supported the home and us to manage any potential risks associated with COVID-19.

Inspection activity started on 17 November 2020 and ended on 27 November 2020. We visited Blakesley on 17 November 2020.

What we did before the inspection
We reviewed information we had received about the service since the last inspection, such as notifications

from the provider and information from the local authority and the public. We used all of this information to plan our 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.

During the inspection
We spoke with two relatives about their experience of the care provided. We observed staff supporting people who were unable to share their views with us. We spoke with five members of staff including the registered manager, the family liaison officer, the quality lead and two care workers.

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 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 a range of policies, records and information to support our judgements.

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.

Assessing risk, safety monitoring and management

● Health and safety checks were not always completed in line with good practice guidance and the provider's policies. Several fire safety checks had not taken place for a number of months, including fire alarm and fire extinguisher checks. There was no evidence people's window restrictors were being checked to ensure they were functioning. The failure to complete these checks put people at increased risk of harm.

● People were not always protected from the risk of infection. Weekly water flushing and monthly water temperature checks had not taken place since 11 June 2020. This placed people at increased risk of developing Legionnaire's disease.

● Risk assessments were detailed and contained strategies for staff to mitigate risk. Staff demonstrated they recognised increasing risks and when people needed support to reduce the risk of avoidable harm. The service used a Red, Amber, Green (RAG) rating system with people with behaviours that challenge others. Staff we spoke with knew about people's individual risks in detail and could tell us how risks were managed and monitored.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was 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.

Systems and processes to safeguard people from the risk of abuse

● Staff had undertaken training in safeguarding procedures and knew what action to take to protect people from harm and abuse. Staff had access to relevant guidance in the provider's safeguarding policy. One staff member told us, "The safeguarding policy is kept in the office and we are able to access this if we need to. I have received safeguarding training and learnt about how to protect vulnerable adults from harm and abuse."

● People's relatives were provided with information when they commenced using the service which

included an explanation of safeguarding and contact details should they have safeguarding concerns. One relative told us, "I was provided with information around who to contact should I be worried about [name] or any other people living at Blakesley."

● The registered manager understood their role and responsibility in relation to safeguarding and had managed safeguarding concerns appropriately and promptly.

Staffing and recruitment

● There were enough staff with the right skills deployed to provide people with their care at regular planned times and to respond to people when they needed care. One relative told us, "I think there are enough staff available to provide support to [name] and the other residents." One staff member told us, "There are always enough staff to support people effectively. We always have at least one team leader on shift and we rarely have to use agency staff."

● Staff were recruited safely. Pre-employment checks were carried out when appointing a staff member in line with regulatory requirements. For example, a Disclosure and Barring Service (DBS) check and previous employer references were obtained. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions.

Using medicines safely

● Medicines were managed safely. We saw medicine administration record (MAR) charts were in place and had been completed accurately, showing people had received their medicines as prescribed. Medicine stock was checked in to the service, stored and disposed of appropriately.

● When people were prescribed medicines 'as and when required' (PRN), the correct protocols were in place to guide staff on when to administer these medicines. Staff recorded when and why they had administered PRN medicines in good detail and this information helped to support people's positive behaviour management plans.

● Staff had received training in safe handling of medicines and their competencies were tested regularly.

● Regular audits were carried out to ensure correct procedures were followed by staff and any action required was identified promptly.

Learning lessons when things go wrong

● The provider demonstrated they learnt lessons when things went wrong. Accidents and incidents were recorded, and the information collated and analysed and used to inform measures to prevent incidents reoccurring.

Good

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 outstanding. At this inspection this key question has now deteriorated to good. 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

● Care plans were person-centred and contained relevant and in-depth information about how people wish to be cared for, their life history and the people who are important to them. People and their relatives were involved in the development of their care plans. One relative told us, "I was heavily involved in the development of [name]'s care plan and was able to discuss their need in depth. We have a yearly review which I can feed in to."

● People and their relatives were involved in decision making regarding all aspects of their care and support. Staff members knew the people they supported well and could tell us about people's lives, the people that mattered to them and how they preferred to be cared for. One relative told us, "Once the staff get to know [name] they really do know their likes and dislikes. Some of the carers have been really in tune with [name] and know exactly how to support them."

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

● Staff supported people to access meaningful activities. This had been done creatively with the current COVID-19 restrictions in mind. Staff supported people to access the service's day centre, which was based on a farm, as well as taking walks and drives in the local area. Staff also supported people to take part in activities in the home, such as jigsaw puzzles, board games, arts and crafts, baking, movie nights and pamper sessions. One relative told us, "There are a lot of activities available to [name] and staff always ask me what activities [name] might like."

● Staff supported people to maintain significant relationships with their families and friends. People were able to contact their families and friends on a regular basis. One relative told us, "We have regular video calls with [name]. I also telephone [name] from time to time. If [name] indicates that they want to phone me the staff always ensure that they are able to."

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.

● Information was available in accessible formats when people needed it. People were given information in a format which suited their needs and staff knew how people preferred information shared with them. People's care files contained pictorial care plans and easy read documentation using short simple sentences with pictures to make them easier to understand.

Improving care quality in response to complaints or concerns

● We saw that people's relatives were provided with information on how to raise a complaint when people started with the service. This information was available in different formats to accommodate people's methods of communication. One relative told us, "The complaints process was explained to me clearly when [name] moved in to Blakesley and I was provided with a complaints document."

● Complaints were appropriately recorded, managed and responded to in a timely manner. Trends and themes were identified and lessons were learnt as a result of complaints. For example, we saw the service had received low level complaints which the provider thoroughly investigated and acted upon. Where trends had been identified the provider had addressed this with staff to drive improvement in those areas.

End of life care and support

● There was an inconsistent approach to end of life care plans developed at the service. Some people had detailed end of life care plans and others did not have a plan in place. The registered manager told us that they had given the matter considerable thought, but that some people and their relatives were reluctant to discuss palliative care. We talked through the importance of this and how this could be achieved with the registered manager.

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 outstanding. 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.

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

- Health and safety audits were not completed in line with best practice guidance and the provider's policies. We saw that the registered manager last completed the monthly health and safety audit on 2 December 2019. The registered manager therefore could not evidence that they were assured that the environment and premises were safe. This lack of oversight put people at increased risk of harm.
- Audits of care plans were not robust and action was not always taken when issues were identified via audits. An audit of one person's care plan took place in August 2020 and identified several areas required reviewing and updating by the registered manager. The registered manager had taken no action to update the areas required and this put the person at risk of receiving care that did not meet their needs. The systems in place were not effective in ensuring accuracy of information available to staff.
- The provider did not always demonstrate continuous learning and improving care. For example, we identified health and safety checklists which showed several tasks had not been completed throughout September and October 2020. This included fire safety checks, water checks and window restrictor checks. The provider had failed to produce an action plan to address these issues. This lack of oversight meant the provider was unable to demonstrate improvements in these areas.

We found no evidence that people were harmed, however the provider failed to ensure their systems and processes were operated effectively to ensure people's needs were met and safety of the service was maintained. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Feedback was sought from people and their relatives and then this was acted upon and the outcome shared with people, their relatives and staff.

The management team responded immediately during and after the inspection. They were open and transparent throughout the inspection and the registered manager advised us they have commenced an action plan, with many issues already addressed.

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

outcomes for people

● Relatives said that the registered manager was not always as communicative as he could be. One relative told us, "The registered manager does not communicate particularly well with me and often takes a long time to come back to me with answers." Another relative told us, "I think that the registered manager could be more communicative with parents."

● Staff said the management team were approachable and they felt supported by them. One staff member told us, "I feel that the registered manager is approachable and I can go to him with any concerns I might have. He is fair to all staff." Another staff member told us, "I feel that I can raise concerns with the registered manager. When it comes to the residents things are always sorted out quickly."

● Staff were knowledgeable about people who used the service and demonstrated they took a person-centred approach to providing care. One staff member told us, "People's care plans are very clear about their likes, dislikes and routines. There are detailed sections around what activities people enjoy and how people like to relax. I feel we have enough time to read people's information and to talk to them to ensure that we know them really well."

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 registered manager was aware of their responsibilities under the duty of candour, which is a regulation all providers must adhere to. Under the duty of candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

● The provider had implemented safeguarding and complaints policies and had made all staff aware of them. There were posters in the communal areas advising people of who to contact if they had concerns. One staff member told us, "I know there is a complaints process and that we have a complaints policy. I know who I would need to contact if I had any concerns. I have never felt the need to, though."

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

● The management team worked with staff to identify improvements and address any issues they may have. One member of staff told us, "We have regular monthly team meetings and are encouraged to participate in these. I do find them useful and changes are made as a result of suggestions from staff."

● Relatives told us they felt involved in decisions about Blakesley. One relative told us, "I do feel that the service listen to my views and that they would act on any concerns I might have." Another relative told us, "Every year we receive a survey relating to how well run the home is."

● People's equality characteristics were considered when sharing information, accessing care and activities.

Working in partnership with others

● The management team had established and maintained good links with local partners that would be of benefit to people who use the service, such as GP practices, diabetes nurses, learning disability nurses, speech and language therapists, dentist and social work team.

● The provider had worked closely with Public Health England throughout the COVID-19 pandemic to ensure they had access to best practice guidance and they were accessing staff and resident testing appropriately.

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 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure that their systems and processes were operated effectively to ensure people's needs were met and safety of the service was maintained.