

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 ●

Summary of findings

Overall summary

About the service

The service is registered to accommodate up to 31 people and provides care and support for older people. The service is split over two floors which were all accessible by stairs or a lift. There were 27 people using the service at time of inspection.

People's experience of using this service and what we found

People told us they felt safe living at Blenheim Care Home. The staff demonstrated a good understanding of how to meet people's individual needs. People's outcomes were known, and staff worked with people to help achieve these. People were supported and encouraged to maintain their independence and live their lives as fully as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the home supported this practice.

People were supported to maintain contact with those important to them including family and friends. Staff understood the importance of these contacts for people's health and well-being. Staff knew people well and what made them individuals.

Staff had a good understanding of their roles and responsibilities and were supported to reflect on their practice and pursue learning opportunities. The staff team worked and got on well together demonstrating team work. They told us they were like one big family.

Quality and safety checks helped ensure people were safe and protected from harm. This meant the home could continually improve. Audits helped identify areas for improvement and this learning was shared with staff through handovers and meetings. The management of the home were respected.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 22 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Blenheim Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector 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 care service.

Service and service type

Blenheim Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority and professionals who work with the home. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care

provided. We spoke with six members of staff including the registered manager, senior care assistants, care assistants and the cook. We observed care practices and interactions within the home.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the home, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from one health professional who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding people. Staff told us how they would recognise signs and symptoms of abuse and who they would report them to both internally and externally. Staff told us they did not have any reservations about reporting concerns.
- People and their relatives told us they felt safe within the home. A person told us, "This is a safe place to live". A relative told us, "This is definitely a safe place for my loved one [name]". Staff told us that they knew people well and thought that this helped to keep them safe. A health professional told us, "In my opinion people [term] are safe in the care home".
- Safeguarding people was promoted around the home. There were posters with telephone numbers of the local authority safeguarding teams. A professional told us, "I have no safeguarding concerns".

Assessing risk, safety monitoring and management

- Risk assessments were in place for each person for all aspects of their care and support. There were general risk assessments for the home. Risk assessments were reviewed monthly or in response to people's needs changing.
- Assessments included clear instructions for staff. Each assessment was arranged to show the care the person needed and what the risks were. The assessment then gave instructions to the staff of safe ways to work to reduce or eliminate risks.
- Staff had a good knowledge of people's risks. Records showed that care was delivered in line with people's individual risk plans, this meant the risks to people were reduced.

Staffing and recruitment

- There were enough staff on duty. The registered manager calculated the number of staff required to meet the needs of people and this was reviewed monthly. A person told us, "The staff are very kind to me, they do not rush me".
- The home had a recruitment process and checks were in place. These demonstrated that staff had the skills and knowledge needed to care for people.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

Using medicines safely

- The home managed their medicines safely. The home had arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines had their competency assessed.

- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply and how often.
- Staff told us they checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly and audited.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe.
- All areas of the home were tidy and visibly clean. People and relatives told us they thought the home was clean and tidy. A relative told us, "The home is kept very clean". Staff had received training in infection control.
- There were gloves, aprons and hand soaps and sanitisers in various places throughout the home. We observed staff changing gloves, aprons and handwashing throughout the day.
- The service had received the highest Food Standards Agency rating of five which meant that conditions and practices relating to food hygiene were 'very good'.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed monthly by the registered manager. This meant that they could identify trends and make changes.
- Learning was shared through staff meetings and daily handovers. Staff told us they felt they were kept up to date and communicated well together.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The home met the requirements of the MCA. MCA assessments had been carried out for people in relation to their care needs including consent for photographs. This meant that people's rights were being protected.
- MCA assessments had been carried out and the home held best interests' meetings for people. Records showed involvement of the person, family members, professionals and the GP.
- Applications had been made under DoLS as necessary. The registered manager told us they had a good understanding of the process and they had knowledge of any conditions attached. Records were clear where conditions were attached to show they were being met.
- People and their relatives told us staff asked for their consent before providing them with care. We overheard staff asking for people's consent throughout the inspection particularly in relation to medicines and food. A person told us, "The staff do seek my consent". Staff had received MCA training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before they moved into the home. These assessments formed the basis of their care plans. The registered manager told us they went to see each person before they moved into the home.
- People's outcomes were identified and guidance on how staff met them was recorded. Staff knowledge and records demonstrated plans had been created using evidence-based practices. This was in relation to medicines, mobility and nutritional needs.

Staff support: induction, training, skills and experience

- The service had an induction for all new staff to follow, which included external training, shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. Some of the staff held a national diploma in health and social care.
- Staff received the training and support needed to carry out their role effectively. They told us they felt confident. A health professional told us, "In my opinion staff have the appropriate skills for caring for the residents".
- Staff received training on subjects such as dementia, moving and handling and fire safety.
- Staff told us they had regular supervisions and contact with the registered manager. The home was supported by a staff team, many of who had long service. They told us they communicated together each day through handovers.
- Staff told us they felt supported, they could ask for help if needed and felt confident to speak with the senior staff or registered manager when required. A staff member told us, "If we have a problem we can always discuss it".

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. We received positive comments about the food including; "The food is fantastic here and you get a choice". "The food is lovely here, I enjoy it a lot". "My loved one [name] eats small amounts, they like snacks and they cater for their needs".
- People could choose an alternative if they didn't want what was on the menu. The cook told us they go around to people in the morning to see what they want to eat for the day.
- Records showed input from dieticians and speech and language therapists where required. The cook told us, "I have information on people's allergies and paperwork for special diets".
- Where people needed extra support with food and drinks, monitoring charts were in place to make sure they met their daily targets to maintain and improve their health.
- The dining room had tables laid with drinks and condiments. Most people used the communal area to have their meal. Food looked appetising and plentiful.
- People were encouraged by staff to eat their meals and various aids supported people to be independent. Where support was given by staff this was observed to be respectful.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us they worked closely with other agencies. Records showed this had promoted effective care and had a positive effect on people's wellbeing.
- Staff were knowledgeable about people's needs and the importance of working with others.
- People received the care, treatment and support they needed it. A health professional told us, "They have an efficient system of requesting home visits in a timely manner, when they have reasonable concerns about a residents health".

Adapting service, design, decoration to meet people's needs

- The home was accessed by people across two floors using stairs or a lift. It had been adapted to ensure people could use different areas of the home safely and as independently as possible.
- The décor and furnishings were in keeping with the age of the home. The registered manager told us that people were comfortable in the surroundings and it was important to maintain a comfortable living environment.
- The home had a large lounge which was split into different smaller seating areas, dining room and a conservatory with a garden for people to enjoy. All outside spaces had level access and the home had chickens which roamed free in the grounds.
- There were signs on the doors to assist people to access certain rooms such as the bathroom. People had

individual front doors with letter boxes. These were different colours with a number to support people to orientate themselves and find their room.

- People were encouraged to bring their own belongings into the home. The registered manager said, "It's their home and this is how they like it".

Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive health care services when they needed them. Records showed referrals made from the home to a variety of professionals, such as doctors, nurses, dieticians and opticians.

- People had individual health plans which included oral health assessments. Staff told us they wanted to make sure the whole person was cared for.

- The registered manager said they worked well with all professionals and were comfortable seeking their input when needed.

- The registered manager and senior team told us they worked closely and were supported by their commissioners.

- Records showed that instructions from health professionals were carried out and they supported people's needs well. A health professional told us "The care home manages a person's condition efficiently and know when to call for medical or urgent care".

- Instructions from medical professionals were recorded in people's care plans and they communicated to staff during handover. This meant that people were receiving the most up to date support to meet their health needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were kind and caring. Comments included: "The staff are very caring and supportive of me". "They [staff] are very caring and nice to me" and "The staff are lovely here, very good to me".
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. These were recorded in their care plans. The home had a religious service once a month for people to enjoy.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in their care. The registered manager completed reviews of care and people, relatives and staff were involved in these. A relative told us, "I was involved in my loved ones [name] care plan and they advise me of any changes".
- The home supported people to access advocacy services. For example, one person had been supported by an advocacy service to support them to make certain decisions.
- Staff told us it was important for them to support people with choices. We observed staff supporting people with choices for different aspects of the day and their care. This was with meals and activities.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. Staff received training in dignity. A relative told us, "The staff are always very respectful towards my loved one [name]". A person said, "They [staff] are very nice and respectful towards me. They are careful to protect my dignity".
- People were supported to be as independent as they could be. The registered manager told us that it was important that people kept their independence. A person told us, "I feel that they [staff] are encouraging us all to be more independent".
- The home had a dignity champion. This staff member took a special interest in dignity and guided staff within the home. They told us, "My role is to promote welfare and support my residents. We need to offer choices and explain what we are doing, and do not patronise people".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. The registered manager reviewed all the care plans monthly.
- Plans were personalised and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. Plans had clear outcomes and guidance for staff to be able to meet those outcomes.
- Care plans and information was available to staff. This included people's life history plans which helped staff understand people's backgrounds. Staff told us the information they had about people's needs was of a good standard and that they had all the information they needed to provide care to people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. People's communication needs were met by staff.
- Staff offered people choices by using visual prompts. Staff told us they knew people well and were able to communicate using their preferences. For example, one person was living with a hearing impairment. They asked that staff speak slow and clear and always look at them, we observed staff communicating in this way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to

- The home had a programme of activities for people to enjoy. This was organised into a daily planner and then there were additional activities for people to enjoy once a month. Some of the activities people enjoyed were, quizzes, music and game. There had recently been visits from animals and the registered manager told us people really enjoyed that.
- The registered manager told us they liked to provide a wide variety of activities and engagement for people including for those people who spend time in their rooms.
- The home had a scrap book photo album of past events, these included summer fete, birthday events and they were planning for a fireworks display.
- People and staff told us they enjoyed the activities in the home. Some comments were; "I do enjoy the activities here very much". "I like the activities like bingo and singing". "The home have taken me out on

outings with the other residents".

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and the home had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to staff or the registered manager about any concerns and felt confident they would be addressed.
- The home had not had any formal complaints however records showed the registered manager dealt with any feedback to people's satisfaction.
- People were confident that their concerns would be dealt with. Comments we received about this from people and their relatives included: "If there was a problem I would complain to a carer or the manager". "My loved one would tell me if they had any concerns and I would speak to the manager".

End of life care and support

- At the time of inspection, the service was not providing end of life care for anyone. The registered manager told us they worked with the district nurses and GP when a person requires end of life support.
- Each person had an end of life care plan which noted their last wishes. These varied in content due to the information being available. The plans had been reviewed within the usual care plan review and information added if necessary.
- The home had received compliments about its end of life care and support. One compliment said, 'We would like to give our heartfelt thanks to Blenheim for all their dedicated care and kindness shown to our relative [name]'.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt proud to work at Blenheim Care Home. They were complimentary about their colleagues and said they worked well as a team. Some of their comments included: "I love being here, staff are like family". "I think it's an amazing home, we always help each other, it's like a family". "It's a good place to work, a home from home". "We care, and we genuinely do".
- Staff, relatives and people's feedback on the management of the service was positive. Staff felt supported. The comments included: "This care home is very well managed". "The manager is very nice". "The registered manager [name] is a good manager. They are fair. I have not seen a manager so hands on". "The registered manager [name] is passionate about the home. They are amazing" and "The registered manager [name] likes everything done properly. They are easy to talk to and sympathetic to our problems".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and showed us records where they had done this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management and staff understood their roles and responsibilities. The registered manager told us they were supported by their team. A member of staff told us, "We all know our roles, it's structured, and it works".
- Quality assurance systems were in place to monitor the standard of care provided. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified.
- Systems were in place to support learning and reflection. The registered manager had completed monthly audits, such as medication, accidents, health and safety and care records.
- The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; Continuous learning and improving care; Working in partnership with others

- The service sought people's feedback through questionnaires. The results of those were positive. The registered manager told us they send these out to people and their relatives once a year.
- The home held meetings for people and their relatives. Subject were food, outings, activities and fund-raising idea's. Records showed people and their relatives were involved in the home and kept up to date. Relatives were routinely asked for their views and they told us they felt involved in the home. A relative said, "The registered manager [name] is so supportive to me, I come in anytime".
- The home had regular staff meetings. Minutes showed discussions about people, update, events within the home, personal care standards and reminders. Records showed good attendance by staff.
- The service had some links to the local community. The registered manager told us they wanted to increase these links in the future.
- Learning and development was important to the registered manager. They attended regular provider meetings and had used online guidance and publications. The registered manager told us, "You can always improve". The registered manager had the support of a deputy manager and senior staff within the home.
- The service had good working partnerships with health and social care professionals. A health professional told us, "I believe Blenheim Care Home is well led by the registered manager [name] and my overall opinion is that it is a good home".