Hanumaan Limited

Blyth Country House Care Home

Inspection report

Spital House
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Blythe
Nottinghamshire
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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

Overall summary

The service provides care and support for up to 30 people. When we undertook our inspection there were 15 people living at the service.

We inspected Blythe Country Care Home on 10 March 2015. This was an unannounced inspection. Our last inspection took place on 25 October 2013 during which we found the service was not meeting all the standards we assessed. This was because we found at our October 2013.

Summary of findings

inspection the provider needed to establish how many staff needed to respond effectively to peoples' needs. The provider sent us an action plan and at this inspection the provider addressed the breach.

There was not a registered manager in post, but the position had only been vacant for seven days. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. There were no people living at the home that were subject to any such restrictions.

We found that people's health care needs were assessed, and care planned and delivered in a consistent way through the use of a care plan. People were involved in the planning of their care and had agreed to the care provided. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe.

The staff on duty knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives.

People were treated with kindness, compassion and respect. The staff in the home took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed talking to the staff in the home.

People had a choice of meals, snacks and drinks. Meals could be taken in a dining room, sitting rooms or people's own bedrooms. Staff encouraged people to eat their meals and gave assistance to those that required it.

The provider used safe systems when new staff were recruited. All new staff completed thorough training before working in the home. The staff were aware of their responsibilities to protect people from harm or abuse. They knew the action to take if they were concerned about the welfare of an individual. There were sufficient staff to meet people's needs.

People had been consulted about the development of the home. However, the provider had not complete all the checks to ensure the quality of the service met peoples' needs. Some areas of the home and some equipment required refurbishment but there was a plan in place to ensure the environment and equipment was updated.

Summary of findings

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.

Sufficient staff were on duty to meet people's needs.

Staff in the home knew how to recognise and report abuse.

Medicines were stored and administered safely.

Good

Is the service effective?
The service was effective.

Staff ensured people had enough to eat and drink to maintain their health and wellbeing.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff and people's legal rights protected.

Good

Is the service caring?
The service was caring.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible.

Good

Is the service responsive?
The service was responsive.

People's care was planned and reviewed on a regular basis with them.

People were supported to develop their own interests and hobbies.

People knew how to make concerns known and felt assured anything would be investigated in a confidential manner.

Good

Is the service well-led?
The service was well-led.

People were relaxed in the company of staff and told us staff were approachable.

Checks were made to ensure the quality of the service was being maintained but the manager was aware of some areas of the environment needed refurbishment.

People's opinions were sought on the services provided and they felt those opinions were valued, as did the staff.

Good

Blyth Country House 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 was planned to check 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 inspection took place on 10 March 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We also spoke with the local authority who commissioned services from the provider in order to obtain their view on the quality of care provided by the service.

During our inspection, we spoke with five people who lived at the service, three members of the care staff, two domestic staff members, two visiting health professionals and the manager. We also observed how care and support was provided to people.

We looked at four people's care plan records and other records related to the running of and the quality of the service.

Good

Is the service safe?

Our findings

At our last inspection in October 2013 we found that the registered person had not established the number of staff required to meet peoples' needs. This was a breach of Regulation 22 of the Health and Social Care Act (Regulated Activities) Regulations 2010. The provider sent us an action plan stating how they were going to comply. They said they had put a system in place to review the dependency of each person and adapt the staffing levels to ensure peoples' needs could be met.

People told us their needs were being met. They said there were sufficient staff on duty to ensure they could do what they liked each day. A person said, "I can do quite a lot for myself but I know when I ring that bell that staff will come." Another person told us, "I need help with showering and walking which staff help me with when I want to do those tasks."

Call bells were ringing throughout the day but were answered promptly. We observed one member of staff explaining to some one that they would help them walk to the dining room but were attending to someone else's' needs. They returned within the time they had said they would.

Staff told us they had sufficient numbers on duty to meet peoples' needs. One staff member said, "If we are down on numbers because a staff member is ill others are good and will come in to support us. We all work well together." Another staff member told us, " When everyone is in it works well, people can't help being sick but we pull together." Staff told us the days were busy but they could approach the provider about staffing levels and felt their opinions were valued. The manager told us advertisements were in place to recruit extra care staff to ensure the rota could be maintained at all times. The night staff had a list of jobs to do as well as caring for people but they said the provider told them only to do those when people's needs had been met. We saw on the cleaning schedule for night staff not all tasks were completed each night. The provider told us this was acceptable.

The latest calculations for dependency and staffing numbers could not be found on the day but the provider sent them immediately afterwards. The calculations reflected other evidence we found on the day in peoples' care plans and on staff rotas. We found that the registered persons had made sufficient improvements and were no longer in breach of this regulation.

We looked at the personal files of three members of staff. Safety checks had been made prior to each person commencing employment to ensure they were safe to work with people. However, it was pointed out to the provider that photocopies of the completed forms returned from the Disclosure and Barring service (DBS) were illegal and these were immediately destroyed. Each file had received an audit check to ensure all the required documentation was in place. We saw additional checks had been made on each of the trained nurses to ensure they had a valid registration with the Nursing and Midwifery Council (NMC) and were considered safe to practice.

People told us they felt safe living at the home. One person said, "I feel happy and safe here." Another person told us, "I feel safe here." Another said, "I feel safe, well-fed and the place is clean. I can only say good things about it."

When an incident or accident happened in the home the manager had let the Care Quality Commission (CQC) know. They made appropriate referrals, when necessary, if they felt events needed to be escalated to the safeguarding adults team at the local authority. This ensured people were protected against harm coming to them.

Staff were able to explain what constituted abuse and how to report incidents should they occur. They knew the processes which were followed by other agencies and told us they felt confident the senior staff would take the right route to safeguard people. Staff said they had received training in how to maintain the safety of people who lived in the service.

To ensure people's safety was maintained a number of risk assessments were completed for each person and people had been supported to take risks. For example, risk assessments were in place where someone had been at risk of falls due to the number they had prior to admission. This had been reviewed and suitable walking aids provided so the person felt more confident and stable walking on their own. Other people had risk assessments in place who could not make decisions about maintaining their own

Good

Is the service safe?

finances. Where appropriate their advocate's name was in place and details of how their finances were being managed. An advocate is someone who can help a person make decisions and act on their behalf.

Plans were in place for each person in the event of an evacuation of the building. The assessments included how people might respond when knowing there was a fire in the building and if people required one or two people to help them evacuate the building. This ensured people could leave the building quickly in the event of a fire. A business continuity plan identified to staff what they should do if utilities and other equipment failed. Staff knew how to access this document in the event of an emergency.

People told us they received their medicines at the same time each day. One person said, "Staff explain what they are giving me as I don't always remember." Another person told us, "Staff have managed to get someone of my medicine in liquid form as I don't like swallowing tablets." We observed one person asking for some pain relief and staff promptly obtained and gave the medicine as prescribed.

Medicines were kept in a safe and clean environment. We looked at three people's medicine records and found they had been completed consistently. We observed medicines being administered at lunchtime and noted appropriate checks were carried out and the administration records were completed. One person was having their medicine disguised in food because they did not like taking it and could not make decisions for themselves. A best interest meeting had been held with the GP and the person's advocate to explain the person required the medicine to maintain their health and wellbeing. The GP had given permission for the medicine to be disguised as alternative treatment could not be provided by any other means.

Staff who administered medicines had received training and audits were carried out periodically by the local pharmacy. We saw the last report which rated the service as good. The last check made by the provider had been in January 2015. Any action from the audit which had been identified were later signed off when completed. All of these checks ensured that people were kept safe and protected by the safe administration of medicines and people received their prescribed medicines.

Good

Is the service effective?

Our findings

People told us they were happy living at the home. They told us they liked the staff and said if they required to see a doctor or nurse staff would respond immediately. One person said, "I am happy with what I get here."

People's health needs were being looked after. One person told us, "I know they [staff] keep care plans and I take part in all the reviews." People also told us that if any part of their care and treatment was not effective to suit their needs staff would contact the health or social care professionals immediately.

We observed staff attending to the needs of people throughout the day and testing out the effectiveness of treatment. For example, when someone had been encouraged to do some walking exercises staff asked them how they felt and if they could manage the exercises. We observed staff speaking with health professionals on the telephone. The staff gave an overview of each person's immediate needs and had information to hand about the person. We observed staff writing in care plans about discussions they had with other health and social care professionals and if treatments were effective.

People told us staff tried to obtain the advice of other health and social care professionals when required. In the care plans we looked at staff had recorded when they had responded to people's needs and the response. For example, when a someone was not drinking very well, staff liaised with the NHS dieticians. Also when someone required an optician as their eye sight was deteriorating due to another medical problem. Health and social care professionals we spoke with before and during the inspection told us they knew staff gave person centred care as they were asked for their opinions about people.

The Mental Capacity Act 2005 (MCA) legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions themselves. Deprivation of Liberty Safeguards (DoLS) is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to treatment or care. The safeguards legislation sets out an assessment process that must be undertaken before deprivation of liberty may be authorised and detailed arrangements for renewing and challenging the authorisation of deprivation of liberty.

We discussed this with the manager and other staff. They showed that they were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. All staff told us had undertaken training in the Mental Capacity Act 2005, which was confirmed in the training records.

Staff told us that where appropriate capacity assessments had been completed with people to test whether they could make decisions for themselves. We saw these in the care plans. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted. There was one person subject to a DoLS authorisation at the time of our visit. The authorisation documentation was in place and staff were aware of the timescales.

Staff told us that they received regular supervision sessions from the manager or their team leader. They said some supervision sessions were as groups. They said this was when important messages needed to be passed on. We saw the minutes of sessions in September, October and November 2014. Topics covered included, work loads, safeguarding adults reporting incidents and infection control. This monitored their performance. Staff said they were given opportunity to express their own views about their performance and this had helped staff to identify training needs and career progression.

One staff member told us about the introductory training process they had undertaken. This included assessments to test their skills in such tasks as manual handling. They told us it had been suitable for their needs. We saw the induction records within the person's personal file. This had ensured the person was capable of completing their job role before being offered a permanent post.

Staff said they had completed training in topics such as basic food hygiene, first aid and manual handling. They told us training was always on offer. The training records supported their comments. Some staff had completed training in particular topics such as catheter care. When staff had an extended role within the home, such as infection control, they had undertaken extra training. They said this helped them understand the needs of people better. There was a planned system for delivering training.

People told us that the food was good. They had a choice of menu each day and could eat either in the dining room, sitting room or their own rooms. One person said, "The

Good

Is the service effective?

food here is not at all bad." Another person said, "I'm never hungry." We observed the lunchtime meal in the dining room, where the menu was on display. The room was clean and bright. We saw the meals were presented well and looked very appetising. However people told us they could not easily read this and preferred staff to tell them what was on offer. We observed staff offering hot and cold drinks to people through out the day and offering the same to any visitors.

The staff we talked with knew which people were following special diets and those who needed support with eating and drinking. Staff had recorded people's dietary needs in the care plans such as a problem a person was having controlling their diabetes with their diet and when a person required a softer diet. We saw staff had asked for the assistance of the hospital dietary team in sorting out people's dietary needs. Staff told us each person's dietary needs were assessed on admission and reviewed as each person settled into the home environment. This was confirmed in the care plans. Kitchen staff told us they had the opportunity to speak with dieticians if they felt the need to expand their knowledge about particular diets.

Good

Is the service caring?

Our findings

People told us staff were caring and kind. They told us the staff were caring and understood their needs. Every one told us they understood the language staff used and felt they cared for them well. One person said, “The girls look after me really well.” Another person told us, “Staff are kind and cooperative.”

The staff were all caring and kind towards people. They were respectful with people when they were attending to their needs. We observed staff ensuring people understood what care and treatment was going to be delivered before commencing a task, such as helping with a bath and choosing whether to go for a walk in the garden.

Staff described the actions they took to preserve people’s privacy and dignity. They said they would knock on their bedroom doors before entering and ensuring they wanted a male or female carer to attend to their needs. We observed staff knocking on doors before entering a room. Staff spoke quietly to people and were unhurried in their approach, always giving time for people to respond to questions and walking with them at the person’s own pace. When in a communal area staff asked people if they would like to sit in private to talk about their care needs, which some took the opportunity to do.

We observed many positive actions and saw that these supported people’s well-being. Many people appeared to enjoy a banter with staff and were laughing and joking. We observed staff ensuring people’s dignity was preserved when they used the toilet or bathroom as some people had a tendency to forget to shut the door. One person told us, “We are like one big happy family here. I love it.”

Throughout our inspection we saw that staff in the home were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made. For example, some people liked to sit in the same armchair each day in a sitting room.

People had access to several sitting room areas, a dining room, quiet areas in corridors and garden areas. We observed staff asking people where they would like to be if they required assistance to move about the building. Staff ensured each person was comfortable, had a call bell to hand and had all they required for a while. This was sometimes a book, their own spectacles or had been asked what they wanted to watch on the television. Other people we observed walked or used a wheelchair to access various parts of the home and grounds. One person said, “I like my room the best but am happy to socialise until after lunch.” Another person told us, “I like to try and walk into town and buy my daily newspaper. Staff do ask to come with me sometimes but I am quite capable, I think it’s nice to have their company.”

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care were supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their confidential information.

Good

Is the service responsive?

Our findings

The people we spoke with told us staff responded to their needs as quickly as they could. One person said, “When I need help I can get it.” Another person told us, “Staff are always busy but they ensure I can go out when I want to.”

People told us staff had talked with them about their specific needs, but this was in the form of a conversation rather than a formal meeting. They told us they were aware staff kept notes about them. We saw in peoples’ care plans when such discussions had taken place and what actions if any needed to be taken by staff or the person using the service.

Staff responded quickly when people said they had physical pain or discomfort. When someone said they had what they described as their usual stomach ache, staff gently asked questions and the person was given some medication.

We observed staff handing over between shifts. They ensured the staff coming on duty were aware of everyone’s needs and what treatments were left to complete. Staff were given the opportunity to ask questions. Staff told us this was an effective method of ensuring care needs of people were passed on and tasks not forgotten. They also used written handover sheets, which were completed at the end of each shift. This was mainly used to pass on tasks to be completed such as phone calls to make, medication to order but also listed the people who were particularly unwell. Staff told us information on tasks completed was written in peoples’ individual care plans, which we saw was the case.

People told us they could get up and go to bed when they wanted. They said there was always an opportunity to join in group events but staff would respect their wishes if they wanted to stay in their bedrooms. People told us about the quizzes they were able to take part in. We saw in a sitting room jigsaws, books on various topics and music cassettes. People described hobbies they had been encouraged to continue with, for example, supporting a local football team, obtaining information about a former hobby of pigeon racing and knitting.

People told us they liked the various leaflets which were on display. We saw these included details about a local advocacy service, leaflets on a number of different illnesses and events taking place in the local community.

There was an activities board on display. There were lots of pictures of events which had taken place inside and outside the home. These included cake making and visits out. The care plans stated the type of interests people had been interested in prior to admission and how they would like to spend their days now. Staff were considering new ways to ensure people were not socially isolated and offered lots of alternative activities for people to join in.

People told us they were happy to make a complaint if necessary and felt their views would be respected. No-one had made a formal complaint since their admission. People knew all the staff’s names and those of the owners and told us they felt any complaint would be thoroughly investigated. Records confirmed investigations undertaken and outcomes for people. We saw the complaints procedure on display. The manager informed us they had contact with an organisation which could translate this into different languages. However, they did not have access to the information in different formats. This could mean people with a visual impairment for example may not be able to access that information. The manager told us they would rectify this.

Good

Is the service well-led?

Our findings

People told us the home was well-led. They told us they were well looked after, could express their views to the manager and felt their opinions were valued in the running of the home. One person said, "I can share anything with staff." They also described the staff as being very capable at their jobs.

Apart from yearly questionnaires for people who lived at the home and relatives there was no other formal method of obtaining opinions from people about the quality of the service. However, people who used the service told us they did not see the point of meetings when the could see the staff and manager each day. We saw in the care plans people's comments about the services being provided had been recorded and actions taken and reviewed.

Staff told us they worked well as a team. One staff member said, "The nurses are very good." Another staff member stated, "We are valued here and no one is worried about voicing an opinion."

All the staff we spoke with told us they felt people were well cared for in this home. They said they would challenge their colleagues if they observed any poor practice. One staff member said, "We have better communication now than before and leadership in the teams."

Staff said the manager was available but was new so they were getting used to different ways of doing certain tasks. However, they had observed she was walking around the building more and a visible presence each day. They told us the registered person visited the home and spoke with them and people who used the service. We saw the visit reports for February 2015 which showed who had been spoken with, a view of the premises and documents seen. The visits were at different times of day. Staff told us the manager and registered persons were approachable.

Staff told us staff meetings were held when required. They said the meetings were used to keep them informed of the plans for the home and new ways of working. They said they received feedback and were encouraged to put their views and issues forward at meetings. We saw the minutes of staff meetings in January and February 2015. Each meeting had agenda items related to future plans, staffing, training and issues raised by staff. This ensured staff were kept up to date with events. Specific topics such as laundry issues and handovers between shifts were put on the agenda as extra items. The nurses had their own monthly meeting to discuss clinical issues.

There was some evidence to show the home manager had completed audits to test the quality of the service. Where actions were required these had been clearly identified and signed when completed. For example, incident and accident records had been completed and a log book kept but there had been no analysis of the events to see if lessons could be learnt from the event. This was the same for the mattress, pressure ulcers and hand hygiene audits.

Staff told us they had recently completed a questionnaire on their work and the services provided. We saw the eight which had been returned. The manager told us this was still a work in progress as some were still due to be returned before the completion date.

People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential. The manager understood their responsibilities and knew of other resources they could use for advice, such as the internet and local community agencies. The manager undertook audits of care plans. A selection were completed each month. For example six were completed in February 2015. Any actions had, in some cases, yet to be completed by staff.

The registered person told us they knew more work was required to ensure the opinions of people who used the service and staff were captured. We saw records showing how audits were changing to include people's voices.