Blenheim Care Home Limited

Blenheim Care Home

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

Overall summary

This was an unannounced comprehensive inspection carried out on 2 and 3 March 2015. Blenheim Care Home provides residential care for up to 31 people, some of whom may be living with dementia. There were 24 people living in the home during our inspection.

Accommodation is arranged over two floors and there is a passenger lift to assist people to get to the upper floor. The home has 27 bedrooms and all except two have en-suite facilities.

At the time of this inspection the home had a registered manager. 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.

We last inspected Blenheim Care Home in December 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

People were protected from avoidable harm and abuse that may breach their human rights. Staff understood

Summary of findings

how the mental capacity act (MCA) and deprivation of liberty safeguards (DoLS) protected people to ensure their freedom was supported and respected. 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. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

People were supported by sufficient numbers of staff who had the knowledge, skills and experience to carry out their role. People told us that there were always staff available to help them when needed. Relatives of people who used the service told us that they visited the home at different times and on different days, and the staff always made them feel welcome. They said that staff were caring and treated people with respect, and that their relative was always comfortable and looked well cared for.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff understood their role and what was expected of them. They were happy in their work, motivated and had confidence in the way the service was managed.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was provided to people that took into account their dietary needs and preferences so that their health was promoted and choices could be respected.

People told us they could speak with staff if they had any worries or concerns and felt confident they would be listened to.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via surveys, the results of these had been audited to identify any areas for improvement.

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?

Good

The service was safe.

People and relatives told us they felt the service was safe.

Staff understood their responsibilities to protect people from harm and report any concerns about people's welfare.

There were sufficient numbers of staff, with the right competencies, skills and experience to meet people's needs.

Systems were in place to provide people with their medicines safely.

The home was kept clean and we observed staff adhered to infection control guidelines.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's individual needs. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to on-going healthcare support.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People had their privacy and dignity respected and were supported to maintain their independence.

Wherever possible, people were involved in making decisions about their care and their families were appropriately involved. Staff respected and took account of people's individual needs and preferences.

Staff were compassionate, attentive and respectful in their interactions with people.

Visitors told us that they were always made to feel welcome when they visited their relative in the home.

Is the service responsive?

Good

The service was responsive.

Care plans were individually reviewed and involved the person.

Staff communicated with each other and external professionals to make sure people's health and social care needs were met.

Staff recognised a person's individuality when providing care and support.

Summary of findings

People knew how to complain and share their experiences. There was a complaints system in place to show that concerns were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

There was an open culture at the service. People told us the management team were approachable and a visible presence in the service.

Staff told us they were encouraged and supported by the manager and were clear on their roles and responsibilities.

People's feedback was valued and acted on. Systems were in place to monitor the quality and safety of the service provided and used to plan on-going improvements.

Blenheim 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 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 2 and 3 March 2015 and was unannounced. There were two inspectors in the inspection team. We met and spoke with eight people living in the home, five relatives and one GP. Because some people were living with dementia we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered manager, area manager, three care staff and two ancillary staff.

We looked at six people's care and support records, and care monitoring records, two people's medicine administration records and a selection of documents about how the service was managed. These included eight staff training files, four staff recruitment files, infection control and medicine audits, meeting minutes, training records, maintenance records and quality assurance records.

Before our inspection, we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also contacted commissioners to obtain their views.

We asked the provider to complete a Provider Information Return before our inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and the improvements they planned to make. They completed the Provider Information Return and we took this into account when we made the judgements in this report.

Good

Is the service safe?

Our findings

People told us they felt safe, and were confident the provider did everything possible to protect them from harm. They told us they could speak with the manager if they were worried about anything and they were confident their concerns would be taken seriously and acted upon. One person told us, "I feel very safe here; I wasn't safe at home anymore. I couldn't be looked after better." Visitors told us they had confidence that their loved ones were safe. One relative told us, "We looked around a few homes before we chose Blenheim; when we visited we could see that people were well cared for, the atmosphere in the home feels calming and safe."

All staff received training on safeguarding adults. Three staff confirmed this and knew who to contact if they needed to report abuse. They gave us examples of poor or potentially abusive care which demonstrated their understanding of abuse and how it could be prevented. They were confident any abuse or poor care practice would be quickly spotted and addressed in the home. There was safeguarding information available for staff and others to refer to in the communal hall of the home which included the local authority safeguarding team contact details. Policies and procedures on safeguarding were available in the office for staff to refer to including whistleblowing. Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest'.

People's risks were generally well managed. Care plans showed each person had been assessed before they moved into the home and again on admission. Any potential risks to people's safety were identified. Assessments included the risk of falls, skin damage, challenging behaviour, nutritional risks, including the risk of choking and moving and handling. Records also highlighted health risks such as diabetes. Where risks were identified there were measures in place to reduce the risks where possible. All risk assessments had been reviewed at least once a month or more often if changes were noted.

Information from the risk assessments was transferred to the main care plan summary. All relevant areas of the care plan had been updated when risks had changed. This meant staff were given clear, accurate and up-to-date information about how to reduce risks. For example, one person displayed behaviours that challenged others. We saw that the provider completed a behaviour chart when this person displayed these behaviours. This enabled the service to monitor this person's behaviour and check for trends and triggers to inform the person's care plan.

Legionella are water-borne bacteria that can cause serious illness. Health and safety regulations require persons responsible for premises to identify, assess, manage and prevent and control risks, and to keep the correct records. We saw that there were processes in place to manage risk in connection with the operation of the home. These covered all areas of the home management, such as gas safety, lift servicing, fire risk assessments and the control of hazardous substances. Legionella testing had taken place on 13 February 2015.

We received positive views from people and visitors about whether there were enough staff available to help them when they needed assistance. One person told us, "I think that there are enough staff here, when I use my call bell most of the time staff come promptly." A visitor told us, "I think there are enough staff, more importantly it's the same staff so they know people well."

We looked at how the service managed their staffing levels to ensure there were sufficient numbers of suitable staff to meet people's needs and keep them safe. Staffing rotas showed the home had sufficient skilled staff to meet people's needs, as did our general observations. For example, people received prompt support and staff appeared unhurried. The registered manager told us that whilst the home did not use a dependency tool to calculate numbers of staff required, staffing levels were under constant review. They explained that they had recently introduced a 7-2 shift as it had been recognised that the mornings were a busy period. They told us that any shortfalls, due to sickness or leave, although rare were covered by existing staff.

People told us they were very happy with the way the home was kept clean. One person told us, "The cleanliness is unbelievable, my room is cleaned daily and the bedding is changed regularly." All areas of the home were clean and fresh. The laundry room was organised and clean and dirty clothes were segregated to prevent cross contamination. The washing machine was industrial and the home had a sluice room that was clean and tidy. We spoke to a member of domestic staff who explained how they kept the home clean, adhering to infection control policies. They explained how they used different coloured mops for

Good

Is the service safe?

cleaning different parts of the home to prevent cross contamination. We saw that the kitchen was clean and well organised. We spoke to the cook who explained how they kept the kitchen clean. The service held a maximum five star rating for food hygiene from Environmental Health, which is the highest rating that can be attained.

People received their medicines when they needed them. One person said "Staff give me my medicines, there is no problems." There were procedures for the safe management and administration of people's medicines. We observed a member of staff safely administering medicines to people. People's medicines were stored securely and they were administered by staff who had received appropriate training. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We checked a sample of stock balances for medicines which required additional secure storage and these corresponded with the records maintained. General medicines were stored appropriately in secure lockable cupboards. Some medicines required storage at a low temperature. The provider had a fridge to keep these medicines at the correct temperature. Staff were conducting regular temperature checks to ensure the medicines were kept at the correct temperature. There were appropriate systems in place for the management of controlled drugs.

Staff who managed medicines had been competency assessed to ensure the safe management of medicines. This meant that people living at the home and the provider could be assured that staff had the necessary skills and knowledge to administer medicines safely.

The provider's staff recruitment procedures minimised risks to people who lived at the home. Application forms contained information about the applicant's full employment history and qualifications. Each staff file contained two written references one of which had been provided by the applicant's previous employer. We saw applicants had not been offered employment until satisfactory references had been received and a satisfactory check had been received from the Disclosure and Barring Service (DBS). Checks were also made to ensure staff had the right to work in the United Kingdom.

Staff training records showed staff had received training to deal with emergencies such as fire evacuation and first aid. Security to the premises was good and visitors were required to sign in and out.

Good

Is the service effective?

Our findings

People said that they had been involved in developing their care plans with staff and they had signed the plans to indicate their involvement and agreement with them. One person told us, "The staff here are fantastic, they go the extra mile."

People were supported to maintain their health and had access to healthcare professionals when required. During the inspection we noted various professionals such as the district nurse, chiropodist and GP visiting people in the home. There were records of professional visits in all the care records we reviewed. We spoke with a visiting GP who told us that they felt the home was well managed, reactive and proactive, followed directions given, and provided good end of life care. They commented that staff knew the people living at the home really well and provided an effective, consistent staff team. This showed people's healthcare needs were being identified and they were receiving the input from healthcare professionals they required.

During the inspection we toured the home. The home was clear from trip hazards and there were handrails on the walls of the corridors to promote people's independence. The home had a secure garden for people to access should they wish, however, there was not always clear signage to the different areas of the home. For example, there was no signage to the lounge, dining area, toilets or gardens to support people with a cognitive impairment to orientate themselves. We discussed the importance of clear signage with the manager and advised them of good practice guidance that would provide them with further information..

Staff had an understanding 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 people who know the person well and other professionals. Staff knew how to support people to make decisions and were clear about the procedures to follow where an individual lacked the capacity to consent to their care and treatment. We looked at staff training records that showed that staff had completed training in the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The manager had made some Deprivation of Liberty Safeguard (DoLS) applications for people living at the home. For example, when a person did not have the capacity to make a decision about where they lived and consent to the arrangement. The DoLS was to ensure they resided in a place of safety and received care in their best interest. The registered manager told us they were waiting for the local authority to authorise the DoLS applications.

Staff attended regular supervision meetings. Staff told us that they felt fully supported by the manager. In addition, all staff received an annual appraisal of performance. We looked at one member of staff's supervision record for December 2014 and saw that they had requested training on how to support people whose behaviours challenged others. This training was in progress during our visit. This showed that staff were supported in their role.

The manager told us staff employed by the service received their training in house. We looked at the staff training records together with the training matrix which confirmed this. We saw that training topics included infection control, moving and handling, fire, health and safety, challenging behaviour, and safeguarding adults. Staff told us they received the training they needed to help them understand and meet people's needs. They said they were well supported by the management team.

The home had a four weekly menu cycle. The cook told us the menus were changed in response to feedback from people living in the home. We observed the cook took a high level of interest in people and chatted to everyone before and after their main meal to check what their choices were and if they had enjoyed their meal. They told us this gave useful ideas on menu's and also gave a very personal feel to what people preferred as their choices. People had two meal choices on the menu at lunch time; however, the cook told us alternatives were offered to people who did not want or like the meal on the menu. The cook was able to tell us about people's individual dietary needs and preferences. For example, how they catered for people with diabetes. They also told us they worked to the

Good

Is the service effective?

guidelines provided by the speech and language therapist for people who needed a soft diet because of swallowing difficulties. They told us how they fortified food for people who were nutritionally at risk.

We observed the meal service in the dining room at lunchtime. The tables were nicely set with table cloths, napkins and condiments. We saw people were offered a choice of cold drinks, fruit squash or water with their meals. The food was well presented and looked and smelled appetising. The meal service was pleasant and relaxed with people being given ample time to enjoy their food. We observed staff gently encouraging and supporting people to eat where necessary. People told us they enjoyed their lunch. One person said, "The food is good, and there is enough of it."

Drinks and snacks were served mid-morning and in the afternoon. We observed staff offering people a choice of drinks throughout the day.

We looked at people's care plans, risk assessments had been carried out to check if people were at risk of malnutrition. The records showed that most people's weights were checked at either monthly or weekly intervals depending on the degree of risk. Records showed that people were referred to the district nurse, their GP or the speech and language therapy service if there were any concerns about their nutrition. People had been prescribed dietary supplements to improve their nutritional intake and food/fluid charts were used to record and monitor what people were eating and drinking. This showed there were suitable arrangements in place to make sure people's dietary needs and preferences were catered for. One person did not have any weights recorded. In their care plan and their body mass index had not been calculated. We discussed this with the manager who explained that the person became too distressed when being weighed. We discussed alternative methods of monitoring any changes in the person's weight, such as measuring the person's Mid-Upper Arm Circumference (MUAC). The manager told us that they would liaise with the district nurse for further support.

Good

Is the service caring?

Our findings

People told us they were happy about the care provided. One person said, “The staff are lovely and work really hard.” Another person said, “The staff are nice and I am treated with dignity and respect. They are A1; they bend over backwards for me”. All the visitors told us about their positive experiences when they visited their relative. One visitor said, “I think it’s very good here. There are no restrictions on when we can visit; we are always offered tea or coffee. I think it’s a really caring and compassionate home.” Another visitor told us that staff were caring and the manager was supportive. People and their relatives said that people’s privacy was respected and they were treated with dignity. One person said, “The staff respect my privacy, they always knock before they enter my room.” Most of the rooms at the home were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people’s belongings, to assist people to feel at home.

Staff interactions with people were considerate and the atmosphere within the service was welcoming, relaxed and calm. Staff demonstrated affection, warmth, compassion and kindness for the people they supported. For example staff made eye contact and listened to what the people were saying, and responded accordingly. One person told us they felt listened to because, “I can’t chew certain foods very well, the cook knows this and is always able to make me something that I can eat.” One person became distressed and staff reassured them and stayed with them until they were settled. When staff supported people to move they did so at their own pace and provided encouragement and support. Staff explained what they were going to do and also what the person needed to do to assist them.

Staff demonstrated knowledge and an understanding about the people they cared for. We spoke with three members of staff who were able to tell us about people’s individual needs, preferences and wishes and spoke about people’s lives before they started using the service. This showed that staff knew people and understood them well. We saw that some people living in the home had a ‘This is me’ book created by the Alzheimer’s Society. It enabled health and social care professionals to see the person as an individual and deliver person-centered care that was tailored specifically to the person's needs.

People confirmed they were involved in making decisions about their care and in the development of their care plans. One person told us, “Staff know how to care for me.” The care plans we reviewed showed that people were involved in making decisions where they were able and their decisions were respected. This provided staff with appropriate information to provide personalised care for people.

Training records showed staff had received some training in how to meet people’s end of life care needs. The manager explained that they worked closely with people, their families and professionals to meet people’s end of life care wishes. We saw that the home kept a prescribed supply of anticipatory end of life medicine for one person living in the home. A visiting GP told us that palliative care in the home was well managed.

Care files and other confidential information about people were kept in the main office. This ensured that people such as visitors and other people who used the service could not gain access to people’s private information without staff being present.

Good

Is the service responsive?

Our findings

People who used the service told us that staff understood their needs well. One person told us, "I think I'm well looked after, I have no complaints."

People had an assessment of their needs completed prior to moving into the home, from which a plan of care was developed. We found that people's health care needs were assessed, and care planned and delivered in a consistent way. Everyone who lived at the home had a care plan that was personal to them. For example, one person who was diabetic, had a diabetic care plan which set out how staff should support the person to meet this need. It also included instructions that staff should take in a medical emergency. The care plans contained information about people's health and personal care needs and their likes and dislikes. Care plans had been reassessed regularly to ensure that individual changes in people's physical and mental needs were identified and addressed.

People received support as described within their care plans. One person required an air mattress to reduce the risk of pressure sores. Records showed that the air mattress was appropriately set to the person's weight. Records showed that the person was assisted to reposition in accordance with their care plan. Another person, who was cared for in bed was assessed as requiring bedrails to reduce the risk of them falling out of bed. We observed that this person's bedrails were up and in place during our inspection.

Some people living in the home had been prescribed as required (PRN) medicines. Records showed what the medicine was for, when it was to be offered and the dosage that was required. There were no pain assessment tools in place to enable staff to assess and provide pain relief for people who were unable to communicate that they were experiencing pain. We discussed this with a member of staff who administered medicines, they explained that they did complete visual checks for people who received PRN medicine for pain relief, however this was not recorded.

People's interests and hobbies had been recorded as part of the overall plan and records showed staff respected and promoted these. People we spoke with confirmed that the social and daily activities they undertook suited them and met their individual needs. One person told us that they enjoyed going out of the home with a member of staff when possible and staff confirmed that this took place. Another person who spent most of their time in their bedroom told us that this was their choice and staff respected this. We saw that some people had recently been to a Christmas Peter Pan pantomime.

People and visitors said they felt able to raise any concerns about the service they received, among their comments were: "I'd speak to [manager] if I had a complaint". A visitor told us: "I've never had to complain, but if I did I'd feel comfortable speaking to the manager." Arrangements were in place for people to inform the service of their concerns. Each person was given a copy of the homes 'Care services guide'. This set out the organisations aims and objectives and also contained information on how to make a complaint. There were copies of this in the main entrance of the home. There was a copy of the complaints procedure on the communal corridor of the home. The manager told us there had been no recorded formal complaints since our last inspection. Therefore, we could not review any current complaints to ensure they had been investigated and responded to appropriately.

People's needs were recognised and shared when they moved between services. The manager told us that when a person was admitted to hospital, staff provided information explaining why they required hospital support, a copy of their medicine administration record (MAR) and records of their care needs.

Good

Is the service well-led?

Our findings

We asked the manager how they kept up to date with changes in best practice, procedures and regulations. They explained that the home belonged to a corporate group of homes and that they received regular training and updates.

The home had a registered manager in post. They had been registered with the Care Quality Commission for many years. The manager told us they adopted an open and honest approach. From our observations and speaking with staff, relatives of people using the service and eight people who currently live at Blenheim Care Home, we found that the culture within the service was person centred and open. We saw staff, relatives and people attended a 'clients and relatives forum meeting' during the inspection which gave them an opportunity to discuss life at the home and the opportunity to feedback on the quality of service provided. One person told us, "[The manager] is very good and listens." One visitor commented, "They go above and beyond, [the manager] is amazing mum is totally looked after they are excellent with her, mum is so settled, they have a good bond. I would recommend this home to anyone."

Staff said they enjoyed working at the home. One member of staff told us, "I enjoy working here. Morale is good at the home and the manager is approachable". They told us that there was a mix of newer members of staff and staff who had been working in the home for longer. They explained that the staff team worked well together. Another newer member of staff told us that they felt well supported in their role.

The manager told us that some staff at the home had been designated leads in specific roles. They explained that these staff were responsible for good practice in these areas. For example, there was a lead for infection control.

The provider took into account the views of people using the service, their relatives, visitors, and staff and health care professionals about the quality of care provided at the home through surveys. We looked at a survey that had been completed in August 2014. We saw comments included, 'Excellent, I can visit any time. It is very clean. Manager and carers are A1." Professional comments included, "Excellent service, no problems." "[The manager] and her team provide a holistic, flexible approach to care for residents of Blenheim." We saw that for lower scoring areas, an action plan was in place. However we saw that it was not always clear whether action had been taken to address lower scoring areas. We discussed this with the manager who sent us a list of actions taken following our feedback.

People received safe quality care as staff understood how to report accidents, incidents and any safeguarding concerns. Staff followed the provider's policy and written procedures and liaised with relevant professionals where required. We spoke with two members of staff who were aware of the provider's whistleblowing policy which meant they knew how to report any concerns to managers and external agencies.

Actions were taken to learn from accidents and incidents. These were monitored and analysed to check if there were any potential trends or patterns which might be a factor. Attention was given to see how things could be done differently and improved, including what the impact would be to people. We saw that for two people, following the analysis of the incident/accident referrals were made to healthcare professionals.

A range of audits to assess the quality of the service were regularly carried out. These audits included medication, infection control, care plans, nutrition and hydration, tissue viability and health and safety checks.

We looked at a range of the provider's policies, which included safeguarding, whistleblowing, infection control, equality and diversity and the use of bedrails. We saw that the policies had been reviewed in April 2014. The manager explained that the policies were in the process of being updated to reflect various changes such as Deprivation of Liberty Safeguard changes.