Care Quality Commission

# Southwark Park Nursing Homes Limited

# Blenheim Care Centres

## Inspection report

Hemswell Cliff
Gainsborough
Lincolnshire
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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

We inspected Blenheim Care Centres on 14 April 2015. The inspection was unannounced.

Blenheim Care Centres provides nursing and personal care support for up to 80 people whose ages range from 18 years and above, and who have physical disabilities and or neurological conditions. The home is located near the town of Gainsborough in Lincolnshire and is divided into three units. These units are called Blenheim House, Blenheim Lodge and some semi-independent flats.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were treated with dignity and respect. They were involved in planning and making decisions about the care and support they received. Staff respected their views about the way they wanted their care delivered and support was delivered in a kind and caring manner.

# Summary of findings

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of this inspection no-one who lived at the home had their freedom restricted and the registered provider had acted in accordance with the Mental Capacity Act, 2005 and DoLS.

Staff were appropriately recruited to ensure they were suitable to work with people who lived in the home. They were provided with a range of relevant training and supported to deliver a good quality of care for people. Staff also understood how to manage any concerns for people's safety and welfare. People had access to appropriate healthcare services and their medicines were managed safely.

People were provided with a good choice of meals. When necessary, people were given any extra help they needed to make sure that they had enough to eat and drink. They were also supported to enjoy activities and interests of their choice.

Staff were compassionate and promoted people's dignity. Staff supported people to voice their views and opinions and felt able to raise concerns or complaints if they needed to. Staff listened to what people had to say and took action to resolve any issues.

The registered provider and registered manager had a system in place to regularly monitor and continuously improve the quality of the services provided within the home.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

People were safe living in the home. Staff were trained to keep people safe and minimise any risks to their safety, health and welfare.

There were enough staff, with appropriate training to make sure people's needs, wishes and preferences were consistently met.

Good

**Is the service effective?**
The service was effective.

People had access to appropriate healthcare and their nutritional needs were met. Wherever possible people were supported to make their own decisions.

Systems were in place to support those people who lacked capacity to make decisions for themselves. Staff received training and support to meet people's needs, wishes and preferences.

Good

**Is the service caring?**
The service was caring.

People received dignified and compassionate care.

Staff respected people's views about the way they wanted their care delivered. Support was delivered in a kind and caring manner.

Good

**Is the service responsive?**
The service was responsive.

People were involved in planning for the care and support they needed and to engage in activities and interests of their choice.

People were able to raise any issues or complaints about the service and the registered provider acted to address any concerns raised.

Good

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

People were able to voice their opinions and views about the services they received.

Local community links had been developed to enable people to have a wider social experience.

There were systems in place to regularly monitor and improve the quality of the services provided within the home.

Good

# Blenheim Care Centres

**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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 April 2015 and was unannounced. The inspection team consisted of two inspectors, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist advisor is a person who has up to date knowledge of research and good practice within this type of care service. The specialist advisor and expert by experience who visited this service had experience with people who have complex needs related to learning disabilities.

Before the inspection the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We also looked at the information we held about the home such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with 13 people who lived in the home and looked at three people's care records in detail. We also spent time observing how staff provided care for people to help us better understand their experiences of care. This was because some people who lived at the home had difficulties communicating their views and were unable to tell us directly about their experience of living there. In order to do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not speak with us.

We spoke with nine staff members and the registered manager. We looked at four staff files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person said, "I feel safe in the knowledge the staff are here to keep us from any harm. It works well and I feel very safe."

We spoke with seven care staff members individually. All the staff we spoke with stated they had received safeguarding training and that they worked together as a team in order to keep people safe from harm. Staff said the training was consistent and that in addition to training they referred to as being compulsory they were also supported to undertake nationally recognised qualifications.

Staff said they used care records every day as a reference point for the support they gave to people. Staff said the records contained relevant information about the care the person required. This included any risks that had been identified; either at the time the person moved into the service or at reviews, which staff said were carried out regularly with people.

The registered manager told us staff numbers were calculated in line with the number of hours of care each person needed through the application of a dependency tool. We observed there was a consistent staff presence in communal areas to support people. From looking at rotas and talking with people, the registered manager and staff we found that suitable levels of staffing were being maintained.

All the staff we spoke with told us they felt there were enough staff to provide safe care for people on each shift they covered, including the night time period. Staff said the registered manager didn't need to rely on the use of agency staff when they needed cover as the staff team worked together to provide the right staffing levels. One staff member said, "A lot of staff live locally so it's easy to get in if we need to cover. We can also rely on support from staff who work in the semi-independent flats. The arrangements for making sure there is always enough staff are good."

Through our observations and discussions with people, we found were enough staff to meet the needs of the people living in the service. One person said, "I honestly feel there are a group of staff here that meet our needs and there are plenty about." We observed a 25 minute period in a communal area where people were having their lunch. There were enough staff to provide any one to one support needed for people, to ensure people were safe while they ate.

Care records contained individual assessments for risks such as pressure ulcers, assisted movement and nutrition. When a risk had been identified there was a care plan to address the issue.

Fire safety risk assessments and personal evacuation plans were in place for people. These detailed the help and support they would need in the case of an emergency within the home. One person said they had had a fire drill recently, that these were regular and that they were unannounced. The person felt that this was a good idea so people could practice and be fully prepared to evacuate the building safely if necessary.

Staff recruitment processes were in place to protect people from the risk of being cared for by inappropriate staff. Records showed the registered provider obtained information such as personal identification, previous employment references and Disclosure and Barring Service (DBS) checks. DBS checks show whether a person had any criminal record that would make them unsuitable to work with vulnerable people.

People told us staff looked after their medicines for them and they received them regularly. They said that staff explained their medicines to them and they supported them to take them in the right way. One person said that staff helped them use their medicines at the right time and that they were, "Good at doing this." Staff showed us how they ordered, recorded, stored and disposed of medicines in line with national guidance. This included medicines which required special control measures for storage and recording. They told us, and records confirmed they received training about how to manage medicines safely.

Good

# Is the service effective?

## Our findings

People told us that staff knew how to provide the care they needed and wanted to receive. One person who experienced reduced mobility said, "The staff use equipment to help me transfer and they make sure I am never in any pain. They are gentle and I think they are well trained."

Staff said good communication within the staff team and careful recording helped to ensure that people received consistent support. We observed staff working together and noted that communication regarding the meeting of needs for people was clear.

People and their relatives told us they were involved in decision making about care needs and staff respected their views. Staff were clear in their understanding of how to support people who lacked capacity to make decisions for themselves. They knew about processes for making decisions in people's best interest and how to support people who could make their own decisions. People had assessments and care plans related to their capacity to make decisions and best interest meetings were recorded.

Staff had received training about Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They were able to show us that they understood how to support people to make decisions. At the time of our visit no-one needed to have restrictions placed upon their freedom of movement.

The registered manager had a detailed plan of all of the training staff had received and had planned. The registered manager said they used this to make sure any updates staff needed were scheduled to ensure their skills were up to date. Staff we spoke with said the training provided helped them to undertake their work in a way which enabled them to apply the skills they had developed. Training included staff having access to nationally recognised qualifications.

The registered manager confirmed they had a structured process in place regarding supervision and appraisal and that all staff were supported with regular supervision. Staff told us that they had regular supervision sessions with the registered manager or a senior staff member. They also said that records of the meetings were made and retained confidentially and that they signed the records to confirm they agreed with them. The registered manager and staff also told us they had received or were due to have a formal appraisal.

Care staff also demonstrated their knowledge and understanding of people's nutritional needs. They followed care plans for issues such as encouraging people to take drinks and offering them the opportunity to have their body weight checked. Records for these needs were completed and up to date included the use of nationally recognised nutritional assessment tools. Where people were at risk of poor nutritional intake staff had made referrals to specialist services.

People had were supported to make choices about the sort of food and drink they wanted. When people needed additional help to ensure they eat and drank the right amounts to keep them healthy we observed staff were available to support them. One person said, "The food here is top and I mean good" and "There are different things to choose from. See here at dinner time we have got two choices of things we like." Another person commented, "They are very good at providing alternatives. The cook knows that I don't like rhubarb for example so if it's that, she will do me cake and custard or something else, they are good like that"

We saw that menus were changed regularly and kept varied to suit people's preferences. Staff said they created the menus from discussions with people and we observed one staff member taking time to go around the service asking people specifically what dishes they wanted to have.

People's healthcare needs were recorded in their care plans and it was clear when they had been seen by healthcare professionals such as community nurses, dentists and opticians.

Staff knew about people's healthcare needs such as their risk of developing areas of sore skin. We saw they followed care plans for reducing these risks, such as encouraging people to change their seating positions regularly. One person said, "I love my room and I have a really comfortable mattress on my bed so I always get a good night's sleep. It feels like home here." Care records contained a section that held details of any external specialist involvement in people's care. The information showed there was coordinated working between the service and external services. For example, there was close

Good

# Is the service effective?

working arrangements in place with the local tissue viability nurse who helped staff to ensure that nationally recognised assessments were completed and maintained in the right way.

Good

# Is the service caring?

## Our findings

Where appropriate there were end of life care plans in place to show the arrangements agreed to support people. However, there was a lack of detail in the plans to show how the care had been agreed with the person's direct involvement. The registered manager showed us they had carried out a review of this issue and were updating the plans to clearly show how people had been involved.

People said they were happy living in the home. One person said, "It's a great place to live and I have friends here. It's all I need and the staff care for me in every way to make me feel cared for." Another person commented that the personal care they received was, "Always personal and always dignified" and that they preferred, "having my own bathroom because it's more private for me."

Throughout our inspection we observed there was a caring and friendly atmosphere in the home. We saw that staff knocked on bedroom doors before entering which showed that they wanted to promote people's dignity and self-determination. Staff also took their time to listen to people when they were using different ways to communicate their views or feelings so they understood their needs clearly.

People looked comfortable with the staff who supported them. We saw and people told us they had their own private rooms that were set out and adapted in the way people wanted them to be. When staff provided care and support for people in their rooms or in communal areas we observed that people chatted and socialised with staff and that staff interacted well with people.

People said and records confirmed that meetings took place between staff and people every month. The purpose of these meetings was to engage with people about the way in which they wished to develop their personalised plan of care. People said activities were always discussed at these meetings and we heard about some interesting opportunities that had been developed. For example, a bake-off competition had been held in which most people had taken part.

At lunchtime we spent time observing how care and support was provided for people. We observed staff helping people to make decisions about what they wanted to eat by explaining what the meal was and offering it to the person rather than just assuming that they wanted it. We saw one person was offered their meal and the person said, "I would like some cheese on mine please." The staff member took immediate action and made sure the cheese was provided for the person who responded by saying, "Great, thanks."

There was information available in the home so that people and their relatives could use advocacy services. Advocates are people who are independent of the service and who support people to communicate their wishes. One person showed us and pointed out that information about advocacy was, "Posted around the home." Other people we spoke with confirmed they could access these service either direct for themselves or with support from staff when needed.

Good

# Is the service responsive?

## Our findings

People were actively encouraged to maintain relationships with family members and friends in the community. We observed people coming and going out as they wished. People were also supported to develop relationships within the service when they had chosen to do so. For example, we saw staff supported people to sit where they wanted to so they could speak with friends. During lunch one person sat at their chosen table and another person who they were seated with gestured positively and held their hand out. Both people held hands and smiled in recognition of each other.

We also saw that when people needed assistance to eat there was a range of utensils such as plate guards and specially adapted cutlery. These aids helped people to be as independent as they wanted to be while protecting their dignity. People who needed additional support to eat had one to one assistance from staff who took their time to enable people to eat and enjoy their food at their own pace.

People were supported to make choices in relation to their food. During lunch we heard one person say, "I think I am going to have spaghetti bolognaise a change." The person asked for their meal and it was served as requested. Another person asked what sort of meat was on the menu for the day. The cook explained and said one of the options was sausages. The person said, "Great, can I have three." Again, we saw they were served with what they requested.

There was a range of activities on offer for people and people were supported to enjoy any hobbies or interests that they wished to pursue. Information about some of the planned activities was available in a different language. The registered manager told us this helped ensure everyone at the service had equal access to the information about activities that were available.

We observed people following their interests and hobbies either independently or with support. For example we saw two people actively undertaking gardening outside the home, which they indicated they enjoyed.

People were planning to go out into the community to do individual tasks such as shopping with support from staff. We also saw people talking together or reading in different parts of the service either in groups or pairs. The registered manager told us how people who had religious beliefs were supported to maintain these. For example one person had visits from a Catholic priest to enable them to practise their faith.

The registered provider had a formal procedure managing concerns and complaints that was displayed in the main foyer of the home. The information confirmed that complaints could be made to the registered manager or the provider. The registered manager told us that they responded to any issues or concerns as soon as they were raised with them. People said they had the opportunity to raise any concerns they may have and felt they would be responded to in a timely way by the registered manager.

We looked at a sample of complaints that the registered provider had received. Records showed that each of them had been investigated and that the complainants had been informed about the conclusions that had been reached.

Good

# Is the service well-led?

## Our findings

The registered manager and senior staff were visible throughout our inspection and we saw staff and people could speak with them when they wished to do so. We observed that the registered manager had developed and fostered a culture of 'people first' within the home, spending long periods of time on the floor modelling good practice to staff.

During our inspection the registered manager talked consistently about respecting people and we were also able to observe this in their interactions with people who used the service. For example the registered manager spoke with people using their preferred names. People responded positively by smiling and talking in ways that showed they knew the registered manager well. One person said, "The manager makes time and listens to me, she can't always come straight away but she does come as soon as she is able, she doesn't forget me." Another person said, "The manager listens to what we say and tries to do what we want, she is very good really we have the users meetings as well where we can say what we want too."

Care plans had been signed by both the registered manager and people whenever they were reviewed. People told us they took part in reviews and discussion with the registered manager and one person said, "Yes the manager does discuss my care plans with me fairly regularly so that they can include my ideas as well which I think is good."

Staff told us they felt the registered manager was clear about their expectations of the staff team and was supportive and accessible to staff. One staff member said, "The manager is very fair and I know I can go to them at any time and would be listened to." Another staff member said, "The manager has the balance right between being firm and fair."

Records showed that regular staff meetings were held. Staff said the meetings were used to discuss the practical arrangements for working in the home and that they were a useful way for the registered manager to maintain consistent communication across the team.

The registered manager understood their legal responsibilities and had made sure that we had been informed of any untoward incidents or events within the home in a timely manner.

The registered provider had a whistleblowing policy and staff and people told us they could easily access the information and numbers needed in order to raise concerns if necessary. Staff told us they were confident about raising concerns about any poor practice they may witness.

There was a system in place to monitor the quality of the services provided within the home. Regular audits were carried out for subjects such as care planning, infection control, health and safety and staff records. Where issues had been identified the registered manager had developed plans and action in order to address them.