Logini Care Solutions Ltd

Blenheim Court 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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Blenheim Court is registered to provide accommodation, personal and nursing care for up to 44 older people. Whilst some bedrooms were large enough to accommodate two people, these rooms were all single occupancy rooms and this meant Blenheim Court provided accommodation for up to 35 people. The home is located in a residential area with access to public services and amenities.

Blenheim Court had been operating for many years. Logini Care Solutions Ltd took over the home and were registered with CQC in May 2016. This is the locations first inspection since the new providers were registered.

There was a manager at the service who had been in post since September 2016. Prior to this the manager had been employed as the deputy manager at the home. The manager informed us they were applying to be registered with CQC. 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 and associated Regulations about how the service is run.

This inspection took place on 8 May 2017 and was unannounced. This meant the people who lived at Blenheim Court and the staff who worked there did not know we were coming. On the day of our inspection there were 35 people living at Blenheim Court.

People spoken with were positive about their experience of living at Blenheim Court. They told us they felt safe and they liked the staff.

Parts of the premises had been left insecure and posed a potential risk to people's safety.

Sufficient numbers of staff were not provided to ensure people's needs could be met in a timely way and the manager covered parts of some shifts due to shortage of staff. This reduced time available to dedicate to managerial responsibilities.

We found systems were in place to make sure people received their medicines safely so their health was looked after.

Staff recruitment procedures ensured people's safety was promoted.

Staff had not been provided with relevant training to make sure they had the right skills and knowledge for their role.

Staff were provided with supervision for their development and support.

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

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

Staff knew people well and people told us the staff were caring. People's privacy and dignity were respected and promoted.

A programme of activities was in place so people were provided with a range of leisure opportunities.

People said they could speak with staff if they had any worries or concerns and they would be listened to.

There were some 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. However, some of these audits were ineffective as risks within the environment had not been identified and minimised.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

The service was not always safe.

Parts of the environment had not been secured and posed a risk to people's safety.

Sufficient numbers of staff were not provided to ensure people's needs could always be met in a timely way.

Staff were aware of their responsibilities in keeping people safe. People expressed no fears or concerns for their safety and told us they felt safe. Relatives told us they felt their family member was safe.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

The staff recruitment procedures in operation promoted people's safety.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not been provided with relevant training to make sure they had the right skills and knowledge for their role.

Staff had been provided with supervision for development and support.

People were assisted to maintain their health by being provided with a balanced diet and having access to a range of healthcare professionals.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests.

Some parts of the environment were being refurbished and redecorated to improve the facilities provided.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were very caring in their approach.

Is the service responsive?

Good

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

People were confident in reporting concerns to the manager and felt they would be listened to.

Is the service well-led?

Requires Improvement

The service was not always well led.

There were quality assurance and audit processes in place to make sure the home was running safely. However, some of these were ineffective as potential risks to people's safety had not been identified within the audits.

The manager covered parts of some shifts due to shortage of staff. This reduced time available to dedicate to managerial responsibilities.

The manager was applying to register with CQC.

Staff told us the manager was supportive and communication was good within the home. Staff meetings were held.

The service had a range of policies and procedures available for staff so they had access to important information.

Blenheim Court 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 registered 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 8 May 2017 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury. We usually ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we did not request a PIR due to changes in the inspection date.

We contacted Sheffield local authority, Sheffield Clinical Commissioning Group (CCG) and Healthwatch (Sheffield). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received was reviewed and used to assist and inform our inspection.

During our inspection we spoke with eight people living at the home and three of their relatives to obtain their views of the support provided. We spoke with 11 members of staff, which included the area manager, the support manager, the home manager, the deputy manager, a senior care staff, three care staff, the cook, a domestic staff and the activities coordinator.

Throughout our inspection we spent time observing daily life in the communal areas of the home and how staff interacted with people and supported them.

We spent time looking at records, which included three people's care records, three staff records and other

records relating to the management of the home, such as training records and quality assurance audits and reports.

Requires Improvement

Is the service safe?

Our findings

Observations made during our inspection and some comments received from people receiving support and their relatives showed sufficient numbers of staff were not provided to always meet people's needs in a timely way. People's comments included, "There's not enough staff. They [staff] work hard but sometimes they are short-handed," "I press the buzzer and can be waiting a long time. It's not on when it's a toilet call," "I don't think there is enough staff, the girls [staff] are really pushed," "I press the buzzer and they [staff] just ignore it" and "If you want the toilet at lunch time they say you have to wait until you've had your dinner then they don't take you."

We observed one relative standing by the bedroom door of their family member. They told us they had asked for staff assistance "over ten minutes ago" as their relative needed the toilet and was getting "really desperate". No staff had arrived in that time. We alerted the manager who sent staff to assist. We heard one person shouting from their bedroom. The person was in bed. They told us they had pressed their buzzer "ages ago" as their catheter bag was full, ready to overflow and no one had come to help so they had started shouting. We alerted the manager who sent staff to assist.

At the time of this inspection 35 people were living at Blenheim Court. Of these, 30 people required nursing care. Ten people needed the assistance of two staff with all care needs. The manager informed us two nurses and five or six care staff were provided each morning and one nurse and five or six care staff were provided each evening. One nurse and three care staff were provided overnight. The support manager confirmed dependency levels were assessed to determine the numbers of staff required. However, the high levels of assistance needed, alongside our observations detailed above, indicate insufficient staff were provided.

We look at the rota for the month of April 2017 and this showed a minimum of one nurse and five care staff had been provided during the day and one nurse and three care staff were provided overnight. However, the manager had to cover the second nurse role for the majority of week days as the service was short of qualified staff. Part of the second nurse role included administering medicines to people which took the manager away from other duties.

This demonstrated a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

During our inspection we observed areas of the home which posed a potential risk to people's safety. At the top of one flight of stairs was a wooden stair gate, provided with a lock to secure the gate. On four occasions during our inspection we found the gate unlocked and swung open. We found two bedrooms on the first floor were being redecorated. They contained tins of paint, a set up step ladder, floors partially covered in dust sheets which created a tripping hazard and general decorating debris. One room had a stanley knife on the windowsill. We found the doors to both room's wide open and the keys in the lock of one door. No one was working in the room on the day of our inspection. This was brought to the manager's attention who ensured the doors were locked immediately for people's safety. On the first floor we saw a room marked

'Linen Store'. The door was splintered with a screw hanging loose. We found the door was unlocked. Floorboards were missing at the entrance just inside the room, and the room held debris and loose wires. The manager explained the space was being refurbished into a wet room and confirmed this should have been locked. The manager fitted a lock to this room during our inspection. We found the sluice room on the first floor was unlocked which also posed a risk to people's safety.

These potential hazards had not been identified or minimised by the provider to ensure the environment at Blenheim Court was safe for vulnerable people living at the home.

This demonstrated a breach of Regulation 12 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment.

People told us they felt safe living at Blenheim Court and commented, "I feel very safe" and "I've no worries about being here. I am safe enough."

Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the manager and they felt confident they would listen to them, take them seriously and take appropriate action to help keep people safe.

All of the staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies and procedures were available to them.

We asked people about the help they got with their medicines and they told us they were happy with the support they received. Comments included, "Staff give me my tablets in a pot and watch I take them, it's a big help" and "I get a lot of help. I was up all last night with pains in my legs and I buzzed the nurse, she came and gave me paracetamol."

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a medicine's policy in place for the safe storage, administration and disposal of medicines so staff had access to important information.

We checked a three people's MAR charts and found they had been fully completed. The medicines kept corresponded with the details on MAR charts. Medicines were stored securely. At the time of this inspection some people were prescribed Controlled Drugs (CD's) (medicines that require extra checks and special storage arrangements because of their potential for misuse). We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held tallied with the record in the three CD records checked. This showed safe procedures had been adhered to.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. We found regular audits of people's MAR's were undertaken to look for gaps or errors and to make sure safe procedures had been followed. We saw records of monthly medicines audits which had been undertaken to make sure full and safe procedures had been adhered to.

We found the pharmacist had audited the medicines systems in November 2016. The report from this visit showed no urgent concerns had been identified.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The service managed money for some people. We saw the financial records kept showed all transactions and detailed any money paid into or taken out. Whilst individual records were kept, people's monies were kept together which meant it was not possible to check if individual amounts tallied with the records kept. We discussed this with the manager who confirmed people's monies would be kept individually.

We looked at the procedures for recruiting staff and checked three staff files. Each contained references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. The staff spoken with confirmed they had provided references, attended an interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

We looked at three people's care plans in detail and saw each plan contained risk assessments which identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered aspects of a person's activity and were individual to reflect the person's needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

We found a file was kept relating to specific fire risk assessments within the building, but the registered provider was unable to locate a full fire risk assessment as required to ensure any risks had been considered. The area manager informed us the fire service were visiting the home on 17 May and they would ensure the fire risk assessment was available. A copy of the fire risk assessment was forwarded to us the week following this inspection, dated 11 May 2017 . We found Personal Emergency Evacuation Plans (PEEP's) had been undertaken for each person living at the home so important information was available in the event of a fire.

We found policy and procedures were in place for infection control. We saw infection control audits were undertaken which showed any issues were identified and acted upon. We found Blenheim Court was clean and free from malodours in all areas seen. Domestic staff spoken with said they worked to cleaning schedules and 'deep cleans' always formed part of their working day to make sure levels of cleanliness were maintained.

Requires Improvement

Is the service effective?

Our findings

The area manager told us gaps in staff training had been identified and appropriate training was being arranged. The support manager had undertaken training in safeguarding at an appropriate level so they could provide this training to all staff. Staff spoken with were aware further training was being booked. The three staff training records seen showed some training had taken place, for example in moving and handling and dementia awareness but not other key topics such as infection control essential to fulfil their role.

We were provided with a copy of the training matrix. Additionally this showed all staff required some refresher training, in line with the registered provider's procedures, in a variety of subjects to ensure they had the up to date skills required to carry out their duties. For example, the matrix showed of the 18 care staff listed, ten required refresher training in safeguarding, eight required training in infection control and food safety and 16 required refresher training in health and safety.

The gaps in training meant the provider could not be certain staff were adequately supported and skilled to provide effective support to people living at the home?

This demonstrated a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

People living at the home and their relatives spoke positively about the support provided and said they were happy with the care they received. They told us they saw their doctor when they needed and had access to other health professionals such as chiropodists and opticians. One person told us, "You only have to ask for a doctor and they [staff] get one straight away."

We asked about the food provided. Comments included, "At night they tell what is for dinner and they always ask us what we want," "You can always have different. They know I don't like fish so I get poached egg, one of my favourites "You couldn't get better in a five star hotel," "If we want a drink or anything to eat they [staff] are more than obliging," "The meals are served in a proper manner, not thrown at you. You can get help to eat your dinner if you need it" and "They [staff] make sure you eat, and we have sweets and crisps. There are always jugs of juice."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met.

The manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and the recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. The manager informed us where needed DoLS applications had been referred to the local authority in line with guidance and we saw records of these.

The three care plans seen held evidence of capacity assessments and best interest meetings to show full and safe procedures had been followed. They held people's signatures to evidence they had been consulted and agreed to their plan. People receiving support told us care staff asked their opinion and checked things with them.

The care plans seen all contained an initial assessment which had been carried out prior to admission. The assessments and care plans contained evidence people had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them.

The care records showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs and speech and language therapists (SALT). People's weights were monitored monthly or more often if identified as needed and we saw evidence of involvement of dieticians where identified as needed. This meant people were provided with relevant support for their health.

We saw some people in the dining areas at breakfast and lunch time. During the meals staff were chatting to people as they served food. People were allowed to eat at their own pace and staff sat with people who needed to support to eat.

We observed drinks being regularly taken into the lounges during our visit. We saw people who preferred to spend time in their bedrooms also received drinks. Staff were aware of people's food and drink preferences and respected these.

We spoke with the cook who was aware of people's food preferences and special diets to ensure people's dietry requirements were met. We looked at the menu for four weeks and this showed a varied diet was provided. Alternatives were available from the menu and people told us they could always have different to the menu if they chose. This was confirmed by staff. This demonstrated a flexible approach to providing nutrition. We saw plentiful food stocks which included fresh fruit and vegetables so people had choice.

We found a 'Drinks station' was provided for people living at the home and their relatives and friends so they could help themselves to drinks at any time.

Records checked showed staff were provided with supervision for development and support. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. The manager informed us a policy and procedure for annual appraisals were in place and these would be undertaken within the first year of the provider operating. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Staff spoken with said they felt supported and supervisions were provided regularly and they could talk to the manager or senior staff at any time.

We saw parts of the environment were being refurbished and redecorated to improve the living space. One person told us, "It's dog eared but comfy, very homely, how it's decorated."

Good

Is the service caring?

Our findings

People who used the service and their relatives all made positive comments about the care. People told us they were happy and well cared for by staff that knew them well. They said staff were good at listening to them. Their comments included, "They [staff] are very patient, very caring," "Lovely lads and lasses that work here," "They are all very good," "Nothing is too much trouble," "Staff are all really kind, if you want something they do it," "Staff are nice. They do what they can in the time they have got" and "Staff are nice, but they don't sit and chat because they are too busy."

Relatives said they were always welcomed in a caring and friendly manner. They commented, "We are generally quite happy with things," "[Family member] is clean and looked after well" and "The end of life care has been really good. We have no issues."

During our inspection we spent time observing interactions between staff and people living at the home. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they entered a communal room. Staff shared conversation with people and were attentive and mindful of people's well-being. People were always addressed by their names and care staff knew them well. People were relaxed in the company of staff. This showed people were treated respectfully.

We saw staff discussed people's choices with them and obtained people's consent so they agreed to what was being asked. For example, staff asked people's permission for us to enter their rooms. We saw people were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to bring personal items with them and we saw people had personalised their bedrooms according to their individual choice. This also showed people were treated respectfully.

We did not see or hear staff discussing any personal information openly or compromising privacy. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information needed to be passed on about people was passed on discreetly, at staff handovers or put in each individual's care notes. This helped to ensure only people who had a need to know were aware of people's personal information.

Staff told us the topics of privacy and dignity were discussed at meetings and they were able to describe how they promoted people's dignity. Staff told us they treated people how they would want to be treated. We saw staff interacting respectfully with people and all support with personal care took place in private. This showed people's privacy and dignity was promoted and respected.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed important information was available so staff could act on this and provide support in the way people wished. The staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

Staff spoken with said end of life care had been discussed with them and they felt they had the skills and knowledge to care for people when this support was needed.

Good

Is the service responsive?

Our findings

People living at Blenheim Court, and their relatives said staff responded to their [family member's] needs and knew them well. They told us they [or their family member] chose where and how to spend their time and how they wanted their care and support to be provided. People also told us they could talk to staff if they had any concerns or complaints. Their comments included, "It's up to me what I do. I normally choose to go downstairs but I don't have to. I'm quite happy," "I choose when to get up. I like to get up and go to bed early and that's not a problem" and "I have never had to make a complaint. I can talk to [staff] if I have any worries."

All of the people spoken with, or their relatives, said they were happy with the activities provided and they [or their family member] were free to choose to join in or not, depending on their preference. Comments included, "There is lots of choice," "[Name of activities coordinator] does all the activities here. There's plenty to do if you are interested" and "I like to join in what's going off. It's company. I have a laugh and joke."

We found an activity worker was employed to ensure there was a range of meaningful activities on offer. We spoke with the activities co-ordinator. They showed they were highly committed to the activities being enjoyable and beneficial. People told us and records showed a range of activities were provided. Records showed recent activities included visiting entertainers, visits from local schools, singing, reminiscence and exercise classes. On the day of our inspection we saw people enjoying participating in 'chairobics' in the morning and reminiscence in the afternoon. Both activities were well attended.

Throughout our inspection we saw staff support people's choices. We heard staff asking people their choices and preferences, for example, asking people what they would like to drink, where they wanted to spend time and what they wanted to do.

Before accepting a placement for someone an assessment of the person's needs was carried out so the manager could be sure they could provide appropriate support. This assessment formed the basis of the initial care plan.

People's care records included an individual care plan. The care plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained some information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and showed people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

The care plans seen had been signed by the person supported and/or their relative to evidence their involvement. Relatives told us they had been involved in their family member's care planning so their views could be taken into account.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported. This meant people were supported by staff that knew them.

The care plans checked identified any specific support that was needed to maintain health. The care plans contained details of the intervention from other healthcare professionals so the person was fully supported to maintain their health.

There was a clear complaints procedure in place. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw people were provided with information on how to complain in the service user guide provided to them when they moved into Blenheim Court. This showed people were provided with important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint.

All of the people living at the home and their relatives spoken with all said they could speak to staff if they had any worries.

Requires Improvement

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process. We found some quality assurance procedures were in place to cover aspects of the running of the home. Records showed the manager undertook regular audits. Those seen included care plan, medication, health and safety and infection control audits. The manager also informed us they undertook regular 'walk arounds' to check the environment but did not routinely record these.

Risks in the environment found during this inspection had not been identified by the internal audits or 'walk arounds' undertaken. This meant the audits were not always effective and people's health and safety could be compromised. Quality assurance systems had not identified staffing levels did not always ensure people's needs could be met in a timely way. The area manager confirmed questionnaires had been sent to people living at the home and their relatives shortly after the registered provider began operating at the home. The area manager was aware a recent visit from the local authority had identified the need for the results of the survey to be analysed and an action plan developed from this. The week following this inspection the manager informed us further questionnaires would be sent out and the returned questionnaires would be analysed so an up to date report could be completed. Whilst questionnaires had been sent to people to obtain their views, an analysis and report from these was not available to show people's views had been acted upon.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance.

Blenheim Court had been operating for many years. Logini Care Solutions Ltd took over the home and were registered with CQC in May 2016. Since the new providers began running the home there had been three managers in post. The current manager had been in post since September 2016. Prior to this they were employed as deputy manager at the home. The manager informed us they were applying to be registered with CQC and would complete the application during the week of this inspection.

We spoke with the area manager who informed us they had been available at the home to support the manager. In addition, a mentor (support manager) spent some days at Blenheim Court supporting and advising the manager.

The area manager, support manager and home manager discussed the work they had undertaken to identify and prioritise issues since they had been in post. They were aware changes in the registered provider and manager's had impacted on the staff teams morale.

People living at Blenheim Court, their relatives and staff at the home spoke positively about the manager. Most people told us they knew the manager and found them approachable. People commented, "The manager is approachable. There is nothing I would change" and "[Name of manager] is approachable and always has an open door" and "We are getting to grips with all the changes but morale is a bit low."

We saw an inclusive culture in the home. All staff said they were part of a good team and could contribute and felt listened to. They told us they enjoyed their jobs. All of the staff spoken with said they would be happy for a friend or family member to live at the home.

We saw records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns so people's well-being and safety could be promoted.

Records showed staff meetings took place to share information relating to the management of the home. All of the staff spoken with felt communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

The home had policies and procedures in place which covered aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The premises used by the service provider were not safe to use for their intended purpose or used in a safe way.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems and processes to assess and monitor the service were not fully in operation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not deployed to ensure people's care and treatment needs could be met. Staff did not receive appropriate training as was necessary to enable and support them to carry out their duties.