Care Quality Commission

Moundsley Hall Limited

Blenheim House

Inspection report

Moundsley Hall Care Village
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Birmingham
West Midlands
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20 November 2018

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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

The inspection was unannounced and took place on 20 November 2018.

Blenheim House 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 home is registered to provide accommodation with personal care for adults for a maximum of 15 people. There were 14 people living at the home on the day of the inspection.

There was a registered manager in post. 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to feel safe living at the home and that staff supported them to maintain their safety. Staff told us about how they minimised the risk to people's safety and that they would report any suspected abuse or the risk of abuse to the management team. People got the help needed with staff offering guidance or support with their care that reduced their risk of harm.

There were staff available to meet people's needs or answer any requests for support in a timely way. Care staff had time to spend time socially with people or offering and encouraging activities.

People continued to receive their medicines from staff who managed their medicines in the right way. People also felt that if they needed extra pain relief or other medicines as needed these were provided. Staff wore protective gloves and aprons to reduce the risks of spreading infection.

People were involved in planning their care, which included end of life planning where required. People's care plans were accurate and had up to date information about their current care needs.

People told us staff knew their care and support needs. Staff told us they understood the needs of people and their knowledge was supported by the training they were given. Staff knowledge reflected the needs of people who lived at the home. People told us staff acted on their wishes and their agreement had been sought before staff carried out any care or support.

People were supported to have choice and control of their lives and staff supported them in the least

restrictive way possible; the policies and systems in the service supported this practice. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us they enjoyed their meals, had a choice of the foods they enjoyed and were supported to eat and drink enough to keep them healthy. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People told us they enjoyed spending time with staff who respected their privacy and dignity was maintained with staff support. People's day to day preferences were listened to by staff and people's choices and decisions were respected. Staff told us it was important to promote a person's independence and ensure people had as much involvement as possible in their care and support.

People were aware of who they would make a complaint to if needed. People told us they were happy to talk through things with staff or the registered manager if they were not happy with the care.

People enjoyed living in the home which met their needs. The provider and staff demonstrated their commitment to care for people. They linked with care provider forums and ensured people had access to the local community.

The provider had a programme of audits in place to monitor the quality and safety of people's care and support. The provider continually strived to make things work better so that people benefitted from a home that met their needs.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

CareQuality Commission

Blenheim House

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.

Inspection site visit activity started and ended on 20 November 2018 and was unannounced. One inspector carried out the inspection.

We reviewed the information we held about the home and looked at the notifications they had sent us. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection, we spoke with six people who lived at the home. We spoke with three staff, the registered manager and a provider representative present for the inspection feedback. We reviewed the risk assessments and plans of two for three people and their medicine records. We also looked at provider records for, staff meeting minutes and 'residents' meeting minutes and the daily records, the providers \improvement plan and quality monitoring.

Good

Is the service safe?

Our findings

Whilst people had concerns over staff numbers, people we spoke with felt safe living at the home and that staff supported them to remain safe. Relatives were confident their family member's safety needs were met as staff were available to assist when needed. This was confirmed from our observations of care staff supporting people to remain safe. Recruitment checks were carried out before an employment offer was made to make sure staff had the right character and experience for the role.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. Staff were available when people wanted them and were responsive to people's requests. Staff were clam and communicated effectively with each other and with people in the home.

Staff had been trained in safeguarding people from abuse and there were also safeguarding procedures and guidance available for staff to refer to. This provided appropriate instructions of the steps staff would need to follow should an allegation be made or concern witnessed.

People told us about some of their risks and how care staff supported them if needed. People were reminded to have any aids close by, such as walking frames to assist them to move around in the safest way. Individual risk assessments were in place and reviewed to ensure they remained relevant, reduced risk and kept people safe. Care staff we spoke knew the type and level of assistance each person required and we saw people were assisted when walking where this was required.

We observed staff giving people their medicines and saw staff checked people's medicines on the medicine administration records (MAR) and medicine labels to ensure people were receiving the correct medicine. They explained to people what medicine they were taking and why. They gave the person a drink with their tablets and then remained with each person to ensure they had taken it. Medicines were appropriately checked, stored and secured and this included the arrangements for controlled drugs, which are medicines which may be at risk of misuse.

When people needed medicines were 'as required', there was minimal information in place in relation as to why and when the medication should be administered. The provider agreed that further information and detail would be needed to ensure people continued to receive their medicines safely.

Accidents and incidents had been recorded, and once analysed any themes or patterns were highlighted. Lessons learned could then be shared with staff .There were plans in place for emergency situations, such as fire procedures for each person in the home.

There were systems in place to protect people from the risk of infection. The environment was clean and tidy and people's laundry was collected and washed within a separate laundry area. Care staff who prepared food were seen to observe good food hygiene to help reduce the risk of infection. Staff were seen to use personal protective items such as gloves and aprons.

Good

Is the service effective?

Our findings

People we spoke with were happy that staff understood their care needs well and were able to provide the care they wanted and needed. People had shared their needs and choices with the management before they began using the service. The provider had completed an assessment of their care needs to assure themselves they could provide the care needed.

People told us the care staff understood the assistance and support they needed and had confidence in the staffing team. Care staff told us they were supported in their role with regular training that provided them with the relevant skills to care for people. All staff told us their supervision from management and team meetings ensured a consistent and embedded approach to applying their learning when caring for people within the home. One staff member told us, "We work along side the team leader and the general manager is approachable."

People enjoyed their meals and had been able to provide feedback about the quality of the meals. There were a choice of meals and alternatives offered if requested. Where needed people's food and drink intake had been recorded to ensure people received enough nutrients in the day.

People told us about their appointments with opticians, dentists and where needed regular blood tests. The GP visited the home weekly and when requested to check people's health and medicines. Other professionals had attended to support people with their care needs, for example district nurses were administering the flu vaccine on the day we visited. We found that people's care plans had shown how other professional had been involved.

The premises and environment were accessible and met the needs of people who used the service. People accessed the garden and spent their time in the communal lounge or their bedrooms. There were several communal areas to choose from including a quiet lounge.

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.

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). No one living at the home had a DoL in place. Staff had received training and understood the requirements of the Mental Capacity Act in general, and the specific requirements of the DoLs

Good

Is the service caring?

Our findings

People told us staff were caring and kind and we saw that people had developed positive relationships with staff. Staff gave people time and were unhurried. People knew the staff well and we saw people responded to staff by smiling, talking and holding hands with them. One person said, "Wonderful staff." Staff told us they enjoyed chatting to people and it was important to for people to be able to talk openly about their needs and wishes. One person said, "They [staff] are good friends."

Positive, encouraging and caring interactions were seen between people and staff. Staff involved people in daily decisions about their care and support. One staff member told us, "I treat people as if they were family, that is what I would expect from others". People were supported to express their views and be involved in making decisions about their day to day care and treatment. People were confident to approach staff for support or requests and staff were aware of people's everyday choices and were respectful when speaking with them. Staff ensured the person knew they were engaging with them and were patient with people's communication styles. One person said, "Staff are friendly, helpful and attentive."

Staff supported people in maintaining their dignity, and one staff member told us, "You have to make sure they are comfortable with what you are doing, explain what's happening." All staff we spoke with were able to tell us people's preferred care routines or told us they always asked the person first. Staff told us they ensured they always closed bedroom doors and, where needed people's curtains when providing personal care. People told us staff were polite and always knocked and asked before opening their door. They said they respected people's everyday choices in the amount of assistance they may need.

People told us about the support they needed from staff to maintain their independence. Two people told us staff offered encouragement and guidance when needed and were supported to remain independent, for example aspects of personal care. Staff understood people's levels of independence and how to best encourage their individual skills. One staff member said, "People get the care they need, when they need it."

All staff we spoke with told us they enjoyed working at the service and felt they demonstrated a caring approach to their role. One staff member said, "It's a lovely place to work and I enjoy the home and the people.". They told us they spent time getting to know people and this was part of their role as well as providing care.

People received care and support from staff who respected their privacy and people we spoke with felt the level of privacy was good. When staff were speaking with people they respected people's personal conversations or request for personal care. Respect was shown in the way private information was displayed in the office and on the staff area notice boards as information was not displayed openly.

Good

Is the service responsive?

Our findings

People's plans of care were structured and developed around their own health and care needs and care staff were knowledgeable about people. Staff and management told us they regularly spoke with people about their care and support.

Staff knew how to communicate with people in the most effective way. We saw care was centred on the person and staff spent time socially with people. We saw some people were happily reading or watching television on their own. Activities were available and people were asked if they wanted to join in. As the home is part of a larger site people were able to choose to join in other events that were happening, for example a clothes sale. One care staff member told us, "We just take people to the other homes or spend time with them here."

People's families had helped to support their relative and had given a lot of information to the registered manager about their relative's personal history and lifestyle. Some relatives continued to take an active role in ensuring that their family members received the support they required.

People told us that if their needs changed care staff noticed and supported them. People gave us examples of how care staff responded on days when they felt unwell or low and care staff would show concerns and report to the GP if needed. People also told us if they felt unwell the care staff would regularly check on them.

When the care staff shift change, any changes to people's health needs were discussed. Care staff knew it was their responsibility in reporting changes to a person's needs to the nursing staff for review and action. These changes were then updated within the care plans to show the person's change in care needs.

Staff were meeting the accessible information standard. The accessible information standard looks at how the provider identifies and meets the information and communication needs of people with a disability or sensory loss. It relates to keeping an accurate record and where consent is given share this information with others when required. Staff told us they addressed the needs of each person as an individual.

The provider had equality and diversity policies and procedures in place, which staff knew about and told us the policies were easily accessible if needed. Staff were able to identify people's individual needs as part of the initial assessment process and during reviews with people.

People and relatives we spoke with said they would talk to any of the staff if they had any concerns or complaints. The registered manager took a proactive approach and regularly spoke with people to see if they were happy. They told us they welcomed the opportunity to learn from complaints or to let staff know they were doing a good job. This reflected the views and opinions of people, their relatives and care staff we spoke with. One person said, "If I have a concern then she [registered manager] needs to know, I don't expect her to be physic."

We spoke with the care staff about how people were supported at the end of their life. An end of life care plan would be completed which recorded the wishes of the person in the event of their death.. Care staff showed a compassionate approach where they advocated for people with their end of life wishes.

Good

Is the service well-led?

Our findings

There was a registered manager in post. 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. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement, to inform people and those seeking information about the service and visitors of our judgments.

The registered manager had a clear vision for the home. They told us their expectations and about how they asked people for their views. The provider worked with other professionals and knew that improved partnership working would improve people's experiences, such as charities or local support groups.

People and care staff we spoke to told us they felt settled and were asked about their views and opinions. The provider assured staff continued to receive support from all levels of management at the service. People and relatives told us the registered manager and staff were supportive and approachable. We saw people seek advice and look to care staff who responded with answers to questions about what was happening in their home. The provider said they saw people regularly and knew them well. This was evident in interactions we saw and the conversations we heard.

People and their relatives had contributed by completing questionnaires and attending meetings so the provider and registered manager would know their views of the care provided. The results we saw were positive about the care being provided. The management team was supportive, and the registered manager felt able to approach the provider with any concerns they may have. Team meetings also provided opportunities for staff to raise concerns or comments on people's care.

The provider used a range of measures to assess and monitor the quality and safety aspects of the home. Examples of audits completed were medicines, infection control, health and safety, care planning documentation and reviews of complaints. Throughout our inspection we saw examples of how this had impacted upon people receiving care and support which was based on good practices.

The provider had a willingness to work in partnership with others including the local authority safeguarding and commissioning teams, to support and develop the service. The registered manager had been in contact with specialists within the local area to promote positive working relationships. This included reviews and advice from health and social care professionals; such as GPs, social workers and community nursing teams. The registered manager felt supported by the provider to keep their knowledge current. The provider also referred to guidance about best practice and any changes within the care sector.