

Logini Care Solutions Ltd

# Blenheim Court Care Home

## Inspection report

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Date of inspection visit:  
09 October 2019

Date of publication:  
24 October 2019

### 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

Blenheim Court is a residential care home providing personal and nursing care to 32 people at the time of the inspection. The service can support up to 38 people in one adapted building.

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

Risks to people were assessed and recorded, although these were not always cross-referenced with the recorded needs in people's care plans staff were knowledgeable about these risks. Systems were in place to safeguard people from abuse and staff were knowledgeable about the signs of abuse. Staffing levels were monitored according to people's needs and people and staff told us there was sufficient staff. Medicines were administered safely. The home was clean and generally odour-free. Accidents and incidents were recorded and monitored, processes were in place to learn from these to reduce or prevent recurrence. We have made a recommendation that people's emergency evacuation plans are regularly reviewed.

People's needs and choices were assessed in line with legislation and guidance. Staff were deployed according to their skills and experience. Staff received appropriate training, supervision and appraisals. People were supported to eat and drink enough to maintain a balanced diet, and people were complimentary about the food. Staff worked with professionals to support people's well-being and health. Decoration at the home had been considered to support people's needs. Consent to care was sought and recorded. 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. We have made a recommendation that daily records accurately reflecting the care and support provided.

Observations showed people received kind and considerate care. Staff were attentive to people's needs. People's privacy and dignity were respected and promoted.

People received personalised care according to their wishes and preferences. Complaints and concerns were recorded, responded to and monitored. People were supported at their end of life.

The home's values and vision were used to recruit new staff. There was an open and transparent culture. Systems were in place to ensure quality performance and risks were monitored; care plan audits were a work in progress. People, relatives and staff were involved in the running of the home. The home worked in partnership with community organisations.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 20 October 2018) and there was a breach of regulation relating to good governance of the service. 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 and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Follow up

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

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Blenheim Court 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

The inspection visit was undertaken by two inspectors and an Expert by Experience on 9 October 2019. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Blenheim Court 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.

#### 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 five people who used the service and eight relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, clinical lead, senior care workers, care workers and the cook. We spoke with two visiting professionals.

We reviewed a range of records. This included three people's care records and eight 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 policies and procedures were reviewed.

After the inspection

We spoke with a professional who regularly visits the service.

# 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 were supported to keep safe. Comments from people included, "I feel very safe in this place", "I feel safe, the staff are brilliant", and, "I like it here, the staff are kind to me and I'm safe." A relative told us, "It's a lovely safe environment."
- Staff understood the signs of abuse and how to raise concerns and were confident action would be taken. A staff member said, "I would report straight away to the manager."
- A log of safeguarding concerns was in place. This showed safeguarding concerns had been reported appropriately and actions taken as required. There were no outstanding safeguarding concerns at the time of our inspection.
- Systems had been developed so that safeguarding alerts, incident records and statutory notifications were monitored, checked and cross-referenced.

Assessing risk, safety monitoring and management

- Not all risk assessments had been updated, although we found all staff were knowledgeable about the up-to-date risks to people's safety and what should be done to mitigate these. A care plan audit to identify these requirements was planned.
- Some people's personal emergency evacuation plans (PEEPs) had not been reviewed recently, however we found the information held was correct at the time of our inspection.

We recommend the provider implement a programme of regular review of people's emergency evacuation plans.

- A pre-admission assessment was completed which identified and recorded key areas of managing risks to people's safety. These were used to inform people's care plans.

Staffing and recruitment

- People's needs were met in an unhurried manner and people, relatives and staff said staffing levels were sufficient to meet people's needs. Relatives comments included, "There is staff about in all the lounges all day", and, "We feel that here is enough staff around at all times."
- The registered manager used a dependency assessment tool to consider how many staff to deploy. Staff members' experience and skill mix was also considered.
- Information about which staff were working each day was displayed on a noticeboard.

- Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. Checks included asking for an employment history, obtaining a criminal history check from the Disclosure and Barring Service, and obtaining references.
- Interviews were based on the values of the service aligned to the culture of the home.

#### Using medicines safely

- Medicines systems were organised and people were receiving medicines when they should.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. Regular checks were undertaken by the clinical lead.
- Staff administering medicines were trained and received regular training updates. Their competency to administer medicines was checked every three months.
- The medicines administration record (MAR) contained all the necessary information for the safe administration of people's medicines.
- People's allergies were documented and risks to people from these were mitigated.

#### Preventing and controlling infection

- Staff received training about infection control; this was refreshed regularly and was up to date.
- Staff had good access to personal protective equipment, including disposable gloves and aprons. We observed their use throughout our inspection.
- The housekeeper was an infection control lead and had received additional training.
- We observed people were not always offered hand-wipes before eating. When we discussed this with the registered manager we were told these were normally offered and we saw from dining experience audits that this took place.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. Each incident was reviewed and actions taken, where appropriate, to mitigate future risks.
- The registered manager produced analysis to identify themes and trends. The registered manager had also asked the local NHS falls team to provide analysis to further explore trends, themes and consider future actions.
- The registered manager encouraged staff to report accidents and incidents so that lessons could be learnt and shared with staff. Action plans from these were tracked and monitored.

# 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

- Care plans contained detailed information about people's care and support needs however people's daily records did not always reflect the care given as described in the care plans. For example, where it was identified people needed continence pad changes recording of was sporadic. The registered manager was aware of the changes required and planned to undertake a full audit of care records to implement improvements.

We recommend the provider ensure daily records reflect care needs identified in care plans.

- The registered manager recognised the importance of ensuring people's care and support was delivered in line with current good practice guidelines and was knowledgeable about these.
- Assessments of people's needs were comprehensive and outcomes were identified and reviewed regularly. Information about changes to people's needs were shared at daily 'huddles' were staff received a handover.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training. A person told us, "As soon as I walked in I knew it was the place for me, I could see staff knew what they were doing".
- Relatives comments included, "We chose here because the staff are brilliant, well-trained, kind and cheerful", and, "Staff are well-trained."
- Training was delivered by a mix of online and face-to-face training. The registered manager explained how staff with different learning styles, such as dyslexia, received support to access training. A staff member said, "[We have] good opportunities for training."
- Staff were given opportunities to review their work, through supervisions and appraisals.
- The provider had a robust induction process, which we saw was completed by all new staff.

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

- People were encouraged and supported to eat and drink and maintain a healthy diet.
- The dining experience was pleasant with background music playing and people chatting. People told us, "Dinners are great, always nice and hot and plenty", "The meals are nice and if we change our minds there is always something else", and, "I like small meals so they (staff) don't give me too much but if I want more they will give me seconds."

- Where people needed support to eat they received this from staff in a patient and unhurried manner.
- Staff offered a variety of snacks and drinks throughout the day. Staff were gently encouraging to support people to choose what they wanted to eat or drink.
- Where people were at risk of malnutrition this was clearly identified on care and support records. People were weighed regularly and timely advice was sought from professionals where needed.
- The cook was knowledgeable about people's likes and dislikes and any special dietary requirements. Options for people who were vegetarian or with religious needs were available.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The home had clear processes for referring people to other services, where needed. People's records showed communication with health professionals was effective and timely. Advice was documented and followed. A visiting professional told us they had "good communication" from the home. Another commented, "Lovely staff are helpful."
- The home involved people and their relatives in working with other services, for example, with GPs. A relative told us, "They (staff) are really good at getting doctors when [people] need one."
- A local GP practice visited the home every week.

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

- People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in their rooms.
- People were involved in the design and decoration of the service and the registered manager had involved them in the recent and ongoing programme of refurbishment.
- The home had different coloured doors and signage to support people living with dementia.
- The home had a large accessible garden area, with raised flower beds, ramped access and garden furniture.

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.

- We found some consent to care records had not been signed. We discussed this with the registered manager who told us they would review all consent forms during their planned care plan audit.
- Mental capacity assessments had been completed and fully documented in people's care plans. The registered manager was knowledgeable about people's capacity and about who was able to support people who could not make their own decisions.
- DoLS applications were completed and submitted appropriately.
- We observed and staff told us how people were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible. One person regularly went for daily walks to local shops, and with the home's resident dog.

# 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

- People and relatives provided consistently positive feedback about staff and the home. We asked people if they thought the home was caring and responses included, "I like it here, it is 'bob' on", "They (staff) care because even if they are busy they find the time to talk and listen to me", and, "The staff are very kind and nothing is too much trouble; this is a happy place".
- We observed warm and positive relationships between people and staff. Staff always spoke to people at eye-level and there was a good use of gentle touch to acknowledge and encourage people.
- People were treated as individuals and equality and diversity was respected throughout the home. A relative told us, "The staff are all so kind, I'm here hours and hours and people are all treated the same. They (staff) are wonderful."

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

- People and relatives told us they had been involved in making decisions about their care and support needs and care plans recorded this.
- A person told us, "They discuss my care with me, like if there is any changes." Another person explained, "I know what my tablets are for, and if I didn't, or had new ones they will explain to me."
- Staff supported people to make decisions and information about advocacy support was available.

Respecting and promoting people's privacy, dignity and independence

- Staff had genuine concern for people and were keen to ensure their rights were upheld and people were not discriminated against in any way.
- People's right to privacy and confidentiality was respected. For example, staff always knocked on people's doors and waited for a response.
- Staff preserved people's dignity at all times, for example, ensuring people who needed support were always asked and then this was discretely provided.
- A visiting professional said, "Staff are caring, (I) always see people being treated with dignity and respect, always."

# 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 good. At this inspection this key question has now remained the same.

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

- Care and support plans were personalised and detailed how people should be supported with each task. A staff member confirmed, "[We] give people multiple choices, people get lots of choices."
- Staff were knowledgeable about people and their likes and dislikes. Staff used this knowledge to support people in a personalised way, for example, a married couple who chose to have separate rooms were always sat together in the lounge and at meal times.
- People's needs were identified and these included those related to protected equality characteristics.

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.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- The registered manager provided one relative with information in a larger font to meet their communication needs.

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 supported to enjoy a variety of activities. People's comments included: "The activities [co-ordinator] does lots of things", "We have bingo and singers in the lounge; the activities girl paints my nails and I have the hairdresser", "We did flower arranging last week, I liked that", and, "The staff are great, you can have a laugh and a joke with them".
- People who chose to stay in their rooms received one to one activities. People who were cared for in bed and wished to join group activities were supported to do so. A relative explained, "They (staff) make [name of person] comfortable and take [them] into the lounge to be with the others. [Name of person] is not left in bed alone."
- A relative told us, "I like that [people] don't just sit, there is plenty going on."

Improving care quality in response to complaints or concerns

- Information about how to make a complaint was displayed in the waiting area, along with the complaints policy, which was available with accessible pictures to support communication.
- There was an appropriate complaints management system in place. Monthly complaint and compliments monitoring took place. Records documented how a complaint had been investigated and responded to in line with the provider's policy.

#### End of life care and support

- People were supported to make decisions about their preferences for end of life care and staff met these.
- The home had ensured people had prepared access to appropriate medication should they need this.
- The local hospice had asked the home to host an event to share their approach to end of life care with other providers. This event was planned for the day following our inspection.
- The registered manager had made plans to work further with the local hospice to consider how best to facilitate discussions with people about their end of life wishes and care.

# 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 we found a breach relating to good governance because effective systems and processes to assess and monitor the service were not fully in operation. At this inspection we found improvements had been made and this area was no longer in breach of regulations.

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

- The registered manager was clear about the vision for the home and promoted the home's values of caring, compassionate, and understanding with staff so this was embedded throughout their work.
- People, relatives and staff told us the service was very well-led. Relatives confirmed they knew who the manager was. A staff member said, "The manager is approachable. (They are) good for buying equipment."
- A relative told us, "The home is very open, I can go and look at notes anytime, it shows they have nothing to hide." Another relative said, "I like the fact that the [staff] are good listeners to [people] and us."
- A visiting professional said, "The home, in my opinion, is stable since the [clinical lead] came [to work] here."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of their responsibilities and acted according to duty of candour requirements.
- The registered manager encouraged staff to report accidents and incidents and there was an open culture of information sharing and learning.
- A relative told us, "We have seen a definite improvement, when [the registered manager] came in [they] did make some changes. [They] always stop to talk. Staff are more friendly and talkative." Another relative said, "If we have any problems we can talk to any of the staff or the manager." And another said, "We are kept informed about everything that is going on."

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

- Care plan audits were not up-to-date however the registered manager had booked time to meet with the clinical need to discuss the completion of these. We were assured this would take place as planned.

- The registered manager had good oversight of the home through well-developed procedures and reporting mechanisms. The registered manager has a robust programme of checks concerned with medications, the environment, dining experience, and staff competencies; which includes how they work with other members of the staff team.
- The registered manager was clear about their responsibilities and those of their staff.
- Good governance arrangements were in place. The provider undertook monthly visits and produced a robust audit from these. The provider received a weekly report about the service from the registered manager.

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

- The registered manager had an open-door policy and people, relatives and staff confirmed this.
- Regular meetings took place for people, relatives and staff. Attendees were encouraged to participate and were asked for items for discussion.
- The registered manager provided explanations about changes and invited comments at meetings and by writing to people and relatives if they were unable to attend.
- People were involved in aspects of the home management, such as recruiting new staff members and choosing key workers.

Continuous learning and improving care

- The registered manager had a robust action plan with planned improvements; these had been agreed by the provider with clear timeframes for completion.
- A staff member commented, "[The home's] got better and better."
- Regular surveys were completed to gain the views of people, relatives and staff. A visiting professionals survey was scheduled for issue following our inspection visit. Feedback was used to improve care.

Working in partnership with others

- Staff worked well as a team, comments included, "It's a good team."
- The registered manager told us they networked with partner organisations to develop and share best practice.
- Local churches and schools were involved with the home and visits were undertaken throughout the year.
- A summer fayre involving the local community had taken place and a winter fayre was planned for the future.