Macc Care (Blythe Valley) Limited

Blythe Rose Care Home

Inspection report

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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
Blythe Rose Nursing Home is a care home providing personal and nursing care to up to 80 people. The service provides support to adults of all ages, some of whom may have dementia or physical disabilities. At the time of our inspection there were 31 people using the service. The home is part of a group of care homes owned by the provider.

Blythe Rose is a purpose-built home, with accommodation over three floors which can be accessed via a lift. Each floor have separate areas which are called lodges. Two floors were occupied at the time of the inspection.

People's experience of using this service and what we found
Systems and processes supported staff to keep people safe. Quality assurance audits and checks were completed by the manager and provider, to identify areas of improvement and monitor key aspects of the service

People were safe at the service as staff understood their roles in managing any possible safeguarding issues. Risks to people's safety were assessed and measures were in place to mitigate them and keep people safe. The provider undertook safe recruitment processes to ensure people were supported by a suitable staff group.

People were supported by sufficient numbers of staff who received training for their role. A bespoke training system were in in place to meet the needs of people in the service, specifically complex dementia. A robust system to ensure staff were competent and training was embedded was in place.

People received their medicines from staff who were competent and trained. Staff employed safe practices to control the risks of infection at the service and there were processes in place to learn from incidents and accidents to reduce the risk of reoccurrence.

People's nutritional and health needs were well managed and the environment they lived in was well maintained. The home was clean and hygienic, with robust infection prevention and control practices in place. The service had several communal areas for people to use, both inside and outside the property.

People were supported to have maximum choice and control of their lives. 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 were supported by a caring staff group who respected their choices. People had the opportunity to voice their opinions on their care and were supported when needed with the services of advocates.

People received care in a personalised way, care and support needs were planned with people to meet their specific needs. Staff we spoke with showed a good understanding of people's needs, information in the care plans supported this.

People were supported to maintain relationships with their families, follow their hobbies and be involved in social activities. Information was provided in ways people could understand and there was accessible information around the service to support people should they wish to make a complaint.

People and staff told us the manager was approachable, and both people and staff were able to voice their opinions about the service and felt they were listened to. The manager worked to provide an open person-centred approach to people's care and worked with other health care professionals to achieve this.

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

Rating at last inspection
This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Blythe Rose 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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by 3 inspectors and a pharmacist specialist advisor in July 2023. An additional inspection visit took place in December 2023, this was carried out by an operations manager and an inspector.

Service and service type
Blythe Rose Nursing Home 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. Blythe Rose Nursing Home is a care home with nursing care. 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 our initial inspection visits there was a registered manager in post. However, at our December visit the service had a different manager who was in the process of being registered with the Commission.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. 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 used all this information to plan our inspection.

During the inspection
We spoke with 10 people and 5 relatives about their experience of the care provided. We spoke with 2 professionals who have contact with the service. We spoke with 13 members of staff including the nominated individual, registered manager, director/lead commissioning manager, home manager, director of regulation and 9 members of nursing 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 6 people's care plans, a range of medicine administration records (MAR) and 5 staff recruitment files. We viewed a variety of records relating to the management of the service including audit systems. We spent time observing the care that people received within the home.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records as well as audits and policies. We spoke with 2 healthcare professionals who regularly have contact with people who use the service. We also spoke with commissioners and Healthwatch. As people were living with dementia, we used SOFI (Short Observational Framework for Inspection).

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes in place supported staff to keep people safe.
- Systems were in place to identify, report and investigate any safeguarding risks to people and the information used to learn from events to prevent reoccurrence. Incidents were recorded and referred to the local authority safeguarding team where appropriate.
- Staff had received safeguarding training and understood the signs of abuse and how to report any concerns they may have. One staff member told us, "If I see something, I will report it straight away. I will inform the nurses and the manager."

Assessing risk, safety monitoring and management

- Risks to people's safety were identified, assessed and measures put in place to mitigate them and ensure people's needs were met.
- Upon reviewing care plans we noted that people living with complex dementia had comprehensive positive behaviour plans. The documents had clear guidance and information for staff, including detailed guidance of how staff should support people when they are at low, medium and high risk to themselves or others.
- People's care needs were assessed, monitored, and managed effectively. For example, systems were in place to monitor people's health needs such as diabetes or skin integrity. One relative told us the care provided had led to good health outcomes for their family member.
- Staff knew people well and were knowledgeable about each person's individual health and support needs. Additionally, agency staff we spoke to demonstrated knowledge and understanding of people and their needs well. We observed good interactions with all staff and in heightened situations personalised support delivered to deescalate situations. This further demonstrated staff understanding of care plans and risk assessments.
- People's person-centred dietary needs were assessed and managed. Where people were at risk of choking, or had dietary requirements, this was reflected clearly in care plans and staff knowledge. The kitchen staff and care staff worked in collaboration to ensure risks relating to nutrition and hydration were robustly managed.

Staffing and recruitment

- Staff had been recruited safely. Pre-employment checks had been carried out 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.

● Staffing levels were maintained to meet people's needs in a timely way. Records showed, and our observations confirmed, that there were adequate staff available to support people. Additionally, the provider ensured an extra member of staff was deployed when a person initially moved into the service to ensure a period of settlement.

Using medicines safely

● People's medicines were managed safely. Records showed medicines were administered as prescribed and we observed they were stored, monitored, and labelled correctly. Where flammable creams were prescribed, associated risks to people were assessed and documented in their care plans.
● Systems were in place to ensure people's individual medicines needs were met. For example, clear protocols were in place for people's 'as and when' medicines or if a person needed to take their medications covertly.
● Staff received appropriate training and competency assessments were in place to monitor staff practice in relation to administering medicines. We observed nurses confidently administering medicines to people, in line with good practice.

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.

Visiting in care homes

The provider was facilitating visits for people in the home. During the inspection we observed several relatives and friends visiting people.

Learning lessons when things go wrong

● Systems were in place to review accidents and incidents and identify any learning. Incidents were reviewed by the manager and audit systems tracked any themes or trends at the service.
● The provider shared learning gained at other services within its group, to ensure a consistent approach at the homes within the organisation. Records showed this learning was discussed at management meetings and actions were identified for managers to address.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and documentary evidence alongside people's feedback confirmed this.

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

- People's needs were assessed prior to commencing care. People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability. The provider had policies and procedures in place, to ensure best practice was understood and followed by staff.
- People's physical, mental health and social needs were assessed and documented in their care plans and risk assessments. Records showed people's needs were appropriately assessed in line with nationally recognised guidance for people with dementia.
- The provider used technology to enhance service provision including, electronic devices in each person's room for staff to input care delivered in real time. Additionally, acoustic alarms were in place for people who were at risk of falling, meaning staff were alerted if the person made any noise, allowing staff to respond swiftly and appropriately.

Staff support: induction, training, skills and experience

- People's needs, and preferences were met by staff who had received appropriate training. A person said, "The staff are excellent."
- Staff understood their responsibilities and what was expected of them. Staff told us, and records confirmed, they received training that was relevant to their roles and to the specific needs of the people they supported. For example, staff had training in non-verbal communication, diabetes and falls. We saw a staff member interact with a non-verbal person, who uses specific vocalisations to communicate. The staff member was able to understand the person's needs and wishes as we saw the person happy at the response.
- The provider had employed a dementia lead who was based at the Blythe Rose. The dementia lead had developed bespoke dementia training for all staff, giving a comprehensive insight into dementia and how this impacts people.
- Additionally, to ensure training has been understood and embedded into working practices, the provider had in place 'learning into practice observations'. This allowed the provider to identify additional training needs and ensure all staff had the opportunity to have reflective practice.

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

- Staff supported people to maintain a healthy balanced diet where required and to have choice in what they ate. A person told us, "The food is good. Just like a restaurant."
- People were supported with their nutritional needs. Staff were aware of people's dietary needs and

preferences. For example, one person required a modified diet and encouragement and prompts from staff to support them when eating, in line with their assessed needs.
● The provider had a system that allowed them to monitor people's food and fluid intake where needed. We noted that the daily logs included food and fluid intake and any concerns.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The provider's dementia specialist ensured timely and robust assessment of peoples changing needs in regards of their dementia. This meant people could be assessed and changes made to their care and support needs, with the support of health care professional, without delay.
● Where needed, staff supported people to access community healthcare professionals such as the GP and occupational therapists. This enabled people to have their health needs met by external professionals.

Adapting service, design, decoration to meet people's needs
● Blythe Rose is a new purpose-built home catering for older people most of whom are living with dementia. The building was designed so people living with dementia find it easier to identify their rooms and communal areas. Signage was often in picture format and rooms were individualised to people's needs.
● Decoration was in contrasting colours which is known to provide better spatial awareness in people living with dementia. There were multiple communal areas with dining rooms, a cinema, hairdressers and lounges. This gave people multiple options of busy or quiet areas within the service.
● Throughout the home there were interactive areas for people to utilise. Including, clothing people may wish to wear and boxes of objects which may spark interest or serve as a distraction when distressed.

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 met.
● Systems were in place to seek DoLS authorisations for people at risk of being deprived of their liberty. The management team maintained oversight of completed authorisations to ensure further requests were submitted prior to the expiry dates for these documents.
● Staff worked within the principles of MCA and sought consent from people about their care. One staff member advised us, "First we say hello and ask permission to support the person. If they say no, that is fine. We will ask again later."

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and documentary evidence alongside people's feedback confirmed this.

Ensuring people are well treated and supported; respecting equality and diversity
● Staff interactions with people were positive and caring. Throughout the inspection it was evident staff knew people well and supported them in positive ways. People and their relatives felt staff listened to them and they could talk to staff. A person told us, "They are very friendly, very caring and they listen to what I have to say."
● People's records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.
● Each person had individualised one-page prompts as staff entered their bedroom. This gave staff an opportunity to have meaningful conversation with people. For example, one room we entered had a person's previous employment and their hobbies noted, enabling staff to initiate these conversations.

Supporting people to express their views and be involved in making decisions about their care
● People and their relatives were able to express their views and make decisions about their care. One person said, "They do try to make life as homely as possible."
● Staff told us they cared for people as kindly as possible. One staff member said, "I try to treat them like my own elders, so that they feel valued. I always ask what they want and give them choices in how I complete care tasks such as asking what they want to wear."
● During the inspection we consistently observed staff supporting and encouraging people to make choices. This was further supported by appointing dementia ambassadors, whose role it was to mentor and support staff when supporting people. They also identified any potential gaps in training and observed practices to drive improvements in the quality of care.

Respecting and promoting people's privacy, dignity and independence
● Staff maintained people's dignity. A person told us, "The staff are very careful when undressing or dressing me." A relative told us, "Myself and another relative have been there on occasions with staff and they always close the door when they support residents with care tasks. Although they know we are family, they still do it."
● People and their relatives felt staff encouraged them with independence. A person said, "Whatever I can do myself I do, but the staff encourage me."
● People told us staff took their time and did not rush them. A staff member said, "It's better to make them happy by taking time rather than have issues later ."
● Staff spoke passionately about their roles and were committed to empowering people and providing the best quality care possible. We heard multiple examples of how staff supported people to increase their

confidence and independence, many of whom had communication barriers.
● Staff received equality and diversity training and knew about differences in beliefs or needs.
● One person told us, "[Staff] always ask me first thing in the morning what I want. Sometimes, I don't want to get out of my room, but staff don't give up because they care."
● People's views and preferences about how they wanted their care to be provided were incorporated into person-centred care plans.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People and their relatives told us they were involved in the review process and making decisions about care. A person said, "I have chats with the manager they ask me about what I want and my plan for future." A relative told us, "We had been called for input for reviews. Then we have had a review of services and provision and met with lodge leads."

● People's care plans held information regarding their personal preferences, life history, religious beliefs and people who were important to them. This enabled staff to have up to date information about people's personal preferences. The manager told us that they add more to these areas as the staff get to know more about people.

● People were involved in all aspects of the home including menu planning, excursions, and activities. We saw resident meeting minutes that demonstrated people could voice issues and concerns.

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.

● The provider understood their responsibility to comply with the Accessible Information Standard (AIS). Information could be made available to people in different formats including easy read documents, braille and large print.

● There was evidence that staff were adapting communication techniques to achieve best results with people. We saw a staff member speaking slowly and using single words so that a person with dementia could understand what they were asked.

● Staff identified people's communication needs and ensured information was given to them in a format they would understand. We observed staff adapting their approach depending on the person they were supporting , this included subtle changes in body language or approach to ensure effective communication was achieved.

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, relatives and staff told us that the manager placed a lot of emphasis upon ensuring people received visits where possible and that people were kept in touch with friends and family using technology. Care plans outlined how staff should ensure people had activities that were of interest to them.

● The manager told us that they had a dementia specialist working at the home to support other staff in finding out about peoples interests and taking their views into account when preparing activities. We saw

multiple activities taking place across the home, varying from singing and dancing, visiting the hairdresser to more quieter opportunities to reminisce with photos. Activities were well thought out to ensure they would be appropriate for the age group and interests of people.

● We found innovative use of technology. For example, one person's health and wellbeing had declined, they had disengaged from activities and communication was limited and often distressed. A Virtual Reality [VR] headset was introduced and a significant improvement was seen in communication and engagement with staff, thus, having a positive impact on the persons wellbeing.

Improving care quality in response to complaints or concerns

● People and their relatives knew how to complain. A person said, "Yes, I do know how to complain. The home gave me phone numbers I can call whenever I want to complain, or I can put it in writing."

● The provider had a complaints policy and procedure and people and relatives told us they had been given a copy.

End of life care and support

● No one was receiving end of life care at the time of the inspection. The manager was able to tell us what they would do if someone was at the end of their life. They explained that they would support them to make arrangements and include family in any discussions.

● We saw care plans had people's end of life wishes documented. The manager had discussed these with people and families to ensure their wishes were highlighted. Where appropriate care plans detailed Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms in place. The ReSPECT form is a documented summary of personalised recommendations for a person's clinical care in a future emergency when they do not have capacity to make or express choices.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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

● The provider and manager worked to achieve and promote high-quality person-centred care, engaging with staff and people for positive good quality outcomes. The focus of this was developing bespoke care plans to support people to remain independent, achieve a good quality of life and social inclusion. For example, due to cognitive decline one person had their bathroom light left on overnight so they could easily identify the bathroom. This supported their independence and maintained their dignity.

● The manager promoted a positive culture at the service that benefited both staff and people. Staff focused on person centred care that met people's needs. Staff knew people well; these values were encompassed into working practices. We saw numerous positive interactions between people and staff during inspection.

● People felt well supported and relatives felt their loved ones were treated with kindness and compassion. A person said, "They [staff] are my mates. I love them." Another relative told us, "Staff are very friendly, kind and take time to have conversations." Some relatives said the service could get busy however management explained that lodge leaders and managers make themselves available to support staff where required.

● Staff were clear about their roles and spoke positively about the registered manager. In July staff told us , "We are a new staff team, but we are really gelling right now and getting to know the people we support. The new manager is really good at getting the best out of us in a respectful way." This was further collaborated in the December visit, one staff member said, "I love it here. Since [manager] has come to the home it's got so much better. Any problems I just go to [manager] and they sort it out straightaway."

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

● Systems and processes were in place to provide oversight of the quality and safety of the service. Audits were in place to monitor the quality of the service people received. We saw actions had been completed to address any outstanding issues, however, there was a lack of documented evidence to show actions were completed. We discussed this with the manager who took immediate action to address this issue.

● Following our visit in July we found some concerns with care planning and governance. When we returned in December, we found the provider has made improvements to their systems and processes, improving quality and safety at the service.

● Quality assurance checks were completed by the manager and provider, to identify areas of improvement and monitor key aspects of the service. The provider had an improvement action plan in place to carry out

works in the environment. The action plan was comprehensive with tasks allocated to a named person and dates for completion recorded.

● The manager understood their responsibility in relation to duty of candour. Systems were in place to ensure any incidents were recorded, investigated and relevant parties notified. Additionally, the manager was aware of their responsibilities to keep the Commission informed of significant events at the service. We had received statuary notifications showing how different events had been managed.

● Staff were aware how to raise any concerns if they were to arise and felt confident to escalate their concerns should they need to.

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

● The service engaged well with people, relatives, and staff to drive continuous improvement. Staff told us they felt supported and found the manager approachable. One relative said, "Managers and lodge leads are always available to help when things go wrong. It's not perfect but there are teething issues that they are willing to deal with."

● Records showed that feedback was sought in resident meetings and staff meetings as well as directly from families. The provider had set up a dementia hub for relatives, this was a source of support giving information, presentations and seeking feedback around their experiences to further enhance their family members' life.

● Staff worked collaboratively with internal and external health care professionals, to develop tailored support, which improved care outcomes for people. For example, joint working with the provider's own internal professionals and external health professionals had advised staff of personalised ways to provide one person with support to encourage positive behaviour.