

Regal Care Trading Ltd

# Blenheim Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Blenheim Care Home is registered to provide accommodation with personal care for up to 57 older people in one adapted building, including care and support for those living with dementia. There were 17 people living at the service at the time of the inspection

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

The service was inspected in March 2020 and was found to have significant failings. The service was placed in special measures. A new manager was appointed and formerly registered with CQC on 17 September 2020. A focused inspection was carried out in September 2020 to check the provider had followed their action plan and to confirm they now met legal requirements. At the inspection in September 2020 whilst some improvements were noted we still identified breaches in relation to safe care and treatment, responding to complaints and ineffective governance arrangements. At this inspection further improvements were seen

Staff knew how to keep people safe and received training for safeguarding and how to reduce the risks of harm from occurring. However, whilst a concern had been investigated by the registered manager it had not been referred appropriately to the local authority. People were supported with their medicines in a safe way. Risks to people had been adequately identified and measures put in place with guidance for staff to mitigate the risk of harm. Infection control procedures were followed by staff. People were able to have visitors, following the latest government guidance.

The service knew how to support people to access health services when required. It was noted advice from a speech and language therapists was not recorded for two people identified with specialist diets. The registered manager and staff had a good knowledge of people's health conditions and needs and what support would be needed to manage these effectively.

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.

Staff told us training and supervision was arranged to ensure staff had the skills to carry out their role. Areas of the environment where people were living were found to have improved. The provider had further planned improvements for other areas of the service that would be undertaken before being used by people for care and support.

People and relatives told us staff were caring and they had choices about their care and support.

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 inadequate (published 07 May 2020)

and there were multiple breaches of regulation. 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. A focused inspection was carried out in September 2020 some improvements were found but there were still breaches of the regulations for safe care and treatment, receiving and acting on complaints and governance.

This service has been in Special Measures since 20 November 2018. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. 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.

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We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of safe, effective, caring and well led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection. 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).

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

**Requires Improvement** ●

# 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Blenheim Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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 eight people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager and regional manager. We spoke with a visiting professional. 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 seven people's care records and multiple medication records. We looked at two 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and relatives shared this opinion. One person told us, "Staff are good and helpful. I feel very safe with them." A relative said, "[Family member] is 100% safe at the service and generally very happy."
- Staff knew how to protect people from harm and had received relevant training in this subject. A staff member said, "I would go to the manager with any concerns or I would go to head office. They do listen, they are a very good manager."
- The registered manager was aware of their responsibilities to report safeguarding concerns to the local authority safeguarding team. However, we did identify a concern in relation to the inappropriate disposal of medicines which meant the registered manager could not be assured people had received their medicines as prescribed. The registered manager had carried out an investigation but had not referred this concern to the local authority. The registered manager told us they had discussed this with the safeguarding team but could not find any evidence this had occurred. The registered manager subsequently referred this retrospectively.

Assessing risk, safety monitoring and management

At the last inspection the provider failed to ensure effective arrangements are in place to ensure they have done all that is reasonably practicable to reduce the risk of harm to people using the service. there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made so the provider was no longer in breach.

- Individual risks to people were identified and risk assessment reviews were carried out to keep people safe. For example, people had risk assessments in place if they were at risk of choking and these contained guidance for staff to follow.
- Risks assessments to move people safely were in place and included detail about what sling to use and detail about length of straps. We observed this guidance used correctly during our inspection.
- People had personal evacuation plans (PEEPS) in place which included information about people's risks and safety. PEEPS were easily accessible and within a very good emergency grab bag that contained all items needed in response to an emergency.
- The premises were safely managed with the required checks undertaken.

Staffing and recruitment

- There were enough staff to support people safely. One person told us, "I have a pendant and when I press it, they come, and they also usually come and check on me every few minutes."

- During the inspection call bells were answered quickly and staff were patient with people. Staff told us staffing levels were maintained, and records confirmed this. One staff member told us, "There is enough staff if anyone is sick it is difficult, but staff do work well together."
- The registered manager understood their responsibilities to ensure suitable staff were employed in the service. This included obtaining a Disclosure and Barring Service (DBS) check and references from previous employers. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people.

#### Using medicines safely

- People safely received their medicines from staff and clear records were maintained of all such administrations.
- Staff completed regular audits to ensure people received their medicines as shown on the MAR. There were also weekly checks to ensure all medicines were within expiry dates.
- Medicines were stored in a locked office and the keys were kept by authorised staff only. Daily temperature of the room and medicine fridge was taken.

#### 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 PPE effectively and safely.
- 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.
- 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.

#### Learning lessons when things go wrong

- The management team had reflected and acted upon the outcomes of the last inspection report to make changes and address shortfalls to improve the standards of care and support being provided.



# 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 inadequate. At this inspection this key question has improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the last inspection the provider failed to ensure staff were suitably qualified, competent, skilled and experienced to carry out their roles and responsibilities. This placed people using the service at risk of harm from receiving poor care. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 18.

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. A person said, "They use a hoist for me, and staff seemed trained. They do it fine really." A relative told us, "Staff are knowledgeable."
- At the last inspection we found staff were moving people unsafely. At this inspection we observed several occasions where staff moved people safely and competently.
- The registered manager checked agency profiles before they started work to ensure they were competent to support people that lived at the service. They also did a health and safety walk round with all new agency staff to ensure they were aware of how to respond in an emergency.
- Staff told us they felt supported by the registered manager and the management team. However, supervision records were generic and included planned questions and typed answers. Every staff member's records contained the same information. This did not demonstrate the supervision sessions were used effectively to reflect on staff's individual practice and wellbeing.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they used the service to ensure their needs could be met. The assessments considered people's health needs, including oral healthcare and communication, and any protected characteristics under the Equality Act (2010).
- Staff knew what people's needs were and could tell us how people liked to be supported. One person told us, "Staff do understand what I need and when I need that help." A relative said, "Communication with the service is generally good and they always ring when [family member] is unwell."

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

- We observed the lunchtime meal which had improved since the previous inspection. People were supported in a timely and appropriate way. Staff were on hand to assist and encourage people where required. Staff communicated with people throughout the meal service to check if they had everything they needed and to check they were happy with their food.

- People's specialist diets were recorded in people's care plans and catered for. However, we could not find evidence two people had been assessed appropriately by the speech and language team (SALT). The care plans recorded references to the SALT team, but the communication sent from the SALT assessor could not be located. The registered manager sent us evidence of one person's SALT information following the inspection and referred the other person for reassessment.
- People and relatives were positive about the food. One person told us, "Food is very good I choose what I want. If I wanted something different, staff will get it for me." A relative said, "Food is good and [family member] has gained weight since being in the home."

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

At the last inspection we found the premises had not been designed or maintained to a good standard to ensure it is safe and suitable for people who live there. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 15.

- Whilst areas of the service had been improved for people living at the service since the previous inspection and was being maintained and checked regularly. The flooring within the service had steep slopes which could make navigation throughout the service difficult for some people with mobility concerns and needed to be considered prior to people being admitted to the service. The registered manager had a risk assessment in place to reduce any risks to people walking independently.
- Signage in the environment had improved, however people's bedroom doors looked the same and were not easily seen to enable people to identify their room.

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

- Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GPs, district nurses and social workers. Feedback from staff and documentation we saw supported this. A healthcare professional told us, "Staff know to call if there is an issue. They follow instructions and refer when needed and I do not worry about this home when I leave."

#### 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.

We made a recommendation at the last inspection that the provider considers seeking advice from a reputable source, such as the local authority adult safeguarding board to ensure decision making where people are deemed to lack capacity is made in accordance with The Mental Capacity Act 2005 (MCA) legal framework. At this inspection the provider had made improvements.

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.

- Staff had completed training on the MCA and DoLS. They understood their responsibilities in relation to these and how it affected the people they supported.
- The registered manager had a good understanding of the Act and were working within the principles of the MCA. Capacity assessments and best interest decisions had been completed with involvement of relevant other when required.
- We observed many examples throughout our visit of staff offering people choices in relation to their day to day support.
- The service kept an overview of all DoLS applications made to the local authority, and those that had been authorised.

# 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 inadequate. At this inspection this key question has 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; Respecting and promoting people's privacy, dignity and independence

At the last inspection people using the service were not treated with dignity and respect. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 10.

- Staff were observed to be respectful and kind during our observations and people were positive about the support they received from staff. One person told us, "It is lovely here and staff are lovely." Another person said, "Staff are very good and helpful. They promote my independence and I can go to bed whenever I want. In the morning staff come and say good morning and if want to stay in bed longer I can, I just say I want to stay in bed for a while, please come back later and they do."
- Training had been provided since the last inspection for staff in relation to treating people with dignity and respect. The registered manager had provided strong leadership and positive role modelling to improve the culture and outcomes for people.
- We observed staff discretely supporting people to use toilet facilities throughout the day and responding to people's requests promptly. A staff member told us, "I love it here and really like the residents. They are all different." Another staff member said, "I feel the home is in a good place since the previous poor CQC inspection and COVID. We have worked hard to find a better life for the residents. We work well as a team."

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

- Throughout our visit we saw staff understood the people they supported and how they communicated. We saw one member of staff using a white board to communicate with a person due to their hearing impairment.
- A staff member escorted a person into the lounge. They offered a choice on where the person wanted to sit and suggested a table in the dining room which the person agreed would be nice. The staff member said they would go and get the person their breakfast. They made them comfortable and asked what they wanted to eat and drink and immediately went off to get this ready for the person.

# 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 this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection in September 2020, we found the providers quality assurance arrangements were not consistently applied and remained ineffective. At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 17. However, some improvements were still required.

- Governance arrangements had improved and audits in relation to medicines, environment and care records were identifying shortfalls so action could be taken to remedy these. However, the audits had not picked up the concerns found in relation to supervision and ensuring all safeguard concerns were reported promptly. Improvements were also needed to ensure records clearly recorded why people were on prescribed diets. The registered manager and provider did respond proactively to the concerns found and acted immediately.
- The registered manager provided strong leadership and had good oversight in relation to care and support provided by staff.
- The service was moving in the right direction and improvements had been made which was reflected in feedback from people, external stakeholders and staff. A staff member told us, "We have a very supportive management team. The deputy and registered manager are both supportive and approachable. Head office staff do visit and speak to us as well."

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

At the last inspection we found the provider failed to follow their own complaints policy when receiving and acting on complaints. This was a breach of regulation 16 of the Health and Social Care Act 2014. At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 16.

- The service had received two complaints since the previous inspection, and both had been responded to effectively and followed the providers complaints process. The registered manager told us when referring to one complaint, "I responded in writing but also spoke to the complainant in detail to resolve this complaint."
- People and their relatives knew how to raise their concerns if they needed to and were confident, concerns

or complaints would be dealt with. A relative told us, "I normally speak with the manager and it is better now there has been a change of manager. I wasn't included before, but I am now. There is more communication and more openness."

- However, during our visit we identified a staff member living at the service and whilst they had the relevant recruitment checks in place, when we first asked the registered manager about this they told us they were not aware the staff member still lived on site. They later told us this was temporary and produced a risk assessment. The initial response demonstrated a lack of transparency about the current situation in relation to staff using the service for accommodation. We also found the risk assessment lacked detail about the impact staff living on site might have for people that lived in the service. The provider told us they would update the risk assessment.

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

- We received positive feedback from relatives and staff about the service and how it was run. One relative told us, "I am very happy with the care and the communication with the service is good."
- Staff told us they enjoyed working at the service and felt supported by the management team. One member of staff said, "It is such a change, we are all working well together." Another staff member said, "The service has had a few managers, but the new manager is lovely. After coming back from having COVID I did shorter hours and the registered manager was supportive and approachable. I feel listened to."
- Staff told us they knew people well and they had gained knowledge and understanding of people's individual needs and preferences by talking with them and with other staff, and by reading people's care plans. Staff demonstrated to us care plans were easy for them to follow through with access on their phones. They showed how they were able to easily document the care they have given to people.
- The service had a variety of ways of involving people and gathering their views. These included meetings and reviews with management. A newsletter was sent bi-monthly which included information about planned events and what was happening at the service.
- The registered manager held regular staff meetings to discuss relevant information and policy updates. A staff member told us, "Staff meetings are very useful, and we are able to contribute."

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager were committed to improving standards of care to the people they supported.
- The registered manager and provider worked in partnership with other organisations. They remained engaged with the local authority to monitor improvements in the service. A healthcare professional told us, "When there were problems, the district team came in to help. The service is much improved, and communication is better. The care has improved."