

Healthcare Homes (LSC) Limited

Blandford Grange Care Home

Inspection report

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13 June 2019

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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

Blandford Grange Care Home is a nursing care home providing personal and nursing care to 57 people aged 65 and over at the time of the inspection. The home can accommodate up to 63 people in a purpose-built building. The accommodation is over three floors with a lounge and dining area on each floor.

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

Blandford Grange Care Home provided a friendly, welcoming and relaxed environment for people and visitors.

People were supported by staff that were caring, compassionate and overall treated them with dignity and respect. Staff knew about people's life history, personal circumstances, their preferences, interests and communication needs.

People received person centred care from staff who developed positive, meaningful relationships with them. People had opportunities to socialise and pursue their interests and hobbies. Care plans were detailed and up to date about people's individual needs and preferences.

People and relatives said the service was safe. Staff demonstrated an awareness of each person's safety and how to minimise risks for them. They were supported by staff with the skills and knowledge to meet their needs. Staff had regular training and felt confident in their role.

Risks to people's health, safety and wellbeing were assessed. Risk management plans were put in place to make sure risks were reduced as much as possible whilst still promoting their independence.

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.

There was strong leadership at the service and people, relatives and staff spoke highly of the registered manager. There was a positive culture at the service where staff felt listened to and supported. There was a drive to continuously improve the service for people and the registered manager and staff team were very responsive to any areas for improvement identified.

The registered manager and provider now had robust quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided. There was open culture that focused on learning lessons and finding different ways of making improvements for people.

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 requires improvement (published 14 June 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 in every key question we ask, and the provider was no longer in breach of regulations. The service is now rated Good in all key questions.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 ●

Blandford Grange 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, one expert by experience, who is a person who has personal experience of using or caring for someone who uses this type of care service, and a nursing specialist advisor visited on the first day of inspection. One inspector visited on the second day.

Service and service type

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

Notice of inspection

This inspection was unannounced. We visited the service on 12 and 13 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 15 people, four visiting relatives, nine staff, the registered manager and the provider's regional manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including key policies and procedures were reviewed.

We also spoke with three health professionals who regularly visit the service.

After the inspection

The registered manager sent us information relating to quality assurance, staff training, activities and end of life care. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

We received email feedback from three health professionals.

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 now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included; "I feel safe here, the staff are always around and that makes me feel safe" and "I do feel safe here as I have got some very good girls in here looking after me. I don't have to worry about anything in here." A relative told us, "I feel [person] is safe and happy and we don't have to worry." Another relative said, "I'm confident [person]'s safe here".
- People were protected from potential abuse and avoidable harm. Staff had regular safeguarding training and demonstrated a good understanding of how to protect people from abuse. They felt confident concerns reported would be listened and responded to.
- The registered manager and provider had effective safeguarding systems in place. Where safeguarding concerns had been identified, staff worked in partnership with the local authority and other professionals to ensure individual plans were in place to protect people.

Assessing risk, safety monitoring and management

At our last inspection the provider had not taken effective action to assess risks to people using the service and to mitigate those risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. Risk assessments undertaken included manual handling, falls, nutrition and hydration and skin integrity.
- Risk assessments were in place to reduce risks to people and these were regularly reviewed and updated. For example, where people presented some challenges, there were positive behaviour support plans in place. Professionals had been involved in the development of the plans. Staff supported people in line with the plans.
- Equipment, such as lifts and hoists were regularly checked by external contractors to ensure their safety.

Staffing and recruitment

- There were enough staff on duty to keep people safe and meet their needs. People said they received support when they needed it and relatives told us they could find staff when they needed them. Staff were

visible around the home, chatting and spending time with people. There were enough staff to quickly respond when people living with dementia were unsettled.

- There was a core of staff working at the home and since the last inspection there had been a significant reduction in the use of agency staff. This meant people were supported by staff they knew.
- The registered manager had a recruitment and retention plan in place. They were looking at ways of improving the retention of staff by working with the local Army camp.
- Staff were safely recruited and appropriate checks were carried out such as checks with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups such as vulnerable adults would be identified.
- The registered manager reviewed people's dependency to identify and to monitor staffing levels met people's changing needs.

Using medicines safely

- People were supported to take their medicines as prescribed and in ways that met their preferences. One person told us, "They give me my meds and write it all up".
- Medicines were safely obtained, stored, recorded, administered and disposed of. Systems were in place for medicines that required cool storage and medicines that required additional security.
- The medicine administration records (MARs) provided contained the detail necessary for safe administration.
- The provider had reviewed the staff medicines competencies in place and had introduced a cream application competency assessment. People had their creams applied as prescribed.
- The medicines policy made reference to NMC and other guidance that has now been replaced by NICE and Royal Pharmaceutical guidelines. Following the inspection, the registered manager reviewed the local policy so it reflects the current guidance.

Preventing and controlling infection

- People were protected from cross infection. The service was clean and overall was odour free. A small number of bedrooms on the ground floor had a slight malodour.
- Staff had completed infection control training and used protective clothing such as gloves and aprons during personal care to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- There were systems in place to ensure all accidents and incidents were recorded, investigated and action taken.
- The provider and registered manager ensured all accidents and incidents were analysed for trends and patterns. Where concerns were identified the registered manager, provider and staff team looked for ways to further improve the service. For example, incidents and accidents had been discussed at a recent staff meeting. However, the outcomes of the analysis had not consistently been included in people's care plans. The registered manager told us they planned to include this.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection improvements were required to ensure that all relevant information about people was handed over to staff in an effective way.

At this inspection we found improvements had been made.

- There was a now comprehensive staff handover record that included important personalised information about people. This was reviewed as and when people's needs changed so that staff always had the most up to date information as to how to meet people's needs. In addition, a one-page pen picture was being introduced so that all staff, and particularly agency staff, had important information readily available at the front of people's monitoring and care records.
- People's needs were fully assessed before they began to use the service. This helped to make sure the staff with the right skills to provide the care each person needed.
- People received care and support in accordance with their assessed needs. Care plans clearly set out people's needs and preferences, staff updated them regularly as people's needs changed. There were some minor recording shortfalls in relation to people's wound care plans and monitoring records. The registered manager took immediate action to ensure people's plans were updated and the shortfalls were addressed with staff.

Staff support: induction, training, skills and experience

- People were well cared for by staff who had the training, knowledge and skills to meet their needs. One person said, "They know how all the equipment works that I need and I would say they are all well trained." Another person said, "They don't need a lot of training to look after me but sometimes there is a language barrier". A relative said about staff, "They seem to have all the skills required".
- The registered manager was a dementia care trainer and they and one other member of staff were dementia friend champions who delivered training to staff and the general public. Dementia friends is a national initiative to change people's perceptions of dementia. The initiative aims to transform the way the nation thinks, acts and talks about the condition.
- The provider had recently reviewed the staff induction programme. The new programme included all of the elements of the care certificate, a nationally agreed set of standards. Staff had qualifications in care, and training methods included online, face to face training and competency assessments.

- Staff told us they were supported by their line managers and the registered manager. They said they had opportunities to receive feedback and discuss any further training and development needs through regular supervision and annual appraisals.

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

- People praised the food. Menu choices for each day were displayed in each dining area, with alternatives available, if needed. People were given two plates of food to choose from. If people required their food mashed or pureed their choice was then individually prepared. Comments from people about the food included, "I always have a good breakfast and they always cut up my bacon for me as I have a problem with my hand", "The foods not too bad here although I'm not a very big eater. We get plenty of choices", and "The food is fabulous here."
- People were supported to eat in the place of their choosing. Staff prompted and encouraged people discreetly and provided assistance when it was needed.
- Where people were at risk of poor nutrition and dehydration, there were detailed care plans to inform staff about their needs. Their daily food and fluid intake and monthly weight was closely monitored.
- There were drinks and snack stations throughout the home where people could help themselves to drinks, snacks and biscuits. This then had a positive impact on people's nutrition, hydration and enjoyment of food.

Staff working with other agencies to provide consistent, effective, timely care

- People had their healthcare needs met, and staff worked closely with local health professionals.
- People received timely medical support. Health care professionals told us they received appropriate referrals from the service and the staff followed any advice or plans put in place.
- People told us their health needs were well managed and they were supported to attend hospital, dental and optician appointments. People had access to specialist nurses, physiotherapists, consultants, occupational therapists and speech and language specialists.

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

At our last inspection Improvements were required to the environment to support people with dementia. Gardens and outside space were not accessible to everyone and people were not supported to access them.

At this inspection we found improvements had been made.

- Improvements had been made to the environment to make it more suitable for the needs of people living there. The home was much more dementia friendly. People's bedroom doors were painted different colours and had memory boxes outside them to aid people in identifying their bedroom. There was also clear easy to read signage throughout the home and toilets had contrasting coloured doors and seats to make them easier to see and identify.
- Most people's bedrooms were very personalised with their own belongings and photographs. Where people chose to spend time in their bedrooms or were cared for in bed, the activities team were working with people to decorate their bedrooms in colours of their choosing and make their bedrooms feel more homely. For example, one person had their favourite large pot plant brought in from their home and chose the colours of the walls.

- People who lived on the first and second floor who wanted to access outside space had this included in their care plans. Staff told us, and records showed, that people were accessing the gardens and community.

Supporting people to live healthier lives, access healthcare services and support

- People had their healthcare needs met, and staff worked closely with local health professionals.
- People received timely medical support. We received positive feedback from healthcare professionals and GP's that the service sought appropriate medical support and care for people.
- People told us their health needs were well managed and they were supported to attend hospital, dental and optician appointments.

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.

At our last inspection the provider had not ensured that people deprived of their liberty were treated in accordance with conditions from the supervisory body. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 13.

- Where DoLS had been authorised, these were monitored, and any conditions were clearly recorded on the person's care plan. Additional monitoring had also been introduced to ensure there were clear records that any conditions were being met.
- Where people lacked capacity, mental capacity assessments were undertaken. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions.
- Staff had completed training in MCA and had a clear understanding of how to apply it in their daily work.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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

- There was a caring culture. The service worked hard to enhance the lives of the people living there and their families. Staff were committed to providing a very caring service and did so with kindness and compassion.
- Staff had positive, caring and meaningful relationships with people. People's comments included; "They are all caring and treat me lovely" and "Most of them are nice, caring girls."
- People's anxiety and stress was minimised by the support they received from staff. Staff anticipated people's needs and recognised signs of distress at the earliest stage. For example, one person was walking and was repeating a saying. Staff quickly recognised this as a sign of distress and validated the person's feelings by saying things such "As I can see you are upset", comforted them and asked the person if they wanted to help them with some jobs, which the person gladly did.
- Staff received training in equality and diversity and people's cultural and spiritual needs were respected. One person said, "Someone comes in and sees me from a church." Other people had their spiritual needs met through Buddhism and by having Reiki.
- A relative told us about how staff excelled at supporting their family member who was living with dementia, they said, "The treatment [person] gets is fantastic. She has taken part in lots of things that I didn't think she could and we have been able to do activities together that we have never done before."

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

- People felt consulted and involved in decision-making and their views were listened and responded to. Where people needed more support with decision making, family members, or other representatives were involved.
- Each person's care plan accurately reflected their individual communication needs. For example, there were instructions for staff about how to help people with visual problems or hearing loss or if they were living with dementia, to communicate effectively.

Respecting and promoting people's privacy, dignity and independence

At our last inspection improvements were required as to how people's dignity and independence were respected and promoted.

At this inspection we found improvements had been made.

- People told us staff respected their privacy and maintained their dignity. However, one person told us that overall their dignity was maintained but there had been one occasion where their dignity had not been maintained. We fed this back to the registered manager who took immediate action. Staff were reminded through a memo to maintain people's dignity and a training session on dignity was planned.
- People's care plans showed which aspects of care people could manage independently, and what they needed help with. People were encouraged to mobilise independently and assist staff with tasks if they wanted to.

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 Requires Improvement. At this inspection this key question has now improved 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

At our last inspection the provider had not ensured care was assessed and planned in ways that met people's individual needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 9.

- Care plans were personalised and provided details of how to support people to meet their individual preferences and assessed needs. People told us they received their care in ways that suited them. People and relatives told us they were involved in reviews of their care plan.
- Relatives told us staff had gone to great lengths to make sure they knew people's life histories so they could understand people as individuals and things that were important to them.
- People received personalised care responsive to their needs.
- Staff knew people well and kept up to date with any changes through handovers, discussion with each other and care plan updates.

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 encouraged to socialise and pursue their interests and hobbies if they chose to. Activities were seen as an integral part of people's lives and all staff participated in activities with people.
- The service employed two activities co-ordinators who planned activities in consultation with people. Each person had an individualised plan that was based on their social, sensory, memory, spiritual, intellectual and physical needs. There was a weekly timetable of activities given to each person and displayed in communal areas. Examples of activities included, arts, reminiscence, singing and quizzes.
- Theme weeks had been introduced. For example, bee week where the home was decorated with flowers and bees. People had also recently raised chicks from eggs. Photos were displayed around the home and staff told us that it brought out the nurturing side of people particularly those living with dementia. One relative told us they had seen their spouse, "Come to life when handling the chicks".

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.

At our last inspection staff did not always communicate with people in accessible ways that considered any sensory impairment which affected their communication.

At this inspection we found improvements had been made.

- Staff knew about people's individual communication needs and these were clearly set out in people's care plans. For example, for one person who was living with dementia staff phrased questions, so the person could nod a response.

Improving care quality in response to complaints or concerns

At our last inspection there was a lack of oversight over complaints to identify whether any emerging trends and whether further actions were required.

At this inspection we found improvements had been made.

- Complaints were now fully reviewed and clearly used as an opportunity to learn. The registered manager and provider reviewed the complaints every month to identify any themes of trends. Staff meeting minutes clearly showed that staff were informed about any complaints received, the outcome and any learning or changes to practice to minimise the risk of reoccurrence.
- People and relatives knew how to make complaints should they need to. The provider had a complaints policy which was available to people and visitors. Complaints had been fully investigated in line with the provider's policy.
- People said if they were unhappy about anything, they would tell the registered manager who resolved them.

End of life care and support

- When people were nearing the end of their lives, people and their relatives were treated with kindness, compassion, dignity and respect. We saw a range of thank you cards and letters from relatives expressing their appreciation and thanks for everything the staff had done to support and help them through this difficult time.
- People were involved in making advanced decisions and developing any end of life plans if they wanted to. If people did not wish to discuss this their wishes were respected. Each individualised care plan was detailed and included appropriate planning for people's medical, social, spiritual, psychological and personal needs.
- People's end of life wishes were met wherever possible. For example, one person wanted to watch their local rugby team play. Staff worked with the person's medical team, so this could happen. The person loved the experience and spending time with the rugby team. They died shortly after but talked about the experience often.
- Family members were fully supported by staff and encouraged to stay with their loved one.
- Nursing and senior staff attended palliative care training and specific training in the use of equipment used to administer end of life medicines.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now 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.

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

- People, relatives and staff expressed confidence in the leadership at the home and said it was well run.
- The service was led by a very motivated registered manager and management team. Their commitment was to be providing a service that was person-centred and put people firmly at the centre of all they did.
- The registered manager worked flexibly so they were able to spend time with the whole staff team and people. Relatives and visitors told us the registered manager was very approachable and available to talk with.
- There was an open culture at the home. Staff were encouraged to challenge any practice concerns in confidence through a whistleblowing policy. Staff told us they were confident to do this.

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

- Where mistakes were made, the registered manager was open and honest with people and families and made improvements. Where any concerns about individual staff performance were identified, these were dealt with through training, supervision and where necessary, disciplinary processes.

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

At our last inspection the provider had not taken effective action to assess, monitor and improve the quality of the service provided. Accurate, complete and contemporaneous records were not being kept in respect of each service user. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

- There were now effective and robust quality assurance systems in place to monitor and improve the service and to ensure legal requirements were met. These included a mix of electronic monitoring and regular audits around the service. These were completed by the regional manager, registered manager and nursing and senior staff. Where an audit had identified any shortfalls, an action plan was put in place and the audit was repeated until improvements were made.

- The record keeping for people had significantly improved. There were daily checks and regular audits of people's records to ensure they were completed accurately. Where there were shortfalls in record keeping the registered manager held additional group supervision training sessions and followed up with individual staff involved.
- The registered manager set high expectations about standards of care. They and the deputy manager worked alongside staff and led by example.
- The registered manager had notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the home.

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

- The registered manager facilitated regular family meetings and residents' meetings.
- Surveys of people and relatives showed they were happy with their care and feedback given about any suggestions for improvement were acted on.
- Staff were consulted and involved in decision making and discussed people's changing care needs at daily handover meetings. Staff were encouraged to contribute ideas, raise issues, and regular staff meetings were held.
- Staff all said they enjoyed working at the home and felt well supported.
- The registered manager and staff team celebrated staff achievements. For example, they were very proud that the activities co-ordinator and a nurse had been nominated for the provider's a national award.

Continuous learning and improving care; Working in partnership with others

- The registered manager was continuously looking at ways to improve recruitment and retention of staff so people were supported by staff they knew.
- People benefitted from partnership working with other local professionals, for example GPs, community nurses and a range of therapists. All of the professionals we contacted were very positive about the service and how they worked well together for the benefit of people.
- Good practice ideas were disseminated through staff meetings, supervision sessions and staff training.
- The regional manager told us learning was shared at a provider level through the electronic quality assurance systems. They shared any learning from safeguarding and accidents with registered managers during monthly meetings.