

West Somerset Home (Blenheim Lodge) Limited

Blenheim Lodge

Inspection report

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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 ●

Summary of findings

Overall summary

Blenheim Lodge is a care home for up to 30 older people. The home provides personal care in a pleasant seaside environment. The home is arranged over two floors with rooms having views of the sea or park. The service provides personalised care and supports people to remain independent and mobile. At the time of the inspection there were 24 people living in the home.

At the last inspection in October 2015 the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good :

The provider had systems and processes in place to keep people safe and minimise the risk of abuse. All the people we spoke to told us they felt safe in the home and with the staff who supported them.

People were supported by sufficient numbers of staff to meet their needs in a relaxed manner. We reviewed the staff rotas and saw staff numbers were consistently maintained and there was a balanced skill mix of staff on at all times.

People continued to receive effective care from staff who had the skills and knowledge to meet their needs. People's health was monitored and it was clear from people's comments and care records action was taken when people were unwell. One person was not feeling well and the doctor had been to see them. They said "I just have a cold. I feel rotten. But they are looking after me very well. You get special attention when you are poorly."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People said they were supported by kind and caring staff. Everyone we spoke with was very positive about the staff. People said staff were "friendly" and "absolutely wonderful."

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives.

The service was well run by a registered manager who had the skills and experience to run the home so people received high quality person-centred care. The manager led a team of senior staff who shared their commitment to high standards of care and clear vision of the type of home they hoped to create for people. "We want to ensure people are respected, have their dignity maintained at all times. We want a homely, friendly service where people make their own choices."

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remains caring

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well-led.

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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.

This inspection took place on 23 and 24 November 2017 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection took place the provider completed a Provider Information Return (PIR). This asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed this and other information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

At our last inspection of the service in October 2015 the service was rated as Good overall. Since that inspection no concerns have been identified and the service remains Good.

At the time of this inspection there were 24 people living in the home. During the inspection we spoke with 16 people in their own rooms and met others in the communal sitting room. We spoke with the manager and five members of staff and two relatives.

We observed lunch being served and saw how staff interacted with the people. We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of six people who were staying at the home. We also looked at records relating to the management and administration of people's medicines, health and safety and quality assurance.

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Is the service safe?

Our findings

People continued to receive care that was safe.

All the people we spoke to told us they felt safe in the home and with the staff who supported them. One person said "I do feel absolutely safe. Staff come promptly. I do not ring that often but it is good to know someone is always there." Another person said "Good gracious, I feel absolutely safe. I can discuss any worries and I have no complaints at all. It is very good."

The provider had systems and processes in place to keep people safe and minimise the risk of abuse. Potential new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and checking that prospective staff were safe to work with vulnerable adults.

People were safe because staff had received training in how to recognise and report abuse. Records confirmed this. Staff spoken with had a clear understanding of incidents and issues that may be termed abuse and the action to be taken. They understood the importance of reporting any concerns and were confident that they would be listened to. The manager confirmed any concerns reported would be fully investigated and action would be taken to make sure people were safe. The manager was knowledgeable and confident with their safe guarding responsibilities and had worked in partnership with relevant authorities to make sure issues were fully investigated.

Accidents in the home were recorded and audited. The records included details of any action taken to minimise future risks of for example falls.

Care plans contained risks assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. People who were able were encouraged to go to the park, walk along the sea front and go out with their friends and families. Risk assessments were in place in relation to people's mobility and the type of walking aid they required. General risk assessments had been undertaken in relation to the whole building and people's activities within it.

People's records were accurate, complete and up-to-date. Staff accessed this comprehensive information in order to provide knowledgeable, safe care. Senior staff emphasised the importance of communicating with staff so they were fully informed about people. They worked alongside care staff and had contact with people on a daily basis. Written information was augmented by daily handovers and team meetings to ensure staff had a full picture of people's needs and the safest means of supporting them.

People were supported by sufficient numbers of staff to meet their needs in a relaxed manner. We reviewed the staff rotas and saw staff numbers were consistently maintained and there was a balanced skill mix of staff on at all times. People said there were enough staff and they had never felt neglected. People praised the support they received during the night. One person said "When you ring the bell at night staff come quickly. They will bring you a cup of tea." Another person said "I have some bad nights. I had tea at 4am."

They always come and listen." Another person said "When staff were needed they usually came promptly. Sometimes up to four bells will ring in a row and then you know they are very busy. But they always do their best."

Equipment used in the home was safe and records showed it had been maintained and serviced regularly. Manual handling equipment was serviced and maintained at the required intervals. There was planned replacement and up-dating of equipment. The manager told us as the next planned purchase was a number of adjustable profiling beds that enabled people to change their position in bed easily and independently.

People's medicines were administered by senior care staff who had received appropriate training. We spoke with a senior member of staff who demonstrated their knowledge and confidence in administering medicines. They told us about the training they had received and how their competence had been assessed. People were able to administer their own medicines if they chose to do so and could also be prompted by staff if this was required. This meant that people could remain safely independent if this was what they wanted.

The cleanliness of the home helped to protect people by preventing the spread of infection. There was a team of housekeepers who had received appropriate training and had sufficient equipment to do a thorough job. Care staff received training in infection control and had adequate supplies of personal protection equipment such as disposable aprons and gloves. The incidence of infection in the home was monitored and good staff practices maintained it at a low level. Staff received training in food hygiene.

Is the service effective?

Our findings

People continued to receive effective care.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. People had been visited by the manager and asked about the support they needed. The health of some people had improved as a result of their effective care and support in the home

People received care from staff who were well trained and competent. In addition to a range of mandatory training such as manual handling and safeguarding, an in-house trainer provided a range of diverse and interesting training sessions including pressure care, infection control and care planning. Training sessions had been developed to address issues as they arose in the home and were relevant to people's needs or staff working practices.

Care staff reported any concerns about people's health to senior staff. People's health was monitored and it was clear from people's comments and care records action was taken when people were unwell. One person was not feeling well. They said "I just have a cold. I feel rotten. But they are looking after me very well. You get special attention when you are poorly. The doctor has been to see me."

People's care plans gave detailed information about their health needs and how they were to be addressed. The home arranged for people to see health care professionals according to their individual needs. People received regular visits from GPs. Records showed short term health needs were addressed promptly. Long term health conditions were monitored and appropriate referrals and visits were made to consultants and specialist clinics. Community nurses supported people in the home with diabetic care. Community psychiatric nurses visited to support people who had mental health needs. Records showed opticians and chiropodists visited the home regularly. People who had diabetes received specialist monitoring and check-ups.

The increasing age and fragility of some people in the home meant they were closely monitored and assisted to maintain their independence and mobility. There was an absence of pressure damage to people's skin. The home positively encouraged people to maintain their mobility through exercise and tai chi classes. One person was being actively encouraged to walk more outside and to become more active.

People were supported to have a balanced diet that promoted healthy eating. People were offered a choice of two or three meals and were able to make their individual preferences known. People who did not want a cooked main meal could have a salad. Most people were pleased with the food saying it was "generally good" and "very nice." Other people said the food "varied" and had "ups and downs." The manager and kitchen staff worked hard to meet people's preferences. On the day of the inspection the dining room tables were set nicely and people were welcomed by the cook. People were assisted to sit at the table and mobility aids were stored safely so food could be served safely. There was a choice of chicken, mashed potatoes and vegetables and cottage pie. There was a choice of desserts and some individual preferences had been met.

Some people needed assistance to eat and this was provided discreetly to maintain the person's dignity.

When there were any concerns about a person's appetite or weight loss there was evidence in the care plan that the person had been assessed and necessary action taken.

People only received care and support with their consent. Throughout the inspection we heard staff consulting with people and asking them if they were happy with the support they were offered or had received.

Where people lacked the mental capacity to make decisions about their care staff acted in accordance with the principles of the Mental capacity Act 2005 (MCA). 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 the people who know the person well and other professionals when relevant. People's legal rights were protected because the manager and staff had received training and knew how to support people who may lack the capacity to make some decisions for themselves.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards (DoLS) The registered manager had a thorough knowledge of the Mental Capacity Act and worked in partnership with relevant authorities to make sure people's rights were protected. At the time of the inspection no one was being cared for under the Deprivation of Liberty Safeguards.

Is the service caring?

Our findings

The home continued to be caring.

People said they were supported by kind and caring staff. Everyone we spoke with was very positive about the staff. People said staff were "friendly" and "absolutely wonderful." One person said "I have been here a while now and it is very good. The care staff do the best they can. They look after me very well. They are very kind, very thoughtful."

During the inspection we saw staff supporting people and interacting with them in a kind and friendly manner. Staff spoke to people gently and when appropriate touched a hand or a shoulder to reassure them. Some people needed help to use walking frames to move about the home. Staff assisted them with patience and kindness, encouraging them to remain mobile and independent. When people were assisted to the dining table staff asked them if they were comfortable and settled before leaving them. We heard staff talking with people asking them about their day and complimenting them as they returned from the hairdresser. People were relaxed and cheerful when talking with staff. One person said "They are marvellous. Very caring indeed. Some different approaches but they all want to help us".

People's privacy and dignity were promoted in the home. All care was conducted privately and discreetly. Doors were always closed and staff spoke quietly to people when asking them about their support needs. At night people were consulted about the frequency of times staff entered their room to check on their well-being. People were able to request less frequent checks subject to risk assessments.

People were supported to express their views informally on a daily basis and each month when their care and support was formally reviewed with senior staff. Regular meetings were held with the manager and people felt able to raise general issues about the home.

People's friends and relatives were made to feel welcome in the home. One visitor said "They cannot do enough for me. I can visit at any time. Staff make sure I know what is happening. Staff ring me at home. It is a huge comfort." Another person said "if you want your relative to have a cup of tea you just ask. They (staff) understand it is your home and you want your family to be welcome."

Is the service responsive?

Our findings

The service continued to be responsive.

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. One person told us they were able to "please themselves" and "do what we want." This included choosing when they got up and went to bed and planning their daily routines.

Each person had a detailed and comprehensive care plan that gave staff all the information they required to provide care that met people's physical, mental and social needs. When the home was unable to meet a particular need this was noted in the monthly review and when possible action was taken to address this.

People were encouraged and supported to remain as independent as possible and to live as they chose. Some people liked to remain in their own rooms for a large part of the day. One person was engrossed with their daily paper and had many books in their rooms. They said "I am avid reader. I like to know what is going on." Another person said "I used to live alone. I like my own space. Here there is company if you want it."

Other people liked to spend more time with friends and spent time in the sitting rooms. One person said "Getting out of your room is important. I have my own routines. I go down for lunch, meet up with other people about four p.m. We choose what we like to do. There is quite a varied crowd some days. Staff have a chat with us. I like singing too." One person liked to make their own bed every day. They said "It gives me exercise." People went out with their families whenever possible.

The home offered a programme of in-house activities including tai chi, flexercise, flower arranging and games. The manager organised and ran the flexercise class and on the morning of the inspection this was well attended and enjoyed. One person said "You accept you have a different sort of life now. I can't go out like I used to but there is nothing really they could do better here."

People told us they would be able to raise any issues of concern within the home. There was a well displayed complaints procedure which had been used infrequently as people were able to talk to the manager and staff to have issues resolved promptly. One person said "If I had a complaint, and I have never needed to complain, I would talk to the manager. They do ask us if we want anything changing." Other people said it "was easy to talk to staff" and "ask for any help with anything."

Whenever possible people were cared for at the home till the end of their lives. Some people's needs changed and they required nursing care or were assessed as needing support in a specialist dementia service. The manager told us they always tried to support people to stay at the home with the support of other health professionals. People had regular contact with GP's and community nurses including the twilight community nurse team so their comfort and well-being could be supported at all times. This professional support enabled people to receive oxygen and medicines to assist them with their

pain or anxiety if they were needed. We saw one care plan which showed how people's needs were met at the end of their life in a compassionate and gentle manner.

Is the service well-led?

Our findings

The service continued to be well led.

There was a registered manager in place who had the skills and experience to run the home so people received high quality person-centred care. 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 registered manager was supported by the home governors who visited regularly and completed a short report. The manager prepared written reports for the governors' meetings that demonstrated their conscientious commitment to the people who lived in the home and the diversity of tasks they undertook as part of their role. In between the day to day running of the home and close contact with people and their families they attended all the funerals of people who had lived in the home, ensured all staff training and staff supervisions were completed and completed formal audits. They knew people who lived in the home and their families very well and were up-to-date with their changing needs and care.

The manager led a team of senior staff who shared their commitment to high standards of care and clear vision of the type of home they hoped to create for people. "We want to ensure people are respected, have their dignity maintained at all times. We want a homely, friendly service where people make their own choices."

The management team consisted of the manager, head of care and team leaders. All told us about the importance of visible leadership. They encouraged staff to take up training and recognised the importance of using their ideas and suggestions to improve the service. Staff said they had "excellent support" and had been encouraged to do extra training. They were encouraged to complete questionnaires that sort their views about working at the home. Of the 32 staff who responded 31 thought people were well cared for, were safe and received personalised care. 31 felt supported by the manager and 30 would consider the home as suitable for their own relatives.

People's views were gathered informally on a daily basis and through regular meetings with the manager. People also completed satisfaction surveys. The most recent survey indicated people were satisfied with the care and support they received in the home. They rated the cleanliness of the home as "very good" and were satisfied with the facilities.