

Blenheim Care Home Limited

Blenheim Care Home

Inspection report

17 Dunbar Road
Talbot Woods
Bournemouth
Dorset
BH3 7AZ

Date of inspection visit:
20 April 2017

Date of publication:
22 May 2017

Tel: 01202557090

Website: www.agincare-homes.com

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

Blenheim Care Home provides residential care for up to 31 older people, some of whom may be living with dementia. There were 27 people living in the home at the time of our inspection.

Accommodation is arranged over two floors, with a passenger lift to assist people to get to the upper floor. The home has 27 bedrooms, with all but two having en-suite facilities. The home had two gardens that were designed to accommodate people with mobility issues and provided a safe, secure area for people to enjoy.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good.

Is the service safe?

People were protected from potential abuse and avoidable harm by staff who were knowledgeable about recognising and reporting different signs of abuse. There were sufficient numbers of appropriately qualified staff available on each shift to ensure people were cared and supported safely. Risks to people were well managed and medicines were stored appropriately and managed effectively. People were protected by the prevention and control of infection.

Is the service effective?

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People had access to a variety of health care professionals who commented positively on the care and support given to people at the home. Staff received quality training which they found effective and useful. Staff were well supported with a clear system of supervision meetings and annual appraisals.

Is the service caring?

People and relatives told us they found the staff to be kind, caring, friendly and patient. Staff spoke knowledgeably about people and showed they knew how people preferred to be given their care and support. People were treated with dignity and respect and supported to make their own choices about how they spent their day. People's privacy was respected.

Is the service responsive?

People received person centred care from a team of staff who knew them and their health needs well.

People's needs were re-assessed when their health needs changed and relatives were kept informed and included. There was a planned programme of interesting activities that enhanced people's sense of well-being and prevented social isolation. People knew how to complain if they needed to and there was a clear complaints process available.

Is the service well led?

There was an open, honest, friendly culture and people told us they had confidence in the management team and the staff. People and their relatives were consulted and involved in their care and support. There was a programme of quality checks and audits to ensure the quality of the service was maintained.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Blenheim Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 20 April 2017 and was unannounced. The inspection team comprised of two CQC Inspectors and a Specialist Nurse Advisor whose expertise is older people's nursing care.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service and the local safeguarding adults team for their views on the care and service given by the home.

During the inspection we met all of the people living at the service and spoke with 21 of them and four visiting relatives. We requested and received positive written feedback from the service's GP and spoke with a visiting district nurse who regularly visited the service. We spoke with the manager, the operations manager, five members of care staff and two housekeeping staff. Because some people living in the home were living with dementia and were not able to tell us about their experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We observed how people were supported and to establish the quality of care people received we looked in depth at six people's care, treatment and support records and a large selection of Medicine Administration Records (MARS). We also looked at records relating to the management of the service including staffing rota's, staff recruitment, supervision and training records, premises maintenance records, quality assurance records, staff and resident/relative meeting minutes and a range of the providers policies and procedures.

The provider had completed a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We used the information in the PIR to plan and undertake the

inspection.

Is the service safe?

Our findings

People told us they felt safe and this was supported by the relatives we spoke with. Those people living with dementia were relaxed, smiling, chatting and freely approached staff which may have indicated they felt safe.

Staff spoke knowledgeably about identifying potential signs of abuse and there was clear guidance available for staff and visitors to follow if they needed to contact the local safeguarding team.

Risks to people and the service were managed so that people were protected and their wishes supported and respected. People had their health and care needs assessed for areas of risk such as falls, moving and handling, nutrition, and pressure area care. Where risks had been identified for people, records were detailed and gave staff clear guidance on how to ensure people received safe, effective care that was appropriate for their health needs. For example, one person who was living with dementia was reluctant to receive personal care at times and could present some physical challenges to staff. Their risk management plan included how staff were to support the person during these times. Staff described to us how they supported the person when the person was upset with them and this reflected the plan in place.

People had the correct equipment in place to support and maintain their safety. For example air mattresses were set at the correct setting for people's weight to maintain their skin integrity and mobility aids were placed within easy reach for people. People who required pressure cushions had these available and they were clean and well maintained.

People had been individually assessed and plans made for their safe evacuation from the premises in an emergency situation such as a fire. The provider had a system in place to ensure the premises were maintained safely. Up to date service and maintenance certificates and records relating to fire, electric, gas, water systems, lifts and hoists were available. A full water system check including legionella testing had been completed, which showed the premises were free from legionella. Legionella is a water borne bacteria that can be harmful to people's health.

There were detailed systems in place to record, review and analyse any incidents and accidents that took place. The incident was recorded along with key areas such as what happened, the time of the incident, the location and injuries sustained and the action taken to help identify trends and prevent reoccurrence. The incidents and accidents were analysed each month to identify any trends to enable pre-emptive action to be taken to reduce the risk of reoccurrence.

Recruitment practices were safe and the relevant checks had been completed before staff worked unsupervised at the home. These checks included the use of application forms, an interview, reference checks and criminal record checks. This made sure that people were protected as far as possible from staff who were known to be unsuitable.

There were enough staff employed to meet people's needs. Staff rotas correctly reflected the levels of staff

on duty during our inspection visit. Staff told us and we observed during the inspection, that there were enough staff on each shift to manage the needs of the people living at Blenheim Care Home. The manager said they reviewed the needs of people on a daily basis to ensure the correct levels of staff were available on each shift.

Medicines were stored correctly and managed effectively. The stock of medicines recorded in the medicine stock book accurately reflected the stock of medicines held at the home. This showed returned medicines were accounted for accurately. There was a system in place for recording the daily temperature of the medicine room and medicine fridge. Staff were knowledgeable about the correct range of temperatures and told us the correct action they would take if the temperatures went out of range.

We reviewed a selection of medicine administration records (MARS). Some records had been hand written but had not been signed off by two members of staff as recommended by current guidance. We discussed this with the manager who told us obtaining two signatures was their required procedure, they said they would discuss this with the member of staff and ensure the correct procedure was followed and arrange further training if necessary.

Staff who administered medicines had received up to date medicine training. A member of staff told us, "I enjoy doing medicines and the training has been really good". We observed red 'do not disturb' tabards were worn by staff when they were administering medicines, this is recognised good practice.

Some people required medicine patches for pain relief, these patches are a medicated adhesive patch that are placed directly on people's skin to deliver a specific dose of medicine through the skin into the bloodstream. There were clear records and charts stating where the patches should be placed on the body, these were signed and dated by staff which showed people were guarded against the risk of skin irritation from patches being routinely placed in the same area.

There was a clear system in place for administering homely remedies to people. For people who were unable to verbally tell staff when they were in pain, staff told us they knew the person well enough to recognise facial expressions or body language when they were in pain.

There were clear infection control procedures adopted by staff in the home. We observed appropriate use of personal protective equipment such as gloves and aprons in use throughout the inspection. We spoke with two housekeeping staff who showed us the cleaning schedules and spoke knowledgeably regarding the different use of mops and cloths for different areas of the home and told us they had received effective training to ensure they could keep the home clean and reduce the risk of infection from cross contamination.

Records showed monthly infection control audit was completed which included the cleaning of mattresses, covers and bed rail bumpers. Records showed action points had not been recorded when completed although staff were able to tell us when and how the action had been done. We recommend all action points are recorded when completed to ensure a clear audit record.

All areas of the home were clean, free from odour with no visible dirt or dust. The laundry was orderly and clean with industrial washing machines that could reach high temperatures when required. Where possible, staff told us and we observed the washing was dried outside. All clean laundry was taken to the main house for ironing and storage.

Is the service effective?

Our findings

People were cared for by staff who had been effectively trained and received regular supervision and on going refresher training. Staff told us they found the training, "Very useful". In addition to mandatory training such as safeguarding adults, infection control and health and safety, staff told us and records showed, additional specialised training was offered such as, tissue viability and wound care, stroke awareness, diabetes awareness and catheter care.

Staff received regular supervision sessions and an annual appraisal that gave them the opportunity to discuss how they would like to develop in their role and what further training they would like to complete.

The Mental Capacity Act (MCA) 2005 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People who were living with dementia had restrictions on how they lived their lives placed on them to keep them safe. People were under constant supervision and there was a coded lock on the front door keep people safe. Applications for DoLS for people who lived in Blenheim Care Home had been authorised or applied for. We saw documents to confirm this in people's care files. There was a system in place to ensure renewals of DoLS were applied for where necessary. The registered manager was aware of the need to adhere to any conditions imposed but none of the people whose DoLS had been authorised had any conditions.

We checked whether the service was working within the principles of the Mental Capacity Act. We saw 'best interests' decisions were undertaken following an assessment of the person's mental capacity and consultation with those people or representatives who knew them best. For example, a best interests decision had been made for one person in relation to staff administering and managing their medicines. Consent to care and treatment were signed by people where they were able; if they were unable to sign a relative or representative had signed for them if they had the appropriate legal authority.

Staff showed a good understanding of people's capacity to consent to their care and support and the choices they could make each day. Staff told us how people were always offered choice and encouraged to be as independent as possible. For example, staff gently encouraged one person to come to the dining table but they told staff they did not want to and that they wanted to stay where they were and staff respected their decision.

The lunchtime meal was very relaxed with people and staff chatting with each other. Staff offered people a choice of condiments and drinks to have with their meals. People were supported to the dining tables just

before the meal so they weren't sat waiting for a long time before their meal arrived. Staff sat with people whilst they supported them to eat and drink. They explained to the person what they were eating and drinking and supported them at a relaxed pace. They ensured people had eaten the previous mouthful before offering them any more to eat.

There were systems in place to monitor people's on-going health needs. Records showed a range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. Staff told us that the service regularly liaised with a range of health professionals such as, opticians, podiatrists, occupational therapists and GP's to assess and meet peoples' needs, records we reviewed showed this was the case.

A visiting health professional told us that the communication systems in place between themselves and the staff at the home had improved recently. They told us staff always followed their advice and they learnt from any advice and guidance given. They said the staff team knew people really well and they were able to effectively communicate and changes in people to health professionals involved. Following the inspection we received positive feedback from a GP who regularly visited the service. They stated, "The manager at Blenheim, and her team provide a caring, effective service with careful attention to the care aspect for their residents, visiting doctors are accompanied by knowledgeable staff and instructions are noted and followed appropriately".

Is the service caring?

Our findings

There was a relaxed, welcoming and friendly atmosphere at the home. People told us they felt well cared for. One person who was living with dementia said, "I feel very well cared for but I'm not sure how long I've been here or how long I'm staying but I know they are all very lovely". Relatives and visitors told us and we saw they were made welcome and free to visit whenever they wanted. Visitors told us staff were very caring and kind to both their family member and themselves. One visitor said, "The carers are all lovely and they know [Person] very very well".

Staff were aware of the importance in respecting people's rights to privacy and dignity. Staff used people's preferred names and staff knocked on people's doors before entering their rooms. When people received personal care staff made sure people's bedroom doors were closed. In communal areas staff were discreet when asking people if they needed to go to the toilet. One person told us that staff supported them very sensitively when they needed any personal care and if they had any accidents. They said, "They are lovely they help me to get changed and change the bed with no bother".

People's personal preferences and cultural and spiritual needs were detailed in their care plans and staff ensured these were met. For example, one person's plan included that their personal appearance was very important to them and they always had their nails painted and hair styled. The person had their nails painted and staff told us they did these every week to make sure they always looked nice. Another person's religion was very important to them and staff made sure they had weekly visits from their faith practitioner. Another person's hairdresser continued to visit them weekly to do their hair. They told us this was very important to the person who was living with dementia and themselves because they had known each other for many years.

Staff had a genuine interest in the wellbeing of people. They checked with people how they were feeling and if there was anything they needed. They offered people things to keep them occupied when they looked bored and allowed people to rest when they were tired.

We saw genuine affection between people and the staff. People reached out and stroked staff's faces and gave them eye contact, and held their hands. Staff gently stroked people's arms or back and held people when they reached out for any comfort or affection. There were lots of smiles and laughter between people and staff.

Staff spoke very fondly of the people they cared for and they said they wanted to be able to provide the best possible care for them. Staff visibly enjoyed working at Blenheim Care Home. One staff member said, "I treat people as I would want my Mum and Dad treated".

People were prompted and supported to be independent in as many areas of their lives as they could be. For example, some people took an active part in caring for the home's chickens and dog. One person told us they liked to sit and talk to the dog they said, "It makes us both happy". We observed people accompanying staff when they took the dog for short walks around the garden and home. A relative told us how their

mother really enjoyed helping the staff find and collect the eggs the chickens had laid in the garden and how happy this made her mother feel. We asked the person if they enjoyed collecting the eggs and they replied, "Oh yes, all the time". Other people were involved in tidying up around the home. Staff encouraged people to remain active and gently encouraged one person to walk with the support of two staff before providing them with a wheelchair.

People who were reaching the end of their life had specific care plans in place to make sure their wishes and care needs were met. People and their relatives had been involved in producing any end of life care plans.

Is the service responsive?

Our findings

Relatives told us they were kept up to date about important matters that related to their family members. Staff were very observant and attentive to people. For example, one person was looking uncomfortable in their arm chair; staff noticed and immediately offered the person assistance to get more comfortable in the chair.

There were handovers three times a day where staff discussed with staff coming on duty how each person had been that day. The handover included a summary of people's needs and any updates or changes in their needs. Staff told us these handovers were invaluable, particularly if they had been off work for a few days.

People's needs were fully assessed and care plans reflected their current needs. People's care plans were reviewed either monthly or bi-monthly. The plans included clear directions to guide staff how to care for and support people. For example, one person's plan included they were not able to use the call bell because they were living with dementia and that the person was to be checked every hour to make sure they were safe and had everything they needed. Records showed and we saw staff had checked the person as described in their care plan.

Care plans were written in a person centred way and reflected people's individual preferences and needs. For example, '[person] has no set time of rising and retiring to bed, but does not like to get up before 8-9am' and 'Carers to give [person] a choice of what she wants to wear and chat to her as you are washing her, and respect her privacy throughout personal care'. They included people's life histories and 'This is Me' which is a document that details important information about how the individual likes to live their life. Staff knew about each person as an individual. For example, they knew people's occupations, their family members and friends, what and who was important to them and how they liked to spend their time. One person had a photo album in their bedroom and liked staff to go through it with them, talking about their family and life. We asked a member of staff what this person liked to do and they replied, "Oh they love to chat, she's got a photo album in her room which we talk about".

We reviewed two people who had a diagnosis of diabetes. There were clear guidance for staff regarding these people's dietary needs. Records stated, '[person] is diabetic. The cook has been informed and will ensure that she uses sweeteners and sugar free ingredients when preparing her a nutritional balanced diet'. Records gave clear descriptions for staff to follow in the event the person suffered a hypo or hyperglycaemic incident, what signs to look for and instruction stating 'never add sugar to their food or drink'. Another person's diabetes was managed by the administering of insulin. This person was seen daily by the district nurse who took and recorded her blood glucose levels, which were very stable. We asked a care manager if they were able to take blood glucose readings. They told us, "We certainly can, if we suspect someone might have an abnormal reading, but so far it has not been necessary".

There were things for people to pick up and do in the lounges. These ranged from books, rummage boxes, magazines, jigsaws, soft toys and tactile and brightly coloured objects. There was a programme of activities

each day and staff spent time with people on an individual basis and in groups. Examples of activities included visiting singers or entertainers, reminiscence, music and movement, sing along, coffee mornings, residents meetings, arts and crafts, pamper day, manicures, bingo and quizzes, and card and agility games. During the inspection we saw people participate in doing jigsaw puzzles, colouring, having manicures, singing, watching comedies on the television, walking and caring for the dog and reading the newspaper. Some of these activities were group activities and others were individual. Staff spent time with people who were cared for in their bedrooms.

People and relatives told us they knew how to complain if they needed to. There was guidance available informing people how and who to make a complaint to if required. The provider's complaint policy gave the correct contact details for the local authority and local Government Ombudsman, should people need to contact them in the event of a complaint or concern. The manager told us they had not received any formal complaints since their last inspection and records reflected this.

We reviewed a number of compliments the provider had received, comments included, 'Thank you all so very much for what you did and for seeing [person] through to the end with warmth and compassion'.

Is the service well-led?

Our findings

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff, relatives and people spoke highly of the registered manager and care managers. One relative told us, "It's wonderful, Mum loves it here. I'm always told what's happening and kept fully informed...they let her help if she wants to, she enjoys having a duster in her hand and she helps to collect the eggs".

Staff told us they were very well supported and that they had regular staff meetings and handovers to keep them informed about things at the home. Staff, people and relatives told us they felt there was an open, honest and friendly culture in the home. The manager and staff spoke with passion about their role and the care and support they provided for the people who lived in the home. A relative said, "I know who to go to if I have any queries, the manager puts so much effort into everything to make sure people are happy, we are really very happy with everything here".

Generally care records were completed to a good standard, however, some people's records had not been fully completed or reviewed as directed by the provider's recording templates. For example, one person had fallen and sustained some bruising but this had not been reviewed after three days as specified in the provider's documentation to make sure their injuries were either healing or deteriorating. Additionally some accident and incident records we reviewed had not been fully completed. This was an area for improvement.

People were encouraged to share their views and opinions on the quality of service provided by Blenheim Care Home by completing quality assurance questionnaires. We reviewed a selection of the returned questionnaires people and their families or representatives had completed. Comments included, 'Very satisfied with staff and home' and 'Home very clean, I could not wish to be cared for in a better home, I feel loved and treated'.

A range of audits to assess the quality of the service were regularly carried out. These audits included medication, infection control, care plans, nutrition and hydration, tissue viability and health and safety checks. The manager also completed a system of spot checks which included unannounced night visits.

The provider completed internal quality monitoring checks on the home. We reviewed the last internal quality monitoring report which was completed during January 2016. The areas covered in the report included, office management and environment, carer support and assessment, safety, quality monitoring, recruitment and retention and training and performance. Blenheim Care Home had achieved between 95-100% compliance for all of the areas.

The manager spoke knowledgeably about notifications they had made to the Care Quality Commission,

which had been completed as per the regulations.

The homes last inspection rating was displayed in the home and on the provider's website.