

Ms Catherine Blyth

Feng Shui House Care Home

Inspection report

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Date of inspection visit:
03 October 2019
04 October 2019

Date of publication:
01 November 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Feng Shui House Care Home is a residential care home providing personal care to 18 people aged 65 and over at the time of the inspection. The service is registered to support up to 20 people.

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

Medicines were administered safely; however good practice guidelines were not always followed. We have made a recommendation about the management of some medicines.

All other risks people faced were assessed and safely managed. People and relatives felt the care and support kept people safe. Staff showed good knowledge of safeguarding procedures. Infection prevention was ongoing, and the home was clean and well maintained.

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 did not always support this practice. We have made a recommendation the service work within the principles of the Mental Capacity Act 2005 (MCA).

The provider had links with health professionals. This promoted timely support and positive outcomes for people. People had access to food and drinks, 24 hours a day if requested. Staff told us the training ensured they had the skills to carry out their roles effectively and the management team were supportive.

Care plans did not always contain comprehensive information on people's unique support needs. We have made a recommendation about this.

The management team audited the service to ensure people received effective support and the service was well-led. We have made a recommendation about audits.

The provider representative used a variety of methods to assess and monitor the quality of the service. They were aware of their regulatory responsibilities associated with their role.

People took part in valued activities within the home. The provider representative would deliver end of life care to ensure people stayed in a familiar environment with people they knew. People's communication needs were identified, and appropriate support offered. There was a complaints procedure which was made available to people and their families.

Staff were knowledgeable about people's backgrounds and preferences. They were caring, patient and took time to ensure people felt valued. They worked in partnership with people, offered choices and promoted people's independence. Due to the stability of the staff team there was a rapport between people, visitors and staff.

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 requires improvement (published 16 October 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

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.

Inspection team

Two inspectors carried out the inspection.

Service and service type

Feng Shui House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 representative was an individual who also managed the home on a day to day basis. Provider representatives are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations. 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 on the first day.

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, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. We used 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 six people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the provider representative, deputy manager, senior care worker, care staff and chef. We did not use the Short Observational Framework for Inspection (SOFI) as the home was small. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We did observe the day to day interactions and activities that took place during the inspection.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at a variety of records relating to the management of the service and walked around the building to make sure it was a clean and safe environment for people to live in.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we recommended the provider considered current guidance on administering medicines in relation to controlled drugs. At this inspection, controlled drugs were not on site or being administered. However, there were systems to administer these safely, should they be required.

- People received their medicines when they should. There were no protocols to guide staff on when to administer as and when required medicines. Not everyone had guidance on when to administer one or two as and when required tablets.

We recommend the provider representative follow good practice guidance on the administration of as and when required medicines.

After the inspection visit the provider representative informed us they had spoken with people's GPs and protocols were now in place.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. Staff we spoke with understood their responsibilities to keep people safe and to protect them from harm. One person when asked told us, "Safe? I am very safe here." One staff member commented, "It would not bother me to report abuse, I would tell somebody."
- The provider representative was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Policies and procedures for safeguarding and whistleblowing were up-to-date and operated effectively. The provider representative was a member of the local authority safeguarding committee. They said, "It allows us to find out about changes in policy. I want to be sure I have all the updates around safeguarding."

Assessing risk, safety monitoring and management

- The service assessed and managed risks to keep people safe. There were risk assessments to guide staff on safe working practices and to keep people safe from avoidable harm. For example, people had been assessed against the risk of falling and using equipment to keep them safe.
- Staff knew how to support people in an emergency. For example, people had personal emergency evacuation plans which ensured in case of a fire staff had appropriate guidance on how to support people out of the building.

Staffing and recruitment

- The provider representative followed safe staff recruitment procedures. All the necessary background checks, including criminal records checks being carried out with the Disclosure and Barring Service were carried out. This ensured only suitable people were employed to support people.
- People, relatives and staff told us staffing levels were enough to keep people safe. We observed the service had appropriate staffing levels to keep people safe. One person said, "I do ring my buzzer and they [staff] do come." One relative commented, "There are always staff about."

Preventing and controlling infection

- People were protected against the risk of infection. We completed a tour of the home found the environment to be clean and well maintained.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We saw staff used PPE when appropriate. Staff confirmed there was enough PPE, such as disposable gloves, hand gels and aprons to maintain good standards of infection control.
- The home had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents. The provider representative responded to accidents and incidents and systems and processes were in place to help minimise them reoccurring. Incidents were analysed and where lessons were learnt these were shared with the staff team. the service effective

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The principles of the MCA were not always being followed. Peoples mental capacity had been considered however, the information was at times, conflicting. The documentation in place to support the principles of the MCA was not always fully completed. We discussed the principles of the MCA with the provider representative who was able to demonstrate a good understanding of the process and assured us this would be followed.
- Staff offered people as much choice and control as possible over their care. The provider representative sought legal authorisation where people were subject to any restrictions for their safety.
- Care records contained consent to care documentation. However, we saw examples where this had been signed by people who did not have the legal right to do so.

We recommend the provider ensures they work within the principles of the MCA.

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

- People received safe and effective care which met their needs. The provider representative 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.

Staff support: induction, training, skills and experience

- Staff told us they had access to ongoing training and development relevant to their role. This included shadowing experienced staff, refresher training and specific skills training to meet individual's specific needs. One staff told us, "The training helped in recapping my knowledge and rebuilding my confidence."
- Staff received supervision and appraisals. Staff told us they were able to access informal support from other staff members and management in between supervisions. One staff member commented, "I like getting advice from everybody."

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

- People were supported to maintain a balanced diet. People were offered choices of what they wanted to eat and drink. Where appropriate people were encouraged and supported with their meals. We observed people being offered drinks and snacks regularly throughout our visit.
- Records documented peoples likes and dislikes and identified any associated risks with eating and drinking. Where concerns had been identified we saw appropriate action had been taken. We saw guidance from professionals was requested when needed.

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

- People's assessed needs were being met. People's care plans included information about their healthcare needs.
- People were supported by staff to attend any healthcare appointments when needed.
- Management and staff maintained good working relationships with health professionals and sought guidance when needed. Staff demonstrated knowledge of the additional support being provided to people by the community nursing care team.

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

- The premises were appropriate for the care and support provided. People's en-suites were open plan which allowed for ease of movement for people and staff supporting them. Communal areas were provided where people could relax and spend time with others.
- People had their own space which was personalised. There was a lift which serviced the building and all rooms could be easily accessed.

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

- Staff were knowledgeable about people's backgrounds and preferences. We spent time observing staff interacting with people who used the service. We found staff were kind, caring and considerate of people's individual needs and preferences.
- There was a rainbow flag in the window of the home. The flag is a symbol of LGBTQ+ social movement. The deputy manager told us, "The pride flag is to show support to the LGBTQ+ festival." The provider representative said they supported diversity in the people they cared for and in their workforce.
- We observed people were comfortable in the company of staff and actively engaged in conversations. One person told us, "When I came I was made welcome and staff have time to sit and chat with me."

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

- People were involved in their care and supported to make decisions and express their views. One person told us, "[Provider representative] is very caring, you can approach her at any time."
- Management and staff reviewed people's views and needs on every admission which included consultation with relatives. Care records showed care planning was centred on people's individual needs and preferences.
- The provider representative, when appropriate had worked with people's advocates. These are people who ensure people's rights and best interests are being protected.

Respecting and promoting people's privacy, dignity and independence

- The service provided support that ensured people's privacy, dignity and independence were maintained. We saw staff knocked on people's bedroom doors before entering. In shared rooms there were dignity blinds to maintain people's privacy. We noted people's personal private information was stored securely. There was no personal information left visible for visitors to read.
- People were supported to project a positive image of themselves through the clothes they wore and the personal care they received. Staff addressed people by their preferred name and we overheard staff members complimenting people on their appearance. They were polite, very friendly and cheerful when supporting people. One member of staff told us, "I love working here, it is very personal, and you get to know people. They become like your family, one big massive family."

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

- The management team completed an assessment of people's needs before they could move into Feng Shui House Care Home. This ensured the service was right for the person and the service could meet the person's needs. Care plans did not always contain comprehensive information on people's unique support needs.

We recommend the provider reviews people's care plans to ensure documentation reflects the person – centred care and treatment they received.

- The provider representative sent information after our inspection visit that care plans were being reviewed and amended.
- People had access to call bells and staff carried walkie talkies to request additional support. Staff were observed being responsive to people's needs. Staff knew people's likes, dislikes and preferences and used this information to care for people in the way they wanted. One relative told us, "We are grateful [family member] is here and well looked after."

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.

- We saw people's communication needs had been assessed and where support was required this had been met. One person's care plan highlighted they wore a hearing aid and staff knew to speak to them on their right side. There were scheduled visits with opticians to support people who were visually impaired.
- Staff were able to say how best to communicate with people who may be anxious. We observed one person becoming distressed and staff members offering responsive support that soothed them. Minutes of meetings were printed in larger print. The provider representative said it was to enable people with visual impairment to read them independently.

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 relationships that were important to them and maintain culturally relevant activities. We observed one person was supported to get suitably dressed to attend a funeral and several staff asked how they were on their return. People said visitors were welcome at any time, and they

went out with family and friends. One person commented that they did not participate in activities but was encouraged to spend time in the lounge.

- People were supported to take part in activities they enjoyed. On the day we visited a hairdresser was present. People told us they enjoyed the seated exercise classes and we observed staff chatting with people and maintaining their nails. One staff member told us, "Speaking with people means they are speaking and talking to me and teaching me, [person] taught me to dance." One relative said, "I visited and saw a staff member knitting and [family member] had the wool in her hands."

Improving care quality in response to complaints or concerns

- The service had a complaints policy. The provider representative had recorded concerns raised along with action taken.

- People, relatives and staff all said they knew how to complain and were confident the management team would act on any complaints received. One person said, "We would approach [provider representative] and be confident she would deal with it. She is very forthright."

End of life care and support

- There was currently no one at the service that was receiving end of life care and there was no end of life medicines held on site.

- We did see care plans held information on where people would like to be at their end of life and families had been included in the process.

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 improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, we found CQC had not been notified of all incidents as required by law. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The provider representative understood their role in terms of regulatory requirements. For example, they had notified the local authority and CQC of events, as required by law.
- The previous inspection rating was not conspicuously displayed in the home. We saw on day two of this inspection the previous inspection rating was clearly displayed.

Continuous learning and improving care

- The provider representative had audits to monitor the service delivered. However, the documentation completed did not always allow effective oversight. We saw care plans had been reviewed but the documentation did not identify which care plans had been reviewed.

We recommend the provider seeks advice from a reputable source on the implementation of audits to allow effective oversight of the service.

- The provider representative was involved in safeguarding and local provider forums. The provider representative told us, "It ensures we have updates in the law and have our finger on the pulse."

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

- People we spoke with and their families spoke positively about the quality of care they received and how reassured they felt living at Feng Shui House Care Home. One relative said, "They [staff] have been great. I am happy and confident when I leave [family member]."
- The service was well-organised and there was a clear staffing structure. People spoke about how well the service operated. One relative told us they credited the management team with maintaining their family member's good health by advocating on their behalf with health professionals.

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

- The provider representative had systems to gather the views of people and relatives. We saw meetings took place with people and their relatives and staff. Feedback from questionnaires was positive about staff and the management team.
- There were established relationships with other services involved in people's care and support. The service liaised with community health and social care professionals and family members to ensure people's needs were met. This included managing people's ongoing health concerns with district nurses.

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

- When incidents happened, the provider representative had been open with people and staff. Relatives had known about incidents when it had affected them and had been aware of what action had been taken.