Majestic 3 Limited

Blenheim House Specialist Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 House provides personal and nursing care for up to 53 people.

At the time of our inspection, 47 people were living at Blenheim House. The home was last inspected in June 2015 and was found to be requiring improvement in the effective and responsive domains. Subsequently the provider submitted an action plan to address these shortfalls and during this inspection we check to see that these improvements had been made and sustained.

This inspection took place on 22 June 2016 and was unannounced. We returned on 23 June 2016 to complete the inspection.

At the time of the inspection, a registered manager was not in post, however following the inspection we were notified by the nominated individual that a successive candidate had been offered and accepted the post. The new manager had since started the process with CQC to become the registered manager. 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.

The provider had made the necessary improvements since the inspection in June 2015 in ensuring that the Mental Capacity Act 2004 was being adhered to and all staff had a good grasp of verbal and written English.

People who use the service and their relatives were positive about the care they received and praised the staff and management. People told us they felt safe living in Blenheim House and were involved in planning and reviewing their care.

Systems were in place to protect people from abuse and harm and staff knew how to use them.

People received their medicines on time. A new electronic medicine recording system was in place. At this time, not all of the required information was on the system and the provider continued to monitor and make improvements to the system. A pharmacy audit had identified improvements around medicines management and the provider was working to address this.

During our inspection we found there were times when staff were not visible or available to people.

Staff understood the needs of the people they were providing care for. People's needs were set out in care plans they had been involved in developing. Staff followed these plans, which helped to ensure people received care in the way they preferred.

Staff were appropriately trained and had the right skills to provide the care people needed. Staff had a good

understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. People's views about their care and support was listened to and acted upon. There was an effective complaints procedure in place.

The provider regularly assessed and monitored the quality of care provided at Blenheim House.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

At times staff were not always visible or available to people. Staff were not always deployed in a way which met each person's needs.

People received their medicines on time, however, there were some issues with the new electronic recording system and the data on the system. .

People told us they enjoyed the food and we observed that meal times were a positive social experience.

Staff were knowledgeable about how to keep people safe and how to raise safeguarding concerns.

Is the service effective?

Good

The service was effective.

Mental Capacity Assessments and best interest meetings were being carried out as required by the Mental Capacity Act 2005.

People were supported to have enough to eat and drink. People told us the quality and choice of food was good.

There were systems in place for joint working with health and other professionals.

People had access to advocacy service where required.

Is the service caring?

Good

The service was caring.

People and relatives spoke highly of the caring nature of the staff. Positive relationships had formed between people and staff.

Staff knew people well and were aware of people's preferences for the way their care should be delivered, their likes and dislikes.

Staff listened to people and acted upon their wishes.

Is the service responsive?

Good

The service was responsive.

People could take part in a range of activities which suited their interests.

Care plans documented how people wished their care to be delivered.

There was a complaints process in place and people told us they knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well led.

Staff told us they felt supported and valued by people and by the management team.

The provider had recruited a new manager who would soon be taking up their role.

People were able to give their view through 'resident meetings'. The home had received many compliments about the service they give and the quality of the staff employed at the home.

Blenheim House Specialist Care Centre

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. We also checked to see if the service had made the required improvements we had identified in a previous inspection in 2015.

This inspection took place on 22 June 2016 and was unannounced. We returned on 23 June 2016 to complete the inspection.

The inspection was completed by one inspector, two specialist nurse advisors in mental health and dementia and an expert by experience [an expert by experience is someone who has personal experience of caring for a loved one with dementia].

Before the inspection we reviewed previous inspection reports and all other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

During the visit we spoke with the regional director, deputy manager, interim manager, nine people who use the service and five relatives, registered nurses, the activity coordinator, chef, senior care workers and care workers, a visiting therapist, the maintenance team, housekeeping senior and a hostess.

We received feedback from four health and other professionals who have contact with the service. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for 10 people. We also looked at records about the management of the service.

Requires Improvement

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living in Blenheim House and commented "I don't have any reason not to feel safe" and "Yes, I feel very safe and well cared for". We observed staff supporting people to keep safe, such as telling the person the food was hot whereby the person gently blew on their soup to cool it before eating. Another member of staff supported a person to safely sit at the table saying "bend your knees gently, now lower yourself down". Staff were able to describe the different ways they would keep people safe, from ensuring footwear was appropriate to ensuring people had access to their mobility aids.

During the two days of the inspection we noted on occasions that staff were not always visible or available, in particular on the Clover unit. During the morning on the first day of the inspection we were not able to locate staff for people who had asked us for help. One person wanted help to brush their hair and another person wanted assistance to go to the toilet. As staff were busy supporting people to get up and dressed, it was twenty minutes before staff were available. On the first day of the inspection we observed the lunch time routine in the Clover unit. There were seven members of staff in the dining room either supporting people seated or taking trays to people's room. However, the deployment of staff meant that one person who required support with eating and drinking waited 25 minutes after everyone else to have their meal. Staff were apologetic to this person explaining they would have their meal as soon as was possible.

When we asked people and families about the staffing levels in the home, the comments included "whilst staff are very caring and kind they just don't have the time to spend to encourage her to eat enough as this will take up to an hour", "the staff treat us very well, but there's not enough of them – definitely not" and "staff responses are acceptable, no there's never enough, I've just settled down and got used to it, but within the bounds of reason, it is okay".

We reviewed the staff rotas which demonstrated that the minimum number of staff required for each day was being met. At the time of the inspection, the provider was implementing a system to calculate staffing numbers based upon people's needs and the call bell system was being monitored for response times. Staff told us that when people's needs had increased then additional staff were rostered on duty. Staff told us they felt there were enough staff, although it could be difficult when people wanted to get up at the same time.

Staff who administered medicines were given training and medicines were given to people safely. People told us they received their medicines on time and we observed that staff administering medicines did so according to the instructions. Medicines were recorded on an electronic system which had recently been introduced. The records detailed what medicines were prescribed and how and when it was administered. However, the medicine held in stock for three people was not recorded on the electronic system. The result was that staff were not aware that the medicine should be administered and one person had not been given the medicine as prescribed. The deputy manager contacted the GP and the practice nurse was going to follow this up.

Medicines were not always stored safely and appropriately. On the first day of the inspection we found the medicines stored in the Clover unit were disorganised. [the Clover unit supports people with dementia] There was an excess of stock items leaving a shortage of space, items were not stored together for easy access, three oral medicines were not stored in the fridge as required and did not have the date stating when they were opened. This would mean that staff would not be aware of when to dispose of the medicine and incorrect storage may mean the medicine was not effective for its intended use. The care worker stated it was sometimes difficult to locate stock easily. On the second day of the inspection the issues with the medicine cupboard had been rectified. The deputy manager told us they were dealing with the over stock of medicine with the support of the local pharmacy.

We checked a sample of stock in each of the medicine stores and all other records matched with the stock held. There were daily and monthly checks to ensure people received their medicines as required. During May 2016, the home had undergone a pharmacy audit visit which had identified data input onto the system as a further development. The use of the new electronic medicines system was being reviewed by the provider and was an on-going development.

We spoke with staff, all of whom were knowledgeable about safeguarding people and in their understanding of the different types of abuse. Staff told us they had received safeguarding of vulnerable adults training and records confirmed this. Staff were able to tell us who they would contact to raise an alert and were confident that the management team would listen and act on any concerns they may raise.

There were effective recruitment procedures in place which ensured people were supported by appropriately experienced and suitable staff. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

Risks to people's safety were assessed before they came into the service. Every person had general risk assessments in relation to the environment and going out in the community and then had individual ones related to their individual care needs. Risk assessments that we viewed contained detailed information to guide staff to meet people's individual needs and also promoted their independence.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents. All incidents were monitored by the nominated individual and regional director to identify any particular trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

Maintenance, electrical and property checks were undertaken to ensure they were safe for people that used the service. These checks included: environmental checks, fire alarms, portable appliance testing yearly and food safety checks. To minimise the risk of drowning, the pond in the garden had been discretely covered with a mesh netting. Equipment such as lifting hoists, wheelchairs and electrical equipment had been fully tested and labelled with the test date. This ensured that equipment continued to be safe to use.

Good

Is the service effective?

Our findings

On the 29 and 30 June 2015 we carried out an inspection at Blenheim House. The outcome was that improvements were required around the implementation of the Mental Capacity Act 2005. This was in relation to ensuring that documentary evidence was in place that best interest decisions were being made in line with the Mental Capacity Act 2005, Code of Practice. In relation to a specific decision, there was no evidence that the home had tried to encourage the person to be involved in the decision making process. The provider sent us an action plan of how they were going to address this shortfall.

During our inspection on 22 and 23 June 2016 we found the provider had made the required improvements. There was clear documentation within the care records that people had been supported to be involved as much as possible where best interest decisions were made. Documentation included an audit trail of a mental capacity assessment being carried out which was specific to the decision being made.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards (DoLS) is part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

During the inspection in June 2015 we found some staff did not have an adequate grasp of the English language in order to sufficiently understand and converse with us. We were therefore unable to ascertain if these staff members were knowledgeable and competent in their skill base. Following the inspection the provider submitted an action plan to the CQC of how they were going to address this. At this inspection we spoke with staff for which English was not their first language. Staff had a good grasp of English (written and verbal) and were able to converse with us around people's support needs, their training and the skills they possessed. None of the people or families we spoke with had concerns around staff being able to understand their wishes.

Staff told us they received clinical and other supervision either on a one to one basis or through group meetings or with the support of a mentor. Supervision dates were timetabled on a matrix and staff were given time to prepare for their next supervision. Appraisal dates had been set for the year. Supervision and appraisals are processes which offer support, assurance and develop the knowledge, skills and values of an individual, group or team. The purpose is to help staff to improve the quality of the work they do, to achieve agreed objectives and outcomes.

Staff undertook specific and mandatory training. Specific training was based around the skills and knowledge staff required in order to meet the needs of people such as, mental health and dementia awareness, care and prevention of pressure ulceration and diabetes. Staff had undertaken the mandatory training required by the provider which included, infection control, medicines, moving and handling, health

and safety, safeguarding including the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff rotas were planned to ensure there was an appropriate skill mix of staff to enable people to receive appropriate care and support. Staff were positive about the level of support and encouragement they received from their seniors and all members of the management team. The regional director explained they were keen to develop lifestyle and the wellbeing of people with dementia. Their plans for future staff training included 'Active Minds Reminiscing' therapy and training about enabling meaningful activity (NAPA). At the time of the inspection, staff were undertaking training in 'Music and Light' therapy. A well-known specialist in dementia care was supporting the home to develop the skills of staff to become trainers in dementia awareness.

People's nutrition and hydration needs were met. Each floor of the home had a dining room and on the ground floor there was a café where people could help themselves to cakes, fresh fruit and drinks. People had a choice of eating in the dining room, in a separate quiet area or in their own room. People's care plans were clear around what support the person may require with nutrition and hydration. For example, one person needed staff to support them with their eating and drinking at all times. Staff were knowledgeable about people's preferences for meal times but still offered the choice of where to eat. Meals were nicely presented with condiments and napkins available. Assisted cutlery and plate guards were used by some people which enabled them to remain as independent as possible.

People told us the meals and quality of the food was good and from our observations were enjoying the food. Comments included "Yes, it's lovely; particularly the roast dinners" and "if you don't like something there is always an alternative". Staff provided people with assistance in an unobtrusive and calm manner, encouraging people to eat at their own pace. Drinks were made available and people were able to choose what they wanted. In each of the dining rooms, a picture menu was available to help people visualise their choice. People's nutritional intake and weights were monitored as required. Specialist advice was sought where required in all but one case. We discussed this with the deputy manager who told us they would address this immediately.

People received co-ordinated care. We saw evidence in people's care plans that demonstrated people had been visited by their GP and other health care professionals when there was a change in their needs and support plans were adjusted to reflect the advice that was given. Care records contained information that supported joint working. This included joint assessments before people came into the service and subsequent reviews. The management team worked with other professionals to ensure an effective placement for the person took place and to reduce the risks of it being unsuccessful. This was because they shared important information and assessments that ensured the service could meet the person's individual needs. People's on-going health needs were managed and people were supported to attend their GP and other medical appointments when required.

Good

Is the service caring?

Our findings

People, relatives and staff had formed positive relationships and this was observed during interactions. Staff were kind, caring and dignified towards people. People told us "it's a lovely place, of course I miss my home, but staff are lovely, they do things the way I like" and "the staff treat us very well". Relatives commented "I feel that as well as supporting my wife, I am supported well by the staff too" and "people are treated with dignity and respect". Compliments received included "Thank you for the cheerful, kindly and respectful way all of your staff treated my relative, I would rate the standard of care as excellent" and "a huge thank you for your exceptional care and compassion during a difficult time, it is a comfort to know they were well cared for".

Staff were discreet and afforded people privacy when offering personal care. A member of staff said to one person "come on; let's pop to your room to look for a nice top for you to wear for when your daughter arrives". Before entering people's rooms, staff knocked on their door and waited for an invitation to enter the room. Staff ensured people were appropriately covered to maintain their dignity whilst asleep in bed.

Before delivering personal care or support, staff gained people's consent and provided an explanation of the support being offered. For example, by explaining what the person's medicine was for, when making decisions of where to sit at lunch time and in supporting people to undertake daily life skills. The care records demonstrated how people could be supported to maintain and promote their level of independence in day to day tasks. Staff were knowledgeable about the people they supported including their likes, dislikes, their cultural background and spiritual needs.

Staff were calm and reassuring in their approach to people; they patiently explained options and offered choices. We saw that this process was skilfully repeated with kind patience many times a day with people who felt anxious. Staff provided distractions to help some people manage their anxieties. A member of staff told us "some people need reassurance and company and maybe that will just be sitting and holding hands". We observed that interactions with staff often made people laugh and smile. People appeared comfortable and confident around the staff. When we spoke with staff they were enthusiastic about their work and commented "I feel I have the nicest job in the world" and "caring is what we do best here, I wouldn't want to work anywhere else".

People told us they were happy living at Blenheim House and they looked well cared for. Each of the bedrooms were personalised and people confirmed they were encouraged to bring their own possessions if they wished to personalise their room. This helped ensure that people's rooms were arranged in accordance with the person's wishes and preferences.

People and their relatives were given support when making decisions about their preferences for end of life care. A member of staff told us "most people have told us what they would like to happen at their end of life, although some do not want to talk about it and we respect their wishes".

Information was available to people and their families regarding health matters and advocacy services. The

management team supported people to access advocacy services to enable them to voice their opinion, such as in dealing with financial matters or through an independent mental capacity assessor. [Advocacy is a process of supporting and enabling people to express their views and concerns and access information and services through an impartial service independent of family or the service]

Good

Is the service responsive?

Our findings

On the 29 and 30 June 2015 we carried out an inspection at Blenheim House. The outcome was that improvements were required around the development and completeness of the care records. This was in relation to ensuring that care records held sufficient information about how care was to be given and that charts and other monitoring was being recorded and followed up as required. The provider sent us an action plan of how they were going to address this shortfall.

During this inspection we found the care records were more detailed and person centred, describing people's needs and preferences for the way they wished their care to be delivered. This ensured that all staff were consistently delivering care to the person's wishes. On the first day of this inspection we found some monitoring charts had not been updated, however this had been rectified on the second day of the inspection.

Staff understood people as individuals with their own preferences, likes and dislikes. Staff we spoke with demonstrated their understanding that was in line with the documentation that we viewed. A relative told us "I come here every day and we can only praise the place". Another relative commented "my loved one is well cared for, from the receptionist to the caring staff at the café who will all give a hug without hesitation".

People's support needs were assessed before they came into the service. Assessments were supplied by people's care co-ordinator and wider professionals where applicable. The deputy manager confirmed they always undertook their own assessment to ensure the information that was provided was correct and had not changed and that they could effectively meet the person's needs.

The home kept a record for each person of all correspondence from care and health professionals who were involved in their care. The record detailed people's treatment, any recommendations and follow up review dates. A health professional told us "I am more than happy with the service my patients receive at Blenheim House. I visit the dementia wing most frequently and I regard the care there as professional and caring. The new building and facilities speak for themselves. I commend them highly". We spoke with a visiting professional who told us "the home are hugely responsive".

Personalised care and choice was offered to people that used the service. Care plans were developed with people and people signed to say they agreed with what was written. Care plans were reviewed with the person and their family on a quarterly basis, this was also an opportunity to let staff know of any concerns people may have. Care files were comprehensive and person centred in content. Information included; personal background information likes and dislikes, individual support plans for all activities of their daily living needs. Care plans were reflective of people's current level of need. This ensured there was consistent guidance in place for staff to follow. Care plans included: Moving and handling, health, nutrition, preferences, likes and dislikes, night and day routines and mental health.

Where people may present with behaviours that could potentially affect others, there were individual plans in place to guide staff in managing this. These plans described the situations that may trigger these

behaviours and how staff could support the person at these times. Staff told us they felt information was clear and training was supplied to help them support people in this way. We saw evidence within the care records that the home had requested the involvement of other agencies when required. For example, detailed information from the mental health team was available that detailed guidance in relation to people's mental well-being.

Activities were arranged according to people's needs and wishes. Information was on display of which activities were taking place that day, from day trips out, the gardening club, entertainers who visit the home or games on the Clover unit. There was an in-house cinema and people told us they enjoyed getting together to watch their favourite films. Other facilities included a library which had larger print text books, a café and a beauty salon and hairdresser. Some people accessed their local community independently or with their families. A service which provides entertainment at Blenheim House told us "We always enjoy entertaining there. We find the staff most helpful and facilities first rate. At Blenheim House the staff will frequently sit with people, join in, and encourage them to sing and feel comfortable. We do like to see this".

The home employed a companion who visited people on a one to one basis, they told us "I feel I have the nicest job in the building". They commented how they had been able to support people to go out and vote in the referendum, visit the chapel with people or support people to take part in an activity of their choice or just sit and hold the person's hand whilst they chatted together.

There was a procedure in place which outlined how the provider would respond to complaints. There were notice boards around the home which displayed information for people on how to make a complaint. People told us they knew what to do if they were unhappy with any aspects of care they were receiving. A relative told us "mostly things are resolved okay, I'm happy to talk to staff about raising a concern or making a complaint" and "if I have a problem I put it in writing and give it to the deputy manager who deals with it straight away".

Good

Is the service well-led?

Our findings

At the time of this inspection a registered manager was not in place. The registered manager had left their employment in April 2016. Since that date, interviews had taken place for a new manager and following the inspection we were advised that a candidate had been successful and had accepted the role.

In the interim, a manager had been relocated from another of the provider services to manage the day to day running of the home with the deputy manager continuing in their clinical role. In addition, the nominated individual and the regional director provided managerial support.

The service had clear values about the quality of service people should receive and how this should be provided. Staff told us they felt valued by people and by the management team. Comments included "staff morale is much better", "it is so much better", "Blenheim House is a homely place and the quality of care we give is really good", "we feel supported and we receive really positive comments, it's a better outlook, a nice atmosphere to work in". Staff reported to us they felt able to speak with any of the management team if needed to and they would be listened to. A member of staff told us "we are doing so much more in the way of training and we get feedback about our practice, which is really good because it's done in a positive way".

We looked at the compliments the home had received, there were many positive and heart felt thanks for the caring and compassion nature of the staff and the quality of the care people had received.

The service monitored the quality of care provided. The management team regularly reviewed and analysed accidents, incidents or near miss reporting forms to identify any trends or patterns and to look at how they could prevent reoccurrence. We saw documentation of quality assurance systems and audits. These included safe management of medicines, health and safety, falls management and care plan reviews. A pharmacy audit carried out in May 2016 identified some areas for improvement and the provider had an action plan in place. Health Watch had carried out an announced visit in June 2016. Health Watch is a local, independent service which exists to speak up for local people on health and care issues. The report was positive and noted that 'there had been an unsettled period amongst the staff team, but that this was now improving, and it is to the credit of staff that this had not seemed to have had an effect on the residents".

The service had a development plan in place and at the time of our inspection building work was taking place to build a pub, a gym and additional accommodation. The regional director told us they had recently recruited a Hospitality manager who would oversee the housekeeping, infection control and the kitchens, including reviewing the whole dining experience for people. This would enable a holistic approach to nutrition and people's wellbeing. The provider continued to recruit experienced and dedicated care staff.

People were able to give their view either through attending the 'resident and family meetings' or by talking to staff directly. People told us they felt able to raise any issues they had with staff.

The management team ensured statutory notifications were submitted to the Care Quality Commission as required. The service worked in partnership with key organisations to support the provision of joined up

care. Care planning documents evidenced that referrals were made by the service for the involvement of various health and social care agencies.