Life Style Care plc

Blandford Grange 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?	Requires improvement
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 9/10 June 2015 and was unannounced.

Blandford Grange Care Home is a nursing home registered to provide personal and nursing care for up to 63 people, some of whom are living with dementia. At the time of our inspection there were 39 people living at the home. The home is over three floors which each floor staffed independently. The top floor was not open at the time of our inspection and was being refurbished as a residential unit.

At the time of our inspection there was not a registered manager, although the current manager had applied to be registered. 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.

Improvements were needed to ensure people were always treated with dignity and respect. We found that meal times could be made better for some people. People had their nutritional needs assessed and received appropriate food and drink; however improvements

Summary of findings

could be made to how people who need support at mealtimes were assisted. People were not always spoken to when staff were carrying out interventions and people were not always given a choice.

The provider had a comprehensive training programme which included some training such as communication, care of the challenging person and privacy and dignity. We found not all staff had attended this training which was reflected in some staff lacking the necessary interpersonal skills to support people who are living with dementia.

We found that there were risk assessments and care plans for people. Some improvements were needed to the care plans to provide more detail on how to reduce the risk of falls. Care plans for some people at risk of falls stated to carry out visual checks to reduce the risk. There was not guidance on frequency of checks or how visual checks were carried out and it was unclear to us if visual checks reduced the risk. Improvements are needed on how visual checks are completed and evaluated.

We saw activities being provided which were based on people's individual preferences and saw people engage positively with staff.

There was a new management team within the home that was reviewing current processes and care plans and we found them open and positive about future developments. Staff told us that management were approachable and they listened.

We found there was a breach of regulation 10 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, people were not always supported respectfully and with dignity. You can see what actions we have asked the provider to take at the back of the full version of this report.

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?

Requires improvement

People who were at risk of falling were not always supported in a safe way. Improvements are needed to clarify how visual checks to reduce risk of falls are completed and evaluated.

People are at reduced risk of abuse because staff had received appropriate training and were able tell us how to recognise abuse and how to report it.

There were enough staff to provide a safe service.

Medicines were stored and administered appropriately.

Is the service effective?

Requires improvement

People received effective care for their physical health needs. Some improvements were required to ensure all staff have the appropriate interpersonal skills to support people with dementia.

People received adequate food and drink.

Staff worked within the legal framework of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Requires improvement

People were not always supported with dignity and respect.

People were not always spoken with during caring interventions.

People's personal care was carried out discreetly and their privacy was maintained.

Is the service responsive?

Good

People's care was planned based on their individual needs and preferences, people had a "This is me" which informed staff of people's needs, preferences, likes and dislikes.

Activities were planned based on preferences and people's interests and were planned to be purposeful.

People and their families were involved in regular review of their care plan.

Is the service well-led?

Good

The service was well led. There was a new management team who were positive and motivated to improve practices within the home. Staff told us that management were approachable and supportive.

A senior manager did checks on the home and identified areas that needed improvements; we saw that actions were carried out.

Blandford Grange Care Home

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 9/10 June 2015 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we checked information that we had about the home. This included notifications we received from the provider. A notification is information about important events which the service is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we looked around the home and observed how staff interacted with people and with each other. People could not fully tell us their experience of living in the home. We used the Short Observational Framework for Inspection (SOFI) in one of the communal lounges. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with four relatives, 12 staff, reviewed nine care records and looked at a sample of the Medication Administration Records (MAR).

We reviewed records relating to the running of the service such as environmental risk assessments and quality monitoring audits.

Before the inspection we contacted a representative of the local authority's contract monitoring team and the clinical commissioning group involved in the care of people living at the home to obtain their views on the service.

Requires improvement

Is the service safe?

Our findings

People who were at risk of falling were not always supported in a safe way. We saw the care plan for one person who had one to one support of staff to ensure they remained safe when mobilising. However some care plans for people at risk of falls stated visual checks to be carried out to reduce the risk of falls, the care records did not give sufficient detail to how or when the visual checks were to be completed. Staff told us they understood visual checks to mean "keeping an eye" on the person and helping them. Visual checks were recorded by the care workers in a separate folder from the care plan. Nurses told us that they used a person centred approach and used distraction or one: one time to reduce the risk of people falling. However, this detail was not included in people's care plans which meant there was insufficient guidance to reduce the risk of falls.

People had their risks assessed. We saw there were a range of specific risk assessments, for example a moving and handling risk assessment and a pressure area risk assessment. Where risks had been assessed we saw control measures had been put in place to mitigate the risk. For example people who were at risk of developing a pressure ulcer had repositioning charts and had pressure relieving mattresses .Staff told us the trained nurses complete the risk assessments and care workers told us they read the care records including the risk assessment and care plan. One member of staff told us they didn't "do risk assessments" and they "gauge risk at the time.", although they told us they always ask if they are unsure about risk, for example checking if someone is on a special diet.

People were at reduced risk from abuse. Staff received safeguarding training as part of their induction prior to starting work in the home and were able to tell us about the types of abuse and what actions to take if they suspected abuse. One member of staff told us some people could not speak up for themselves so it was vital that staff spoke up for them and reported any concerns of abuse. There was a safeguarding policy and a multi-agency protocol available for staff. Staff told us they knew the contact details of the safeguarding team. Staff were able to tell us about the whistleblowing procedures and how they would report poor practice.

We looked at six weeks of the duty roster and there were sufficient numbers of staff to meet people's needs. The service used a dependency tool and a well-being tool to plan for appropriate staffing. The deputy manager told us that the service was currently "overstaffed" as they were recruiting to open the top floor of the building which was prepared to open as a 21 bed residential unit, we saw there were some shifts with additional staffing numbers. One member of staff told us "we have enough staff."

On the first day of our inspection there was one member of cleaning staff across the building, we were told care workers helped out and were supportive. We were told there should be two staff and that a vacant post had been recruited to. On day two of the inspection there were two cleaning staff.

People received their medicines safely. The service had recently introduced a system for storing and administering medicines. There were Medication Administration Records (MAR), which included a picture and description of each drug that people were prescribed. People's photographs were recent. All trained nursing staff were required to cover aspects of medication storage, administering and ordering as part of the induction and to complete further medication competencies. Medicines were stored correctly and administered safely.

Monthly audits were done by the pharmacist and we saw the service followed up and completed recommendations that were made for example one audit picked up that staff were not putting a date when eye drops were being opened; we saw that this was followed up and corrected by the next audit.

Requires improvement

Is the service effective?

Our findings

People received care from staff who had suitable knowledge and skills to meet people's physical needs, however not all staff received training to support people with their social and emotional needs . Staff received induction training before they started work and there was an ongoing programme of training for staff to develop their skills. Staff had received training, which the provider had determined they needed to undertake their role effectively. However additional training which some staff had received such as: Communication, Challenging Behaviour, Dignity and Respect were not completed by all staff. People living with dementia have particular needs that may require specialist knowledge and skills to ensure their psychological and social needs are met. For example we saw one person was anxious and distressed, staff made an attempt to help the person by getting them a plate of biscuits, this did not settle or reassure them. The member of staff showed some kindness but did not use the right communication skills or intervention to respond appropriately to the person's distress, this meant the person remained distressed.

Staff told us they received "a lot of training" which was provided by an external agency. There was a system to record staff training which highlighted when people were due to book into sessions and we were shown a list of the training. Some improvements are needed to ensure training needs are based on the needs of people and staff. For example some people in the home living with dementia had specific communication needs; we saw some staff needed improvements to how they communicate with people. We saw staff came into the communal lounge during the day and wrote their notes with little interaction with people. One person was calling out "I don't want it" repeatedly and staff did not respond. When staff approached people they did not always use effective non-verbal communication for example use of eye contact and being at same level as the person. People were not always communicated with by staff who had effective interpersonal skills. This meant people did not always have their emotional and social needs met.

The organisation had recently appointed a moving and handling coordinator who was working with the home to ensure that all people had an up to date moving and handling assessment. We were told that staff were observed in practice by a supervisor to ensure they were competent in providing care.

All staff received some supervision and support; we were shown a record of staff supervision which indicated that some staff had received one session in six months while others had received three. We were informed the Clinical Lead for the home provided clinical supervision to the trained nurses and had introduced reflective practice. This meant there was opportunity for nurses to study their experience to improve the way they worked.

The service used agency carer workers to support a person requiring a one: to one, we spoke with the care worker, who confirmed they received orientation to the home on their first shift and had breaks covered by regular staff. The care worker described the staff as helpful and welcoming.

People had sufficient food and drink. People had their nutritional needs assessed and care plans provided guidance on specific dietary requirements. We spoke with the chef who was able to confirm that special diets and individual preferences were catered for. People were weighed regularly and fluctuations in weight were monitored and recorded. Some people were referred to a dietician for specialised dietary advice and certain people were on food and fluid charts. These were kept in the separate carer's folder, we saw they were completed.

The Mental Capacity Act (2005) provides the legal framework for acting and making decisions on behalf of individuals who have been assessed as lacking the mental capacity to make specific decisions. The deputy manager was aware of the Act and there was training for staff. Staff consulted with health and social care professionals and people's relatives when making decisions in people's best interests. Although the care records showed us the correct procedures had been followed when assessing a person's capacity and making a best interest decision, we saw that staff did not always explain or ask consent before supporting people. For example we saw staff move people in a wheelchair without talking with the person first, which meant people were not consulted about whether they wanted to move.

Staff knew about the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospital being inappropriately deprived of

Requires improvement

Is the service effective?

their liberty. DoLS can only be used if there is no other way of supporting the person safely. The provider had make applications to the appropriate supervising authority responsible for assessing applications. We saw there were some people with an authorisation granted, staff understood their responsibilities and there was a process in place for keeping a record of DoLs applications, date of assessment, outcome and review date.

People had access to healthcare professionals we saw there was regular in-put from two GP practices including dieticians and a tissue viability nurse. The Community Mental Health Team were also involved on a regular basis. One visitor told us they were very happy with the care and the staff responded quickly if there were any health concerns, we were told "my husband just has to cough and he gets to see a doctor." People had regular routine monitoring of their physical health needs by a trained nurse which was recorded in the care records.

We saw one person was transferred back from hospital and the nurse told us the discharge medicine was unclear and recommendations by the Speech and Language Team was left blank, the nurse immediately contacted the general hospital to seek clarification, this meant the nurse was ensuring that the person received the right care and treatment.

Requires improvement

Is the service caring?

Our findings

People were not always treated respectfully and with dignity at mealtimes. Improvements were needed in how some staff assisted people to eat and drink. There were instances when staff were helping people with their food and they were constantly interrupted. On one occasion there were no staff in the dining room and another person got up to help someone at the same table. We also saw a care worker standing when helping someone with their food and drink. Staff did not always talk with the person and explain what was happening and staff spoke across the room to each other. People who needed support did not have the 1:1 protected time while they were eating and people with dementia were not supported to understand it was lunch time.

We observed meal times on both floors of the home. We saw people being moved without warning from the lounge area to the dining room in advance of lunch arriving.

We asked how meal times were organised and were told that the Team Leader co-ordinated, there was a list available with peoples dietary requirements and preferences. We saw there was some choice offered, for example: we were told that people did not pre order meals, and when the food arrived we saw people being offered a choice of two meals; one person did not like either of the meals on offer so the chef prepared an alternative. However we saw hot drinks being given without people being asked first, we saw there was a list of peoples preferences in the kitchenette however attempts to check with people what they like were not made. Even though personal preferences were taken into consideration staff missed the opportunity to take an individual perspective and offer choice. This meant people were not involved in making a decision.

The radio was playing popular music in the dining room before and during lunch, we did not observe staff asking people if they wanted the radio on or if the music was acceptable. It took 45 minutes for the lunch to arrive on the second day of the inspection, during this time some staff made attempts to engage with people, however some people fell asleep and others became restless.

We saw that staff did not always attend to peoples care needs in a timely way following their meal. For example after breakfast we saw three people remained in the dining room, two of them sat sleeping in their wheelchairs and had a protective apron on with food on their faces. A member of staff was in the kitchen tidying up; tasks were being attended to before people. We saw one person be moved into the dining room and was "parked" without any verbal exchange, the brakes were put on the chair and the member of staff walked away.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014,

People were mostly treated kindly, although staff did not always talk with people. We discussed this with the Regional Director who thought it was because staff were nervous of an inspection taking place. When we saw staff engage with people they were kind and demonstrated they knew the person's likes and dislikes. For example during activities we saw that staff knew what people enjoyed doing and encouraged people. At lunchtime one member of staff sat with people and was involved in a light-hearted discussion with them causing some people to laugh.

We saw some staff engaging positively with people, however there were times when people were sat on their own for long periods and staff walked by and did not acknowledge them. During our observations some people had no interactions from staff for a one hour period, they were in a lounge area with the television on at low volume. Some of these people were unable to mobilise and therefore would not have been able to go looking for someone if they wanted company or help. Staff did come in the room at intervals and sat and wrote in the care records but did not always talk with people.

Staff explained to us how they maintain people's privacy. People were assisted with personal care discreetly and in ways which upheld their privacy. Trained nurses told us that they conduct spot checks during the shift to ensure that people's privacy and dignity is maintained.

Staff told us that they organised activities they were "passionate about" and they invited people to participate. If people did not want to join in, staff told us they try to find other "ways". For example one person spent a long time looking out of the window and did not want to join in activities. Staff put a bird table in her line of vision to give her "something to look at." Staff told us that if people are being cared for in bed, then activities are provided on a one to one.

Requires improvement

Is the service caring?

Visitors told us they came every day at different times and are happy with how their relative was being cared for and had no concerns. Staff told us they would recommend the home to a loved one.

Staff told us they like working with older people and staff said “we take care of our elderly-something we enjoy.”

We saw that staff involved people and/or their families in planning and reviewing people’s care needs. Resuscitation status and end of live care were discussed with people (where possible) and with family, to ensure peoples preferences were respected.

Good

Is the service responsive?

Our findings

People's care was planned based on their individual needs and preferences, people had a "This is Me" document (This is me, is a simple and practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests).Staff confirmed they were able to access information about the person, so they knew as much about them as possible. Some of the people had dementia and were unable to contribute to their assessment; staff told us that they involved families to provide this information about the person. "This is me", helped staff organise activities according to people's interests. People who preferred to stay in their rooms were supported to do so. There was a range of activities which reflected people's preferences for example there were pampering sessions, arts and crafts and bingo. People's spiritual needs were assessed for example there was a weekly Sunday service available. There was a hairdressing room and a hairdresser visited weekly, which gave people an opportunity to maintain their appearance and keep up their usual routines.

Staff told us that activities were designed to be purposeful, for example during an arts and crafts session; people were being supported to make gift tags to be sold at the summer fete. This meant that people were supported to have a sense of purpose and achievement.

We saw a game of bingo taking place with a group of people with dementia, staff were attentive and helpful with people, and they involved them and gave support so that they could participate.

Some people stayed in their rooms for part or all of the day, we checked and people had access to a nurse call alarm. We saw staff respond to people promptly.

Music was playing in most of the communal areas, we did not see people being asked if they wanted the music on and people were not responding to it. We saw one 1980's Compact Disc being played; otherwise the radio was on, playing popular music. Staff were unable to tell us if a particular person requested or enjoyed the music being played. We did not see people's individual preferences being considered.

The trained nurses were a Named Nurse for a small group of people, this means they get to know the person and their family and are responsible for the assessment and care plan. We saw they carried out reviews of care plans on a monthly basis and updated if needed. For example one person had changes to their mental health and the care plan was updated to address their changing needs. Family were invited to regular review meetings.

Staff told us they talk with relatives about what works well for their loved ones, for example one person with dementia became agitated when a relative left. Staff gave the person a soft toy to fiddle with and it distracted them and helped the family member leave without causing distress. The member of staff discussed this intervention with the relative who purchased a similar item for the person and we were told this helped both the person and their relative.

The service had a complaints procedure, there was information on display in the entrance to the home which informed people how they could make a complaint. Visitors told us they knew how to raise concerns and that staff address concerns before things escalate to a complaint.

The provider told us that they had recently completed an audit on peoples experience of living in the home, the questionnaire was distributed to family. We were told that people's comments will be taken into consideration when making improvements in the home.

Good

Is the service well-led?

Our findings

The service was well led. There was a clear management structure within the service. There was not a registered manager in post although the current manager was in the process of applying to the CQC to become one. The manager was on annual leave when we inspected but there was a deputy manager covering. The deputy manager had been in post approximately two months and was being supported by the Clinical Lead for the area. Staff told us that management were supportive and approachable. Staff told us they felt listened to. The deputy manager worked two shifts per week as a trained nurse and we were told this helped keep them informed of practices within the home and helped influence good care.

Checks were carried out by senior staff to ensure suitable standards of care were maintained. There was a bi-monthly audit of the home carried out by management, the last one was dated April 2015. Following the audit issues were identified and plans were put in place to address these.

The home employed a maintenance manager who was able to show us records of equipment and environmental maintenance checks which had been carried out to maintain safety in the environment and the equipment.

One member of staff told us that the home has improved and that the service was doing well. Staff told us they felt proud to work for the home and "love team and management really helpful." Staff told us they felt there was enough training and they get the right management support.

The Clinical Lead was reviewing the care plans and we were told by staff that the care plans were under review to make them more streamlined and easier to use and to reduce the amount of paperwork.

Staff were kept up to date with information through team meetings and handovers. There was also a communication book. One member of staff who was part time told us they would like communication to be better. For example if a person passes away they would like to be informed when coming on duty, rather than find out "by chance."

We spoke with management about the lack of interactions during mealtimes, we were advised this was because of staff being nervous of an inspection taking place. When we described our observations, management agreed improvements were needed. The management team was open and receptive to our feedback and discussed with us plans for improvement. There are clear processes in place to carry out checks on quality and a system was in place address any actions.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect People who use the service were not always supported with dignity and respect during meal times. Regulation 10 (1)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.