

West Somerset Home (Blenheim Lodge) Limited

Blenheim Lodge

Inspection report

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Minehead
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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

This inspection was unannounced and took place on 5 and 6 October 2015.

The last inspection of the home was carried out on 13 May 2014. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. 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.

People told us they felt safe at the home and with the staff who supported them. "They are very understanding here. I have no doubts or fears. If I need help I ring the bell and they come promptly."

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. People said there were enough staff day and night and they had never felt neglected.

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 sufficiently mobile were encouraged to

Summary of findings

go to the park, walk along the sea front and go out with their friends and families. People received effective care and support from staff who had the skills and knowledge to meet their needs. People's medicines were administered by senior care staff who had received appropriate training.

Some people gained strength and improved in health and mobility in the home. One person said "I was in a low state when I came here. It took me a long time to settle, to get going. One of the carers really took me in hand. I have done things here I haven't done for years. Life has never been better."

At lunch time we saw that people were able to choose where they ate their meal. There was a choice of three meals each lunch time. People said if they didn't like the choices offered "something else" would be found. They said this was never a problem.

People said they were supported by kind and caring staff. All comments about staff were very positive. One person said "I have been here for two years. It is very nice. I am contented and comfortable. Staff are most pleasant, helpful and caring. I have no complaints what so ever. Day after day they come in with a smile on their faces."

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 found "no

restrictions on any aspect of their daily life." They said "I am an early riser. Always have been. They come to me at 7am for my bath. I am having breakfast at 7:30. I like a poached egg for my breakfast. Sometimes I go out with friends. The staff help to get me ready in plenty of time."

Staff demonstrated an excellent knowledge of the people who lived at the home which enabled them to personalise their approach to each person. Staff were able to tell us about how different people liked to be supported. One member of staff said "Everyone is different we have to adapt to each person." People said they thought the staff knew them well and provided care that was appropriate to them.

People, staff and visitors felt the service was well led by an open and approachable manager. The registered manager was always ready to listen and was continually looking at ways to make improvements to the home and the care provided. Staff said they felt well supported and had a clear idea of what was expected from them.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where any shortfalls in the service had been identified action had been taken to remedy the situation. The manager was committed to continually improving the service and tailoring the service to meet people's needs and wishes.

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.

There were systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

There were sufficient numbers of experienced and appropriately trained staff.

Good



Is the service effective?

The service was effective.

People received care and support from staff who received appropriate training to carry out their jobs.

People's nutritional needs were assessed and met.

Staff monitored people's healthcare needs and made referrals to other healthcare professionals where appropriate.

Good



Is the service caring?

The service was caring.

People were supported by kind and caring staff.

People's privacy was respected and they were able to choose to socialise or spend time alone.

People had opportunities to express their opinions about the care they received.

Good



Is the service responsive?

The service was responsive.

People were able to make choices about all aspects of their day to day lives.

Care and support was personalised to ensure people's wishes and needs were met.

People told us they would be comfortable to make a complaint and all felt any concerns would be fully investigated.

Good



Is the service well-led?

The service was well led.

There was a registered manager in post who was open and approachable.

People's well-being was monitored and action was taken when concerns were identified.

People were cared for by staff who were well supported by the management structure in the home.

There were systems in place to monitor the quality of the service and to implement improvements.

Good



Blenheim Lodge

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 5 and 6 October 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the 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 the last inspection the service was meeting the essential standards of quality and safety and no concerns were identified.

At the time of this inspection there were 27 people living in the home. During the inspection we spoke with 17 people and 8 members of staff. We also spoke with a social care professional on the telephone.

We spent time in the dining room so that we could observe how staff interacted with the people who lived there.

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.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. They understood they were able to raise issues with any of the staff. “Feeling safe” was an important factor for some people when deciding to come into the home. One person told us “They are very understanding here. I have no doubts or fears. If I need help I ring the bell and they come promptly.” Another person said “Oh yes, I feel very safe. I can do as I please. Sometimes they ask me if I want to go out. But I don’t want to go out. So they take me down to the lounge for a chat.”

Risks of abuse to people were minimised because the provider made sure that all 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.

Staff told us they 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. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been brought to the registered manager’s attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

When we arrived unannounced at the home staff were completing a fire drill. They showed they were aware of their role in keeping people safe in the event of a fire alert. Each person had a detailed personal evacuation plan in their care file to be followed in the event of fire. The plans were detailed and comprehensive and gave clear directions to the staff relating to the ability of each person to participate in an evacuation procedure.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. People said there were enough staff and they had never felt neglected. When staff were needed they came promptly.

This was the same for day and night staff. 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.

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 to 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 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. Staff wore a tabard whilst giving out medicines to emphasise they should not be disturbed. This helped to reduce the risk of any medication errors.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Some people were prescribed medicines on an ‘as required’ basis or could take a variable dose of medicine according to their needs. We saw records relating to these medications showed clearly how much had been given.

The home was very clean and free from odour. Staff had received training in infection control and were observed following appropriate guidelines relating to hand washing and the wearing of personal protection throughout the inspection.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs.

Some people gained strength and improved in health and mobility in the home. One person said “I was in a low state when I came here. It took me a long time to settle, to get going. One of the carers really took me in hand. I have done things here I haven’t done for years. Life has never been better.” Another person told us of the care they had received when they were unwell. They said when they had been unwell they had been cared for very well by the staff in the home and had been pleased not to have to go to hospital. They said the doctor had visited three times and they had been prescribed oxygen.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. There was a comprehensive training plan in place to make sure staff kept up to date with good practice and were able to undertake training appropriate to the needs of people who used the service. All staff were about to undertake their food hygiene certificate qualification to support their role in serving food and assisting people with their meals.

Staff were very positive about the training available. One member of staff said “They are very hot on training. There is always something new.” A range of training methods were used. The manager delivered mandatory training. Further short in-house training sessions were delivered by a qualified nurse. Some learning packages were used and staff attended external training events. Staff were encouraged to undertake additional training in their own time and a bonus was paid. Staff had taken modules in nutrition, end of life care, nutrition and dementia care. Staff were supported and encouraged to attain nationally recognised qualifications.

People’s nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. When necessary people were referred for assessment and support to a dietician. People who had any problems with swallowing were assessed by the Speech And Language Team. One person had been losing weight. The home had taken action to access appropriate professional support for

them. They had been prescribed food supplements and were weighed weekly. Food and fluid charts had been maintained. After a period of time the person’s weight had stabilised showing the plan in place was effective.

At lunch time we saw that people were able to choose where they ate their meal. People chose their meal the night before. There was a choice of three meals each lunch time. People said if they didn’t like the choices offered “something else” would be found. They said this was never a problem.

When we asked people about the food in the home most were satisfied. They said there was plenty to eat. Comments included “I can’t complain about anything. The food is excellent.” One person said “The food is getting better again. There is always a choice of two or three things at lunch. If we don’t like the choice we can have cold meat or something else. There is plenty of food. We can have sandwiches for supper. The night staff will bring you tea.” Another person said “The food is generally very good. Some people criticise but they ask us at meetings what we like. Ask us to make suggestions. When people were a little less complimentary about the food we saw their comments had been taken seriously. For example a complaint about the sausages served in the home had led to a tasting event where people had been encouraged to try several brands and choose one they liked.

The dining room tables were set attractively with flowers and people chose to sit with people they wanted to talk to. Staff took time to assist people to sit in their dining chairs and walking aids were stored safely during the meal. Food was presented well and looked appetising. One person asked for additional gravy and this was promptly produced. Some people were individually offered protection for their clothes. When this was accepted staff assisted people with respect for the person’s dignity. Desserts were served from a trolley and additional cream was available. A range of other options such as yoghurt and fruit was available. We discussed with the manager putting examples of these on the trolley so people were always aware of the choices that could be made.

Most people who lived in the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. Some people had been

Is the service effective?

offered a vaccination against influenza but had refused and this was noted in their care plans. We heard staff checking people were happy to receive care and support throughout the day.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Records of a decision made for one person was appropriate and fully documented. A MCA audit had been undertaken by an external organisation. As a result of their findings the manager organised training events to ensure all staff understood all aspects of the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The manager had followed the correct procedures when it was considered necessary to restrict two people's access to the community for their own safety.

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. 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. One person had developed a dementia. Their care plan showed they had received regular support from medical and nursing specialists. Another person told us about the support they received from staff whilst receiving treatment and attending appointments. They had been to see consultants and specialist nurses. They said "The carers come with you. They help you find your way and remember what is said." There was no one currently in the home with any pressure damage to their skin. One person was closely monitored due to their age and frailty. Community nurses attended the home when there were any wounds requiring dressing.

People told us opticians and chiropodists visited the home regularly. Care records showed when health and social care professionals visited people and the treatment they received. The manager was aware they would not always be able to meet all people's health needs in the home and sometimes this might mean a person would move to another home.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. All comments about staff were very positive. One person said “I have been here for two years. It is very nice. I am contented and comfortable. Staff are most pleasant, helpful and caring. I have no complaints what so ever. Day after day they come in with a smile on their faces.” Another person told us “The time comes when you can’t live at home. Then there really isn’t anywhere better than this. They do everything you need in a professional way without any fuss or bother.”

One person had come to the home for respite care after a hospital visit. They told us they had decided to stay because the staff were so kind and “everything is very nice”.

People’s privacy was respected and all personal care was provided in private. Whenever we spoke to staff about the care provided to people they checked they were able to speak confidentially to us by closing a door or moving away from other people. When they discussed people’s care needs with us they did so in a respectful and compassionate way. It was clear staff knew people well.

During the inspection we saw staff supporting people and interacting with them in a kind and friendly manner. Some people were assisted to walk using frames. Staff assisted them with patience and kindness, encouraging them to remain mobile. Some people needed to be assisted with their mobility by staff using mechanical hoists. Whenever someone was assisted in this way staff explained everything that was happening and gave constant reassurance to the people they were supporting.

People told us they were able to have visitors at any time. Each person who lived at the home had a single room

where they were able to see personal or professional visitors in private. There was also a choice of sitting areas where some people and their relatives chose to spend time.

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. Others were supported to be independent and leave the home. One person said “The days don’t drag here. I have my walker. I can go to the park. I can walk along the seafront. I can only go out with a carer. You only have to ask.” Another person visited friends and belonged to a local social organisation. They told us they found staff understanding and were able to talk to them “about anything.”

There were ways for people to express their views about their care. People met regularly and we saw from the minutes of the meetings people had been asked their views. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and view their opinions.

Some relatives wrote and thanked staff for the care given to their family members. They praised the compassion and kindness of staff in helping people to settle into the home and at the end of their lives. 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. One relative thanked the home for their family member's care at the end of their life. They wrote they could not have wanted a better place for them and “right to the end they had lovely care and, in fact, so did we.”

Is the service responsive?

Our findings

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 found “no restrictions on any aspect of their daily life.” They said “I am an early riser. Always have been. They come to me at 7am for my bath. I am having breakfast at 7:30. I like a poached egg for my breakfast. Sometimes I go out with friends. The staff help to get me ready in plenty of time.”

People were encouraged and supported to remain as independent as possible and to live as they chose. One person told us “I do a lot for myself. I like to be independent. I am thankful I can get out and do shopping for myself and others. I am not a person who likes to go to bed early. I like to do a bit of washing for myself. They know me here. They understand my ways.”

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.

Staff demonstrated an excellent knowledge of the people who lived at the home which enabled them to personalise their approach to each person. Staff were able to tell us about how different people liked to be supported. One member of staff said “Everyone is different we have to adapt to each person.” People said they thought the staff knew them well and provided care that was appropriate to them. One person said “They know me very well; you don’t have to constantly tell them what you want.”

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. There was information on how people liked to spend their days, their nutritional and manual handling requirements and information about their lives and family. We were able to see the care described in the care plan was being delivered to the person.

The staff responded to changes in people’s needs. In one care plan the person had been assessed as needing support to walk at all times. The records showed how the person’s strength and mobility had improved until they were assessed as safe to leave the home unescorted.

Another person had been offered an alternative room on the ground floor as they had found it increasing difficult to access their first floor room. People’s health and care needs were reviewed to ensure the home was still able to meet them. Records of reviews with other health and social care professionals confirmed additional equipment and support was considered when necessary. We spoke with one social care professional following a review. They confirmed the home had been meeting the person’s needs “very well.”

People were able to take part in a range of activities according to their interests. The activities in the home were organised overall by the manager. They were supported by staff who ran reminiscence sessions and visited people in their rooms for individual conversation and activities. There was a regular flexercise session and a Tai Chi class which one person told us was “relaxing and wonderful.” People mentioned quizzes, games and musical entertainers. The activities offered in the next seven days were displayed clearly with pictorial clues. They included a trip out to the “memory café” and a visit from a dog to provide “pet therapy.” One person told us they did not enjoy watching racing as much since the member of staff who put their bets on had left. We mentioned this to the manager who said this would be addressed.

People were supported to maintain contact with friends and family. Visitors were welcomed into the home at any time. People talked about the importance of family to discuss concerns with or take them out for a short trip. Other people valued friendships they had made in the home. One person said they had met a friend they had known since school days. Another said it was very “nice to have a particular friend to talk to.” Staff told us they knew people well and saw when they were a “bit bored or down” were able to take action to include them in an activity or talk to them quietly for a while.

The registered manager sought people’s feedback individually and during the monthly residents meetings. They took action to address issues raised. For example some people were not always happy with the food in the home. The manager had arranged to start offering monthly meetings with the chef for any person who wanted to raise a specific food issue.

Each person received a copy of the complaints policy when they moved into the home. People told us they knew how to make a complaint. There had been very few complaints. The manager said they tried to address concerns raised by

Is the service responsive?

relatives promptly. For example one relative had been concerned about their family member's weight loss. The person had been referred to the dietician and action had been taken to monitor their food intake. We were shown a considerable amount of correspondence from one relative.

The manager told us of the action being taken by the local authority to resolve their issues. The person living in the home was unaware of the issues raised by their relative. They were happy and settled in the home.

Is the service well-led?

Our findings

People living in the home, staff and visitors felt the service was well led by an open and approachable manager. The registered manager was always ready to listen and was continually looking at ways to make improvements to the home and the care provided. Staff said they felt well supported and had a clear idea of what was expected from them.

The registered manager had a clear vision for the home. Throughout the inspection they demonstrated their enthusiasm and commitment to providing a comfortable home where people were able to live the life they chose as far as possible. Their vision and values were communicated to staff through their daily management of the home and more formally through staff meetings.

The registered manager kept their skills and knowledge up to date by on-going training and reading. They held regular quality governance meetings. This gave senior staff an opportunity to discuss and address any issue that might affect the home. We saw in the minutes issues discussed included recruitment progress, assessments for possible new residents and progress of environmental improvements such as the installation of new swing free doors.

There were effective quality assurance systems to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. We saw that the manager had introduced improvements in the service. For example a night supervisor had been appointed to provide more support for staff and people in the home at night. The way in which activities were organised and delivered had been reviewed and up-dated.

The manager carried out regular surveys to gauge the views of people using the service, their relatives, staff and other interested parties. The last survey was completed in February 2015. 26 questionnaires were given out. 23 were

returned. The responses showed everyone would recommend the service to their family and friends. Everyone agreed their personal needs had been taken into account and they had been treated compassionately.

Questionnaires returned from people's families were also very positive. The service was rated very good (by the majority) or good for care provided and other aspects of the service.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The manager was supported by a care manager and team leaders. The appraisal and supervision of care staff was shared between the senior staff. This meant there were opportunities for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

One team leader showed us the ways in which they organised their floor taking responsibility for the care of people and the support and guidance of their team. For example they had put additional information in clinical areas to reinforce key knowledge relating to care. They knew the people they were caring for very well and were up-to-date with all their health and social care issues. This ensured care was personalised to their needs and staff were supported with up-to-date information.

Staff were given the opportunity to express their views in meetings and through a staff survey. A third of the staff responded to the last survey. The manager planned to design their own questionnaire and consider ways of improving the participation rate. Staff who did respond were mostly positive and indicated they were able to deliver the care they aspired to and were pleased with the standard of care of their work. Some staff indicated they wanted to be more involved in decisions in the home.

All accidents and incidents which occurred in the home were recorded and analysed. The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.