

Blenheim Care Home Limited

# Blenheim Care Home

## Inspection report

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28 April 2022

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Blenheim Care Home is a residential care home registered to provide care and support to up to 31 people. The service is split over two floors which were all accessible by stairs or a lift. At the time of the inspection, there were 28 people living at the service. The service does not provide nursing care.

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

Medicines were managed, stored and administered safely. People were supported to take their medicines safely by staff who had received the appropriate levels of training and had their competency regularly checked. Improvements were needed in the recording of topical creams. We have made a recommendation to the provider to ensure current best practice guidance is followed around the recording of topical creams.

People and their relatives told us they or their loved one felt safe living at Blenheim Care Home. People were relaxed and comfortable with staff who knew them well and supported them in ways they preferred.

Staff understood how to identify and report abuse and were well supported in their roles. Staff received regular team meetings, supervision and annual appraisals and completed a variety of training courses to enable them to carry out their roles competently.

Staff told us they, "Loved their job" and appreciated the open, supportive and friendly approach taken by their manager.

There was a robust risk assessment system in place. Risks to people's health, safety and well-being were regularly assessed, reviewed and updated. Relatives told us how the service helped people to manage risk. Where appropriate, people and their families were included and involved in their care and support.

Staff were recruited safely. There were enough appropriately trained and experienced staff to support people in ways that suited them.

Cleaning and infection control procedures followed the relevant COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance regarding COVID-19 testing for people, staff and visitors was being followed.

There was a range of quality assurance measures and checks in operation. These included the provider issuing a questionnaire to obtain feedback from people, relatives, staff and health and social care professionals.

There were also audits of various aspects of the service, any shortfalls found were addressed which helped ensure people were safe. Audits helped identify any areas for improvement, this learning was shared with staff and ensured a process of continual improvement was followed.

Health and social care professionals and relatives we spoke with during the inspection, spoke positively of the management and staff team. They commented they were happy with the service and level of care people received.

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

The last rating for this service was good (published 12 November 2019).

#### Why we inspected

We received concerns in relation to the management of risks, the care and support people received and the management culture. As a result we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained at good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Blenheim Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made a recommendation regarding the recording of topical creams.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Blenheim 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was undertaken by two inspectors.

#### Service and service type

Blenheim Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Blenheim Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of the inspection there was not a registered manager in post.

#### 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 used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people and five relatives about their experience of the care provided. We spoke with nine members of staff including the manager, the operations consultant, senior carers and care workers.

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

We reviewed a range of records. This included four people's care and support records and their medication administration records. We looked at three staff files in relation to recruitment, staff supervision and training. We also reviewed a variety of records relating to the management of the service, including policies and procedures, accident and incident records, safeguarding records and quality assurance reports.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed, administered and stored safely. Staff received medicine training and had their competencies checked regularly to ensure they were safe and competent to administer medicines to people.
- When people had topical creams administered these were recorded on a body map document. However, some body maps were not fully completed and did not always show where to apply the cream. We discussed this with the manager who confirmed this would be rectified immediately.
- People had their topical cream recorded on medication administration records (MAR). For two people we observed the topical cream MAR did not reflect medicines administered.

We recommend the provider reviews their topical medicine recording processes to ensure they meet current best practice guidance.

We discussed these findings with the manager. Immediately following the inspection, the manager confirmed they had investigated the topical creams recording and provided training to staff.

- People received their medicines as prescribed. Where people were prescribed medicines they only needed to take occasionally, there was guidance for staff to ensure those medicines were administered as people needed, in line with their prescription.
- Regular medicine management audits were completed to address any issues in medicine administration. People had individual medication risk assessments.
- One person self-administered their medicines. Clear, robust risk assessments had been completed and reviewed each month to ensure this person remained safe to administer their own medicines.
- An independent clinical pharmacist had been visiting the service over the previous two months to review every person's medicines. Staff had found this practice to be very helpful and supportive. The forward plan for the clinical pharmacist was for them to review each residents' medicines annually on their birthday.
- The manager told us the provider was in the process of moving the medicine room to an improved location within the home which would enable a cooler environment for the medicines. The medicine room temperature was currently being managed using a fan and relocating medicines if temperatures became too high for safe storage.
- If people needed their medicine disguised in food in order to take them safely, this is known as 'covert medication'. Where people had their medicines administered covertly the appropriate consent had been obtained from the person's GP and pharmacist, through the completion of a best interest's decision.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt people were safe living at Blenheim Care Home. One relative told us, "I feel (relative) is 100% safe... They take time out to make sure she is ok and [manager] explained everything to me that they are doing to help [person]." Another relative commented, "Oh yes [person] is safe, I feel they look after [person] so well." A third relative said, "At home [person] kept falling and not pressing their alarm so they were not safe, they are so much better at Blenheim... [Person] is definitely safe at Blenheim."
- Staff received safeguarding training and spoke knowledgeably about different types of abuse and told us how they would recognise and report signs of abuse. One member of staff told us how they would report potential abuse, they said, "We do safeguarding training every year, I know how to report any abuse. I would report straight to the manager."
- The manager had made safeguarding referrals as necessary to the local authority safeguarding team and had investigated concerns as required by the safeguarding team.
- The provider had policies in place that covered safeguarding and whistleblowing. These gave staff clear guidance to follow if they needed to refer any concerns.

#### Assessing risk, safety monitoring and management

- Risks to people and the service were assessed and regularly reviewed. Risk assessments were personalised, detailed and gave staff clear guidance on ensuring people were supported safely. Risk assessments covered all areas of potential risk and included; pressure area care, safe swallow, nutrition and hydration, use of bed rails and mobility.
- People received their care and support in accordance with their individual risk plans, this meant risks to people were reduced.
- Staff demonstrated good knowledge on how people preferred their care and support to be given to ensure they were cared for as they wished. Staff told us, "[Person] likes watching TV and likes to sing. We sing with them when providing their personal care." Risks were managed using the least restrictive practices to ensure people were cared for safely whilst still maintaining their independence.
- People had individual emergency evacuation plans in place. These were easily accessible for staff to ensure people received the support they needed in the event of a fire or other emergency incident. The provider had a process in place to assess the risk of fire and a wide variety of premises checks were completed, these included; risk assessment for use of stairs, use of portable heaters, use of garden conservatory and all risks relating to Covid 19.

#### Staffing and recruitment

- The manager told us they were running an ongoing recruitment programme and currently had sufficient levels of staff to care for people safely. They said they had a stable staff team with some staff having worked at Blenheim for many years. Agency care staff were used for night cover when required, however, wherever possible these were the same agency members of care staff to ensure people received consistent care and support from staff who knew them and their care needs well.
- There were enough staff on duty to ensure people's safety. A relative told us, "Staffing levels are OK. There are always staff around and they always answer the phone and take the phone to [person] so I can talk to them. There are always staff about, I would say there are enough staff." Another relative said, "I have no concerns about staffing levels. The staff are not rushed at all, they always have time to chat with you."
- A member of staff told us, "At the moment there are enough staff. We have another three new staff started so it's all right." Another member of staff told us staffing levels had improved, they said, "When we were lacking some staff it was not so good, however now it's a lot better, everyone's happy. It's a good place to work, the team work is good. In some jobs staff are just colleagues but here we see each other as friends, it's really good."
- Recruitment records showed staff were recruited safely. Procedures were in place to ensure the required checks were carried out on staff before they commenced their employment at Blenheim Care Home. This



included enhanced Disclosure and Barring Service (DBS) checks for adults. DBS checks provide information including details about convictions and cautions held on the Police National Computer and helps ensure people are recruited safely.

- Staffing rotas reflected people were cared for by appropriate numbers of staff. During the inspection we observed staff responding promptly to people's needs and did not appear rushed.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. A relative told us, "Staff are always wearing their PPE, their masks and making sure visitors are wearing their PPE and checking they have a negative lateral flow test."
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. A relative told us, "The home always looks clean. [Person's] bedroom is clean and personalised."
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. Relatives we spoke with were happy with visiting arrangements. One relative said, "The staff are so kind and they always have their masks on. They make me feel really, really welcome and it is so homely. I always praise the home, I know [person] is being so well looked after."

#### Learning lessons when things go wrong

- There was a system for recording, reviewing and analysing accidents and incidents. Staff reported accidents and incidents, which the manager reviewed to ensure all necessary action had been taken for people's safety and wellbeing. The manager and provider reviewed accidents and incidents to identify any emerging themes or trends.
- Any learning was shared with staff through handover meetings, staff meetings and supervision meetings, as appropriate.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives expressed their confidence in the way the service was managed. Comments included: "[Person] is very happy there. What I like about them is that they will not waffle, they always let me know the truth and they do that 100%. They respect our wishes as well as those of [person]. They are very open and transparent." and "I'm really, really pleased with all the care [person] has... [person] is so well looked after, they are so lovely. I ring them daily and visit when I can. I know all the staff by name. They all know [person] so well, they talk with them and reassure them all the time as they can get anxious. They are in constant contact with me." Another relative told us, "I would say the culture is open and friendly, it's so nice I couldn't wish for more. They straight away tell me all the time what happens they are very honest. [Person] is so happy there, they love the food, nothing is too much bother. I would recommend them to anyone. I would give them 20 out of 10 they go above and beyond."
- Health and Social Care professionals commented, "Staff were approachable, caring and keen to support specialist care plans. The person reported feeling happy in the home and 'looked after'. And "The manager had arranged dementia training for the staff to have a better understanding of how best to support the residents living with dementia." We also received comments that confirmed the manager corresponded in a timely way with requests for information and arranged meetings at times that were best for people.
- Staff told us they felt well supported in their roles and expressed confidence in the manager and their staff team. A member of staff said, "I love it here, the staff, the residents there is always someone to talk to. [Manager] is unique, best boss I've had, everyone supports everyone here. [Manager] listens and gets involved, they listen and action things, we really help each other." A further member of staff told us, "It's a lovely place to work... I talk to [manager] if I'm worried,,, I feel they would support me, they are very open."
- Staff told us they felt valued and worked well as a close-knit team.
- People and relatives had opportunities to provide feedback through questionnaires, telephone calls, visits to the home and emails. The manager told us, "I have an open-door policy for all visitors." We reviewed a selection of completed quality assurance questionnaires which were sent to staff, relatives, people and Health and Social Care professionals on an annual basis, comments included; "The staff are always happy to answer questions when you are assessing patients and will complete any forms that are needed... I always have a warm reception there and have not been made to feel unwelcome or intrusive, as you can find in other care settings."
- Staff told us they had regular staff meetings which they found useful and helpful.
- The manager had established good working relationships with Health and Social Care professionals and

records showed regular conversations and visits were undertaken where appropriate. This helped ensure good outcomes for people. The feedback we received from Health and Social Care professionals confirmed this.

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

- The duty of candour was understood by the manager, with the manager promoting a culture of learning, openness and continual improvement. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to treatment and care.
- One relative told us, "I can see they are open and honest, and I can trust them. I can speak to them at any time."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear management structure in place. Staff spoke knowledgeably about their roles and responsibilities and showed commitment to ensuring people received the best care for their individual health needs.
- The manager demonstrated a good understanding of their legal responsibilities for sharing information with CQC. Statutory notifications had been made to CQC as required by the regulations. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place.
- There was a schedule of audits in place to ensure the quality of service was maintained and any shortfalls identified and acted upon. The audits covered a range of high-risk areas and included, medicines, infection prevention and control, falls risk and accidents and incidents and care plans.
- There was an ethos of continuous improvement and learning. The manager and staff spoke positively about their commitment to learning and making improvements to the service people received.
- The manager had designed and implemented a specific mental health and well-being supervision care plan for staff. This enabled staff to receive targeted support and guidance when they needed it most. The manager said it had been very well received and had helped highlight appropriate concerns to enable staff to be fully supported during challenging times.
- We asked the manager what made them proud, they told us, "I'm most proud of my team... I've always wanted this home; I feel very lucky."