

Regal Care Trading Ltd

Blair House

Inspection report

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East Sussex
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Blair House is a residential care home providing accommodation and personal care for up to 29 people. At the time of the inspection there were 21 people living in the service. People were living with a range of needs associated with dementia and mental ill health.

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

People were protected from the risk of abuse. Staff were aware how to recognise and report any concerns. People living at Blair House were supported by staff who had been safely recruited and had completed training. New staff had an induction and spent time working with current staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received their medicines in a safe manner. Staff administering medicines received training and had their competencies assessed.

Care plans and risk assessments were in place. Staff knew people well and emphasis was placed on supporting people to maintain their independence wherever possible. For those who required more support due to their dementia or mental health needs, staff provided this with respect and dignity.

Infection control procedures were being followed and the home was clean and tidy. Staff and management were aware of any actions to follow in the event of any outbreaks of COVID19.

People's views had been sought. People told us they had been involved in discussions about the redecoration. Relatives spoke positively about the recent changes. One told us, "I was concerned at first when I learnt there would be a change of manager, but my fears were soon allayed when I saw the calm manner that [managers name] was assuming her role. Within a short time, she had implemented improvements, by getting management to arrange for decorating to be done throughout, along with new curtains and bedding. The lounge and dining room were altered around, which makes for a more comfortable environment."

Staff, resident and relative meetings were taking place and surveys had been completed. All feedback received was being used to implement further changes to improve the home.

Quality assurance checks had been completed. The manager had implemented a new programme of auditing. This was used to identify areas for improvement and learning. Actions had been highlighted and work had taken place to implement improvements. Although some improvements were recent, the positive impact on people and staff of these improvements was evident.

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 25 September 2019).

Why we inspected

The inspection was prompted in part due to concerns received in relation to documentation and management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained as good, based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Is the service well-led?

Good ●

The service was well-led.

Blair 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 Health and Social Care Act 2008.

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

Blair House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of the inspection there was no registered manager at the service. However, the new manager had commenced the process to register with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We contacted the local authority market support team for feedback. We reviewed all the information we hold about the service including statutory notifications sent to us by the manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We contacted the local market support team. We used all of this information to plan our inspection.

During the inspection

Not everyone living at Blair House was able to tell us their views of the home. We spent time observing the interactions between people and staff in communal areas of the home, in order to help us understand people's experiences.

We spoke with eight people who used the service and contacted two relatives and two health professional following the inspection. We spent time observing care and reviewing care records to help us understand the experience of people who could not talk with us. We spoke with five members of staff including the nominated individual, manager and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three peoples care plans in full and a further four to look at specific areas relating to their care needs. We also looked at medication records and two staff files in relation to recruitment. We reviewed accident, incident and safeguarding processes, staffing and induction records. Staff and resident meetings, and a variety of records relating to the management of the service. This included provider improvement/action plans.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question safe. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff had received safeguarding training and demonstrated a good understanding of how to recognise and report concerns. Staff told us, "If I had any concerns I would go straight to the manager, I have done it before at another service and would not hesitate to do it again if I needed to" and, "If I had any concerns I would go to [managers name] as she would sort it out, you can trust her to deal with things properly."
- Safeguarding and whistleblowing policies and procedures were in place and these were followed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe and well looked after at Blair House. One said, "The staff they look after me and make sure I am Ok." Relatives told us, "The fact that I know [person's name] is safe and well cared for, has given me peace of mind which I badly needed" and, "Blair House to me is a very safe and comfortable place to be, I have no issues with [relatives name] living there."
- Identified risks were reviewed and managed to maintain people's safety. This included individual and environmental risks. People had falls risk assessments when needed. When a fall had occurred, this had led to a review and regular checks being completed.
- Care records were recorded on an electronic system, staff used handheld devices to input tasks completed in relation to each person's care. When incidents occurred, for example a fall, this information was promptly updated onto the electronic system by staff, this meant that all staff and management were aware and any follow up actions required were documented.
- Fire safety checks had been completed and personal emergency evacuation plans (PEEPS) were recorded. A fire safety folder including all relevant information was available to be used in the event of an emergency evacuation.
- Servicing contracts were seen, checks were completed in relation to legionella, gas, electric and servicing of equipment. Areas of the home which required maintenance and redecoration had been identified. For example, improvements had been made to communal areas and peoples rooms had recently been redecorated.
- Clear systems and processes had been implemented to document and follow up on accidents/incidents/falls. There was regular management and provider oversight to identify any trends or themes and ensure learning could be taken forward and shared with staff.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People were encouraged and supported to continue to do the things they enjoyed. Staff offered support where needed whilst empowering people to make choices and maintain their independence

Staffing and recruitment

- The new manager had introduced robust recruitment procedures. All required checks had been completed before a person began working at the home. Including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Recruitment was ongoing, and the manager had worked hard to develop a strong team. Staff felt supported and spoke positively about working at Blair House, telling us, "Its real teamwork here" and, "It's the best place I have worked."
- New staff completed a period shadowing a current staff member until they felt confident. The manager also ensured new staff had the knowledge and skills needed. All staff completed mandatory training and a structured induction programme had been introduced.

Using medicines safely

- Systems were in place to ensure safe administration, ordering, storage and disposal of medicines.
- Staff received training and competency checks to ensure people received their medicines correctly.
- Medicine administration records (MAR) were reviewed during the inspection. Some people had medicines prescribed 'as required' these are known as PRN medicines. PRN protocols were in place.
- Following a medicines error new protocols had been introduced, these included regular auditing of all aspects of medicine administration, documentation and storage.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

The home was open to visitors and people were supported to go out on their own or with staff.

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 our last inspection we rated this key question requires improvement as quality assurance systems needed to be improved. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager had worked hard with staff to ensure Blair House provided a positive, open and inclusive environment for people. There was an emphasis on promoting person centred care.
- One relative told us, "[managers name] has gathered together a dedicated, reliable team of carers, who treat the residents with compassion and respect. Something I witness on each occasion I visit."
- Staff and relative meetings had taken place and peoples feedback had been sought. This information had been reviewed and used to help make positive changes. Results and actions identified to facilitate ongoing improvement were fed back to people. One person told us, "Things have improved since the new manager came, she listens."
- There was a happy and relaxed atmosphere at the home. We saw people respond positively to staff and staff treated people with respect and dignity. The manager told us, "This is people's home, we put people's needs first to ensure they are happy."
- People were actively encouraged to spend their time in the way they chose Two people had found a shared similar passion for music, staff supported them to spend time together, to play and listen to music. Another person told us they were supported by staff to go out regularly.
- People had been involved in changes to the decoration around the home and people's bedrooms were personalised. Improvements to communal areas and bedrooms had taken place, and a kitchen refurbishment was due to commence immediately following the inspection. Staff told us they now had a larger staff area which they felt was positive. The manager confirmed the lower floor was to be used as a staff area for breaks and training.

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 manager and provider were aware of their responsibilities and regulatory requirements, including legal requirements under duty of candour.

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

- The service did not currently have a registered manager; however, a new manager had been working at the service for approximately 6 months and was in the process or registering with CQC.
- Since starting at the home, the manager had worked tirelessly to identify and implement a number of

positive improvements. They had worked with the provider to develop a structured improvement plan. It was evident that substantial improvements had been implemented,

- An action plan had been written to continue to build on this foundation. The manager told us this was constantly under review and new actions added when identified.
- A robust governance and auditing system had been introduced. This included all aspects of care delivery and environmental audits. The provider maintained oversight of quality assurance. The nominated individual had access to auditing systems and met regularly with the manager to support them.
- Management and staff were clear about their roles and staff told us they felt listened to and valued. Staff were involved in improving the service. Staff 'champion' roles were being developed. Staff who became a champion would receive extra training to enable them to support improvements in these areas. For example, first aid, moving and handling, nutrition, dignity and respect champions. The manager was keen to empower staff with further training and the implementation of these roles.

Continuous learning and improving care; Working in partnership with others

- By identifying areas for improvement, the manager had been able to implement many positive changes. The manager worked closely with the nominated individual and staff to ensure improvements had been implemented promptly. All changes were under constant review to ensure that learning was taken forward. The manager was open and transparent and had a clear vision for the service moving forward.
- To facilitate these improvements the manager had worked with the local authority market support team. Relationships were being forged with other visiting health professionals including social workers and mental health teams. A podiatrist was now visiting people at Blair House regularly. This meant that people were supported to access healthcare and receive support from other health professionals when needed.
- One visiting professional told us, "Staff have encouraged residents who are less willing to have treatment with gentle encouragement which has worked or have even sat with them during treatment to help them feel more settled."