Messrs A & M & K Desai - Desai Care Homes

Blenheim House Nursing Home

Inspection report

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Date of inspection visit: 15 October 2015
Date of publication: 08/01/2016

Ratings

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

Overall summary

The inspection took place on 15 October 2015 and was unannounced. The service was last inspected in April 2013 and met with legal requirements. Blenheim House is registered to provide nursing care for up to 34 people. There were 33 people at the home on the day of our visit.

There was not a registered manager for the service; however the acting manager had applied to us to be registered as manager for the service. 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.

Summary of findings

The actions which had been identified by the service to keep people safe from verbal abuse were not always being carried out.

Staff were not always deployed in a way that made them accessible when needed. This could put people at risk if staff could not be located in an emergency.

Care records explained what actions were required to meet people's care and support needs. People were consulted as part of the process of writing their care plans. Families were also involved if people were not able to make their views and wishes known.

Staff were caring in their approach to people when they assisted them with their needs. One person said "They can't do enough for you they are all wonderful". Staff were polite and respectful when they supported people with their care.

People were well supported to eat and drink enough for their health needs. Menus were planned with choices available which reflected people's preferences. One person told us "I can have whatever I want and it is always good".

The provider had a system in place so that the requirements of the Mental Capacity Act 2005 were implemented when needed. This legislation protects the rights of people who lack capacity to make informed decisions.

People were able to take part in individual activities as well as group ones. People told us that entertainers performed at the home and they went out on trips into the local area.

If people were able to and wanted to be they were involved in the writing of their care plans. Families were also asked for their input to ensure that people received care and support in the way they preferred.

People were well supported with their physical health care needs. Staff consulted with external healthcare professionals to get specialist advice and guidance when required.

Staff felt they were well supported in their work by the manager. People who lived at the home and staff told us they felt they could go to the manager whenever they needed to see them.

A system was in place to monitor and improve the quality of the service. Audits demonstrated that regular checks were undertaken on the safety and quality of the service.

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

Some aspects of the service were not safe.

Staff had not always ensured people were protected from verbal abuse from other people at the home.

The way the staff were deployed did not ensure they were easily contactable in the home. This meant there was a risk people needs were not always met .

Peoples medicines were managed safely and given to them at the right times.

Is the service effective?

Good

The service was effective

People at the home felt well supported by the staff who provided them with the assistance they required.

Staff understood the needs of people they were supporting.

People were supported with their physical and mental health needs by specialist health care professionals when required.

Staff followed the Mental Capacity Act 2005 code of practice and Deprivation of Liberty Safeguards when required so that people's rights were protected.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were caring and kind to them. The staff were kind and friendly and respected the privacy of people they supported.

People and their families were consulted in planning how they wanted to be supported with their care.

Staff had an awareness of the topic of equality and diversity; they knew this meant to respect how people lived their lives and to be non-judgmental towards them.

Is the service responsive?

Good

The service was responsive.

People were encouraged to take part in a range of social and therapeutic activities that they enjoyed.

Care was planned flexibly and the records contained guidance about the actions needed to support people with their range of care needs.

The views of people who lived at the home and their families were sought by the provider. Surveys were undertaken and the results were used to improve the service.

Summary of findings

Is the service well-led?

Good

The service was well led

The staff and people we met spoke highly of the manager who they said was very “hands on” with people.

The quality of the care and service people received was checked and monitored to ensure it was safe and suitable.

Staff understood the visions and values of the organisation they worked for. They knew that one key value was to make people feel as if they were living in their own home.

Blenheim House Nursing 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 15 October 2015 and was unannounced.

Before the inspection, we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of service. Our expert by experience had experience of caring for people who lived with dementia.

We spoke with 18 people who lived at the home. We spoke with the acting manager and six members of staff and a senior manager who came to the home to assist with the inspection. One of the providers of the service also assisted us with part of the inspection.

We viewed four people's care records. We observed care and support in shared areas and what daily life was like for people who lived at the home. We also checked records that related to the management of the home. These included quality checks, staff rotas and training records.

Requires improvement

Is the service safe?

Our findings

We witnessed one person who lived at the home use a harsh tone towards another person who was distressed by the way they were spoken to , also lived there. Staff told us they were aware that this situation occurred regularly between the two people concerned. There was information in their care records advising to keep the person concerned safe from verbal abuse. However there were no staff present at the time and we had to alert staff to ensure they took action to keep the person concerned safe.

On more than three occasions during the inspection, it was hard to find a member of staff. For example, after lunch, one person had been left sitting alone in the dining room. They had begun to undress themselves and there wasn't a member of staff readily available. They did not have a call bell and so could not call for attention. We found a member of the management team who did locate a staff member to assist the person.

The senior manager told us that the staffing numbers needed to meet the needs of people at the home were adjusted and increased whenever needed. For example when people were physically unwell and required extra care. The people we spoke with told us they thought there was usually enough staff on duty to care for them. We saw evidence that the provider had recently recruited new staff to make up for a shortfall in the number of permanent staff.

People told us they felt safe living at the home. One person said "nothing bad ever goes on here". We saw that people looked relaxed in the company of the staff.

Staff had received training to help them identify signs of abuse and how to report any concerns. Through discussing scenarios, all staff showed their knowledge and confirmed they were familiar with the provider's safeguarding procedure. The provider's safeguarding procedure was displayed in a communal area for all staff and visitors to see.

Staff said they had been trained to use equipment prior to being able to use it. There were moving and handling risk assessments within people's care plans and these had been reviewed every three months.

Staff knew how to protect people from the risk of infection. There were gloves and aprons available for staff to use in people's rooms when providing personal care. Staff told us they had received infection control training and understood their responsibilities.

People's care plans contained risk assessments for moving and handling[KM1] , falls, and bed rails. All had been fully completed and the care plans reflected the actions staff needed to take in order to keep people safe. For example, plans contained details of the type of hoist required to move people, the size of sling that was to be used by staff and how many staff were needed. Plans were person centred and clearly showed how risks were managed. For example, in one plan staff had documented that the person's mobility had improved; however, they had also noted that because the person's mobility had improved, they sometimes did not use their walking aid, and therefore there was an increased risk of falling. There was a falls risk assessment in place which informed staff to remind the person to use their frame, to check they had well-fitting footwear on and to keep the floor free of clutter. Where able, people had signed their care plans to confirm agreement with them. If unable to sign, a relative had signed on their behalf.

Medicines were managed safely. We observed part of a medicines round. The nurse administering the medicines was knowledgeable about people's needs and the reasons why their medicines had been prescribed. They asked people if they could give them their medicines, assisted them into a sitting position if needed and ensured they had a drink. They took their time with people, telling them "Take your time, there's no rush". Medicines were given on time, and the medicine administration record (MAR) charts we looked at were all fully completed and signed. There were photographs on the front of MAR charts, which had been dated and were all recent. This meant that if staff were unfamiliar with the people using the service, the photographs gave a true representation of people's appearance. There were also details of any known allergies, and instructions for staff on how people preferred to take their medicines.

The risk of unsuitable staff being recruited was minimised because there were effective recruitment systems in place. We saw that all the checks and information required by law had been carried out before potential staff were offered employment at the home.

Requires improvement

Is the service safe?

Environmental health and safety risks on the premises had been identified and suitable actions put in place to reduce likelihood of harm and to keep people safe. For example, guidance was prominently displayed about how to use the lift safely and how to go outside via the back door. Regular checks were carried out and actions put in place when needed to make sure the premises were safe and suitable.

Checks were carried out to ensure that electrical equipment and heating systems were safe. Fire safety records showed regular checks were carried out to ensure fire safety equipment worked. Maintenance staff checked the fire alarms on the day our visit.

Health and safety audits and quality checks on the care people received were undertaken regularly. Actions were implemented where risks and improvements were needed. For example, an assessment of bathrooms was recently carried out to ensure they were safe.

Good

Is the service effective?

Our findings

People who lived at the home had positive views about how they were supported by the staff. One person said "They are all very kind and do whatever I ask". Another person said "They help me get up and ask me what time I want my bath".

Staff assisted people with their needs in a prompt and attentive way. For example, staff offered people drinks and snacks throughout the morning. They helped people who needed assistance due to mobility needs to be able to move. The staff also discreetly prompted certain people with their personal care needs such as bathing and washing.

Staff we spoke with had a good understanding of people's needs. The staff told us how they ensured they provided people with the support and assistance that they needed. They explained how they were allocated a small group of people to support at the start of each shift. They told us this system helped to ensure people received a service which was centred on their individual needs. This was because they got to know the people they supported very well.

People were supported by staff who had a good understanding of the Mental Capacity Act 2005 and who had attended training on the subject. The Mental Capacity Act 2015 protects people who may not be able to make certain decisions themselves. The staff were aware of the principals of the such as respecting the right of people in care to make unwise decisions as well as assuming they had capacity unless they had been assessed not to have it.

Staff also understood the Deprivation of Liberty Safeguards (DoLS) and how these applied to the people they supported at the home. DoLS are put in place to ensure sure that people in care homes are looked after in a way that does not unlawfully restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way and only when in the best interests of the person. We saw that four applications had been made by the home for DoLS and the correct processes were followed.

We saw that staff asked for people's consent before they gave them care and support. For example, one member of staff asked people if they could give them the medicines they were prescribed.

Staff supported people with drinks and meals in a flexible way. For example people ate meals where they chose to and some people ate their meals at different times.

Care records showed that records of what food people had eaten were maintained for people who may be at risk of malnutrition. These records showed staff were supporting people to maintain healthy weight.

People were offered a choice of main meals and could choose an alternative if they did not want either of the meals offered. People told us they liked the food and said they were always offered a choice of options. One person told us, "The meals are good" and another person said, "The food is very nice here".

People were supported to see health and social care professionals if it was required. We met a GP who came to the home on their weekly visit to see people who needed medical support. The GP spoke positively about the care and support they saw people receiving at the home.

For example, staff had identified that one person had specific dietary needs. Staff contacted the GP and professional guidance was followed.

The staff we met told us there were plenty of training opportunities and they felt appreciative about the courses they were able to go on to develop their skills The staff all confirmed that they had been on a variety of training in subjects relevant to people's needs. Staff told us the courses included safeguarding training, how to support people with dementia, as well as the physical care needs of older people. The training records confirmed staff had attended training in a range of relevant subjects.

All new staff went on an induction-training programme which they had to complete to ensure that they were properly trained and competent to work with people. The induction programme included topics such as how to support people with dementia, how to safeguarding adults and the physical care needs of older people Completed records showed that all new staff had ensured staff had completed proper training before they were able to work with people at the home.

The staff confirmed that they met with the manager regularly to discuss their work and review their performance with them. Supervision records showed that staff were supported and guided in their work. The staff

Good

Is the service effective?

confirmed that they met with their supervisor regularly to talk about work matters and review their performance. Training needs and performance related issues were also discussed at each meeting.

Good

Is the service caring?

Our findings

People were treated with kindness and respect by all of the staff. We saw many examples of this. On occasions we overheard staff knock on doors and wait to be invited in. We then heard them asking how the person was, had they slept well, and what were their plans for the day. There was a positive interaction between them. On other occasions we observed staff laughing with people, or gently encouraging them with different activities of daily living such as eating their meals.

Staff told us "The principles of care here are good and the team is great" and "It's brilliant here. The relationship between residents and staff is very good, and the care is very good too". One staff member said "I love finding out about people and their lives, it's so interesting" and "I try and really get to know people, talk to them, and make sure the radio is on their favourite station. I care for people the way I would want to be cared for".

All staff said they would recommend the home for a family member, as well as a place to work.

Staff told us there was a person centred culture in the home and they told us that people were at the centre of the service provided. They said this meant providing care for people in the way the preferred. For example supporting them to get up and go to bed at times of their choosing , to be cared for by staff of their preferred gender, and to choose what meals they wanted to eat. Staff told us that their roles included helping people to feel as if they were living in their own home. They said this was one of the key values that the provider expected them to follow.

Staff told us they had been on training about equality and diversity. They knew this topic meant recognising people were individuals and helping them to live their life in the way they wanted. One staff member told us how certain people were supported to practise their faith at the home.

Staff ensured that people's privacy was maintained, they knocked before entering bedrooms and all personal care was performed behind closed doors. Staff were able to tell us how to maintain people's privacy and dignity when they assisted them with personal care and other needs.

People had their own rooms and were able to bring their own furniture items and ornaments to make it their own personal space. The home was decorated in a way that aimed to make it seem more homely. For example, with consent, photos of people who used the service were displayed in communal areas.

Information was available about local advocacy services although no one was using the service at the time. Advocacy services are independent organisations who support people to ensure their views are properly represented.

Good

Is the service responsive?

Our findings

Staff assisted people in ways which reflected their choices and individual preferences were observed assisting people with their needs in a flexible way. For example people got up at different times during the day. People were assisted to spend the day in the parts of the home where they wanted to be. People were also offered choices of drinks, snacks and meals during the day.

The staff gave us some examples of how they ensured people's needs were met. For example, they said had got to know people's preferences such as when they liked to get up, and what sort of help they needed with their personal care. This was confirmed when we observed staff assisting people with their care needs in the ways they had explained to us. For example, people were offered the choice of a bath or a shower and were able to eat their meals where they wanted them.

Care plans were mostly person centred and contained guidance for staff on how to meet people's needs. However two lacked certain information for staff. One person's plan stated they had "An unpredictable mood" and "Challenging behaviour". There was a behaviour chart in place and staff had documented several occasions where the person had behaved in a way that might upset or distress other people or staff using the service. However, the care plan only informed staff to "Assess and monitor when attending to [name of person]". There was a lack of detail for staff on whether there were any triggers that might affect the person's mood, or how staff should provide reassurance. When we asked staff how they met the person's needs on these occasions, they told us how they would do this, but none of this was documented. This meant that there was a risk of an inconsistent approach because staff did know how to meet this person's needs

Other plans we looked at were person centred and provided clear guidance. For example, there was details such as 'X doesn't like dresses, they prefer nice tops and trousers' and 'X wears makeup some days and sometimes jewellery". Another person had specific communication needs and the care plan informed staff to 'Ensure you face X when talking to them, and make sure they have understood you. Give them plenty of time to express themselves'.

Wound care plans were in place when required. We looked at one plan which contained photographs of the person's wounds, and an interim care plan until the wounds had been reviewed by the tissue viability nurse. There were also clear instructions for staff on how to minimise the risk of the wounds deteriorating during the interim period. The nurse in charge had made an urgent referral for the wound to be reviewed and this took place during our inspection. This meant that staff responded swiftly to people's changing needs.

Care plans had been reviewed monthly and where people's needs had changed, the plans had been reviewed accordingly. People and their relatives were involved in the reviews of their care. This helped to ensure care plans reflected how people wanted to be supported. The plans showed where referrals had been made to specialist support services such as tissue viability nurse, physiotherapy, and speech and language therapy. When a GP visited this was clearly documented within the plans. Care staff confirmed they had read people's care plans and said if people's needs changed they read the updates. They said "We all get a handover at the start of shift, so we know when things change. I would then read the section of the plan that had been updated".

There was a system that was used to track the time taken for staff to respond to people's call bells The staff told us that the monitoring system was useful as it allowed them to check that people's call bells were answered promptly.

People were engaged in one to one activities that met their individual preferences .The activities organiser ran a number of sessions during the day. People took part in a music session and an exercise group. Arts and crafts that people had created were displayed in the home. The activities organiser also spent time with people on a one to one basis and engaged them in social conversations if they did not want to take part in-group activities.

There was a list of future activities on display, these included music sessions, social groups and games and quizzes. Other people were doing jigsaw puzzles or reading the newspaper while some people chose to stay in their rooms and watch television.

People told us that their views of the home and the service were regularly sought by the provider.

Good

Is the service responsive?

There were survey forms for people to fill in kept in the entrance hall of the home. We saw that last year's survey had led to an increase in social activities and a review of menu options.

There were relatives and residents meetings held in the home regularly. Minutes showed people were encouraged to raise any matters at these meetings.

People told us they knew how to complain about the service. They told us this could be done via the manager or the provider. The provider's complaints procedure was clearly displayed in the home and a copy was given to people and their relatives when they moved into the home. This meant people could raise their concerns with an appropriately senior person within the organisation.

The provider's complaint procedures explained that complaints were taken seriously and would be properly investigated. There had been no complaints made in the last 12 months. However there was a suitable system in place to respond to them.

Good

Is the service well-led?

Our findings

Everyone we asked told us the manager was supportive, very approachable and very caring. Staff told us the manager would always make themselves available at any time if they needed support. The staff told us the manager helped to create a positive and open culture at the home. One staff member said "I can go to the manager about anything; they are amazing and always supportive". Another member of staff said "The manager really listens, takes their time and always gets back to you with a fair answer".

People also told us that the manager was effective in their role. One person said "They get things done and are always ready to help you".

The staff and people we met told us that the manager regularly worked shifts and came to see people regularly to directly assist them with their care needs. This helped ensure that the manager had a very good understanding of the care needs of people who lived at the home.

The manager kept up to date with current matters relating to care for older people by going to meetings with other professionals who also worked in social care. They told us they shared information and learning from these meetings with the staff team. Staff told us they read online articles and journals about health and social care matters and these were often shared at team meetings.

The staff had an understanding of the provider's visions and values. They were able to tell us they included being person centred in their approach with people and respecting diversity. The staff told us they made sure they followed these values when they supported people.

All staff were asked to complete a staff survey which asked for their views about the organisation and about working at the home. They were also asked if they had suggestions for improving the service. Staff told us they felt listened to by the organisation they worked for and by the manager.

Staff told us there were regular staff meetings held in the home and they were able to make their views known at these meetings. Staff said the manager encouraged them to make their views known and express their views of the service and the needs of the people who lived at the home.

The minutes we saw of recent staff meetings showed that the manager kept staff informed about matters to do with the running of the home.

Monthly visits were completed by a senior manager to check on the quality of the service and run [KM1] ensure planned improvements were put in place. For example, it had been identified that there was a need to check that staff supervision was up to date. The manager had acted upon this and ensured that staff were properly supervised and supported.

People were regularly asked to give their views of the service the staff provided and what they felt about the way their needs were met. They told us the manager and other staff listened to them and took their views seriously. There were regular quality audit checks undertaken that included checks of care plans, medicines management, falls ,the support provided at mealtimes, people's weight and pressure care. These checks were used to monitored the care and ensure people were receiving a safe and suitable service For example a number of care records had recently been updated after an audit had identified that some staff had not properly updated the care plans they had helped to write. The registered manager had identified that action was needed. This audit process was effective because the care records we looked at were up to date.

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.

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.