

Logini Care Solutions Ltd

Blenheim Court Care Home

Inspection report

Elm Lane
Sheffield
South Yorkshire
S5 7TW

Tel: 01142456026

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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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this inspection on 9 August 2018. The inspection was unannounced.

Blenheim Court 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. 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. At the time of the inspection there were 30 people living at the home.

Our last inspection at Blenheim Court took place on 8 May 2017. The service was rated requires improvement overall. We found the service was in breach of three of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we checked the improvements the registered provider had made and found some improvements had been made but were not sufficient to meet the requirements of all regulations. We found a continued breach of regulation 17, Good governance. We have subsequently made four recommendations in our report, which means we expect the registered provider to consider our feedback and make reasonable improvements before the next inspection.

There was a manager at the service who had been in post since March 2018. 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.

Most people living at the service told us they felt safe. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. Staff had completed safeguarding adults training and were aware of their responsibilities in protecting people from abuse. We found systems were in place to make sure people received their medicines safely so their health needs were met. On the day of the inspection we found there were sufficient numbers of staff to meet people's needs and it was evident that staff had been safely recruited. However, people told us they sometimes had to wait for personal care and staff were too busy to chat with them. We made a recommendation about the staffing arrangements at the service.

The service worked collaboratively with external health services to promote people's wellbeing. People's care records contained detailed information and reflected the care and support being given. Most staff told us they enjoyed working at the service and had received support, training and supervision to help them to carry out their support role effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. We found people's nutritional needs were met but meal options provided were not always balanced and nutritious.

During the inspection we observed staff treated people with respect and dignity, and staff supported them in a way which met their needs. However, we identified practices which did not promote people's dignity. We also received mixed feedback about the quality of the activities provided and people said there were limited opportunities for meaningful social opportunities outside of the service.

There were systems in place to monitor and improve the quality of the service provided. We also saw an action plan was in place to drive continuous improvements at the service, which identified actions for completion by who and by when. During the inspection the manager demonstrated she was responsive to our feedback and understood further improvements were needed.

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.

People who used the service and their visiting relatives gave mixed feedback about the staffing levels at the service.

The provider had systems in place for managing medicines and people received their medicines in a safe way.

Staff knew how to safeguard people from abuse and had received training in this subject.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People's nutritional needs were met. However, some people told us meal options were limited. People had access to a range of healthcare professionals to maintain their health.

Staff had been provided with relevant training to make sure they had the right skills and knowledge for their role.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and considered people's best interests.

Is the service caring?

Requires Improvement ●

The service was not always caring.

We identified practices which did not promote people's dignity or privacy.

People living at the home, and their relatives, said staff were very caring in their approach though interactions were mostly task-led

Is the service responsive?

Good ●

The service was responsive.

Feedback gathered from people who used the service about the

quality of activities provided was mixed. People told us they were not offered regular social opportunities outside of the service.

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

People living at the home, and their relatives, were confident in reporting concerns to the manager and felt they would be listened to.

Is the service well-led?

The service was not always well-led.

During the inspection we identified improvements with the service provision and subsequently we have made four recommendations in this report.

Staff were clear about their roles and responsibilities. They told us they felt supported by their managers, who they said were approachable.

Requires Improvement 

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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 August 2018 and was unannounced. The inspection team consisted of two adult social care inspectors and one 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. The expert by experience had experience in caring for older people.

Prior to the inspection we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We gathered information from the local authority's contracts team who also undertake periodic visits to the home. They gave us feedback from their recent visit which was considered as part of this inspection.

We asked 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. The PIR was completed and returned as requested. This information was considered as part of our inspection.

During the inspection we spoke with six people who used the service and three visiting relatives. We spoke with the home manager, the clinical lead, the activities coordinator, the cook, one domestic assistant, one laundry assistant, one care assistant, one nurse and one nurse assistant.

We spent time observing daily life in the home including the care and support being offered to people.

We looked at documentation relating to the people who lived at the service, staff and the management of

the service. This included four people's care records, five medicine administration records, three staff records, accident and incident records and other records relating to the management of the service.

Is the service safe?

Our findings

We checked progress the registered provider had made following our inspection on 8 May 2017, when we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. This was because the service failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in the provision of a regulated activity. At this inspection we found the service had made sufficient improvements to meet the requirements of regulation.

On the day of our inspection the following staff were working at the service; the home manager, the clinical lead, one nurse, one nurse assistant, one senior care assistant, three care assistants, as well as a team of support staff for cooking and cleaning. We looked at staff rotas and found they reflected the number of staff working. For night shifts the rota showed one nurse and three care assistants scheduled to work. We saw the home manager used a dependency tool to calculate the staffing numbers at the service. Dependency tools are used to measure individual's level of need to inform decision making on staffing and workforce. The home manager told us they reviewed staffing and people's dependency monthly or on as required basis, such as when people's needs change or new people coming to live at service.

People who used the service and their visiting relatives gave mixed feedback about the staffing levels at the service. Comments include, "They definitely need more staff, they are run ragged", "Staff are friendly but too busy to talk" and "They [staff] got me up late because there was not enough staff. I'm still waiting for breakfast and it's after 10.00am". Visitor comments include, "They are left too long waiting for help, there is not enough staff. It's getting worse" and "[Blenheim Court] is very short staffed". People also told us there had been regular changes to the staff team so they did not get good continuity of care. The manager acknowledged there had been some disruption due to recent staff changes and told us these were necessary as to improve the overall service provision. The manager assured us staff retention was a focus going forward and she was actively recruiting for three new care assistant posts to reduce the need for agency staff usage. Our observations showed people who used the service received timely care and support. There was one exception where we saw breakfast was served later than usual. We discussed the issue with the manager and they assured us this was rare occurrence. Although we were satisfied staffing levels were adequate to ensure people's support needs were met, we recommend the registered provider consider people's views when making decisions about the staffing arrangements at the service.

We checked progress the registered provider had made following our inspection on 8 May 2017, when we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was because potential hazards had not been identified or minimised by the registered provider to ensure the environment at Blenheim Court was safe for vulnerable people living at the home. At this inspection we found most of our concerns raised about the environment at the last inspection had been acted on or effectively minimised and therefore had made sufficient improvements to meet the requirements of regulation. However, further improvements are still required in this area.

At the last inspection we raised concerns about a wooden stair gate being left unsecured. At this inspection we saw the registered provider had introduced a notice to remind staff to always properly secure the gate.

However, during our inspection we found on three occasions the gate was left unlocked and swung open, which is a risk to people's safety. We found the sluice room on the first floor was left unlocked which also posed a risk to people's safety. This was raised as a concern at the last inspection. We discussed these concerns with the home manager who assured this feedback will be cascaded to all staff so practices that promote people's safety are always adhered to.

We saw the service was clean and satisfactory systems were in place to control the risk of infection. We saw evidence of safety checks taking place to help keep the building in a safe condition, such as checks of the gas, electric, water and fire systems. We found one issue where two hoists were left unattended in the upstairs corridor and not appropriately stored away. It is good practice to ensure equipment relating to people's care and support are appropriately stored when not in use to reduce the risk of mechanical damage.

We looked at three people's care plans 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 all 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 saw the service kept a log all accidents and incidents which had occurred, as well as any follow up actions taken. We looked at individual incidents and saw the service responded to risk, followed procedure and took appropriate action to promote people's safety. We saw the home manager regularly looked at recorded accidents and incidents to analyse this information for patterns and trends in order to improve practices at the service.

We asked people who used the service whether they felt safe living at Blenheim Court and the feedback we received was mixed. One person told us, "I've been here ages and I feel safe." Two people commented that not being able to lock their bedroom door was a concern for them. Another two people were not certain whether they felt safe or not. Feedback obtained from visiting relative's was also mixed.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they understood their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made. This meant staff were aware of the correct procedures to follow 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. We saw a policy on safeguarding vulnerable adults was available. This meant 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 checked to see if medicines were being safely administered. Medicine was administered to people by the care staff. We checked five people's Medicine Administration Records (MAR) and found they had been fully completed. The medicines kept corresponded with the details on MARs. Medicines were stored securely. The registered provider had appropriate arrangements in place for storing and administering controlled drugs (CD's). These are 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 two CD records checked.

The medication was administered by staff who had received training to administer medication. We saw the home manager checked the competency of all staff administering medicines. Competency assessments are used to identify whether staff were performing their roles correctly or that poor practice was being identified and acted on. At this inspection, we observed staff administering medicines correctly. Staff spoken to told us they felt confident administering medicines and they received regular training.

We found safe recruitment practices were followed. We looked at three staff files to check how staff had been recruited. We saw for each staff member the service obtained two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions. The service also considered the person's employment history and staff had to complete a pre-interview questionnaire and a formal interview. This helped to ensure the people employed were of good character and had been assessed as suitable to work at the home.

Is the service effective?

Our findings

We checked progress the registered provider had made following our inspection on 8 May 2017, when we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Staffing. This was because we identified gaps in staff training so we were not confident all staff were suitably qualified, competent, skilled and experienced to provide effective care at the service. At this inspection we found the service had made sufficient improvements to meet the requirements of regulation.

On the day of the inspection, staff demonstrated skills to meet each person's individual needs. We checked the staff training matrix which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as moving and handling, medicines and safeguarding was provided. The matrix showed training in specific subjects, to provide staff with further relevant skills were also undertaken, for example, training on dementia and pressure ulcer prevention. This meant all staff had appropriate skills and knowledge to support people.

We found staff had received regular supervision, appraisal and observations of their care and support practice. This helped ensure effective care. Staff told us they felt well supported by the management team.

We carried out observations during lunchtime and saw that there was a relaxed atmosphere. We saw people were offered a choice of meal options, which was reflected in feedback received from people who used the service. People's care records highlighted any special diets or nutritional needs people required. We saw clear evidence staff were aware of, and respected, people's food and drink preferences. For example, we saw a person with coeliac disease was provided a gluten free meal to support their health and wellbeing. Another person with a special dietary requirement told us, "I'm diabetic so have different (meals) to others. My meals are lovely"

People told us there was always enough food provided, however, the meal choices were sometimes limited. One person told us they ate a lot of fried foods and therefore was not getting a balanced diet. Another person told us one day they ate the same fry up meal for both breakfast and lunch on the same day. Our checks of the kitchen showed the service only stocked frozen food, which the cook told us was to reduce food wastage. We saw people were regularly offered drinks and a drinks station was available to people and their visitors in a communal corridor. Although we found people's nutritional and hydration needs were met, we recommend the registered provider consider people's views so meal options reflect people's preferences.

We saw people's needs were assessed when they moved into Blenheim Court. A detailed care plan was then written, which informed staff what care the person needed and how they wanted to be cared for. This supported staff to provide person centred care to each person living at the service.

The care records checked showed people were provided with support from a range of external professionals to maintain their health. These included district nurses, GPs and dentists. We saw health professionals were

visiting regularly, which was evidenced in people's 'professional visits' section of their care record, so each visit and their outcomes were clearly recorded. This shows the service was working in partnership with other agencies so people received effective care and their health needs were met.

Our checks of the environment showed there was a suitable amount of communal space where people could spend time. The layout helped to promote choice, privacy and dignity as there were large reception rooms where people could go for privacy, for example during family visits. We saw the registered provider had considered the needs of people living with dementia when making decisions about the environment. Corridors were wide and well lit, hand rails were visible and accessible. We saw clear signage displayed around the service to help orientate people to key areas, such as bedrooms or bathrooms. Pictures of staff and daily meals options were also displayed to promote choice and independence. We identified the calendar-clock in a communal lounge had not been updated since the day before, which people might find confusing. The home manager corrected this issue immediately once we had made them aware. This shows the service had adapted the premises to meet the needs of people living with dementia.

We saw evidence that people were consulted about how they wanted to receive their care and where possible, consent was obtained for care and treatment as part of the registered provider's admission process. We saw people were asked consent before care and support interventions were provided.

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 make 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. At the time of the inspection the home manager told us there was one person living at the home who was subject to a standard authorisation. We saw the registered provider had a robust system in place to monitor existing standard authorisations and pending requests. This demonstrated that the provider was working to the principles of the MCA.

Is the service caring?

Our findings

We observed caring interactions throughout the inspection, though interactions were mostly task led. We observed staff providing support to people during mealtimes and found that staff were able to meet people's needs and did so in a caring manner. For example, we observed the care team consistently communicated at eye level when people were seated. This demonstrated that staff were caring and committed to meeting people's needs.

People told us staff were caring when delivering support. However, some people told us they felt staff were often too busy to chat and the frequent changes to the care team meant they did not know them well.

We found systems in place so people had a say in their care and support. People and their relatives were able to express their views in meetings and care reviews. We saw the service held a 'resident meeting' in June 2018, so people who used the service were able to discuss aspects of the service provision, positive or negative. Prior to this meeting we found resident meetings were happening infrequently. We reviewed the minutes from the June 2018 meeting and it was clear from feedback there were themes for improvement, such as delays in people receiving support for personal care. This shows people's dignity was not always promoted. When we first arrived at the service we saw unused continence pads inappropriately stored on communal chairs in the reception area. This was a concern as it not only posed a risk to people's safety but it also represents poor dignity and respect practice, as greater levels of discretion are expected when managing people's care and support needs. We recommend the registered provider continues to regularly support people to express their views about the service provision and respond to feedback.

Staff understood the need to respect people's confidentiality and understood not to discuss personal information in public or disclose information to people who did not need to know. However, when we arrived at the inspection we found the administrator's office door was propped open, no staff were present and confidential information was left on the desk and the tops of cabinets. The manager assured us the room was only open for cleaning and it is usually always locked. We recommend confidential information is appropriately stored at all times.

People told us they felt that as far as possible they were supported to be independent and their family and friends were always made to feel welcome at the service. One person told us, "[Staff] were kind when my [relative] died, they took me to the funeral in a wheel chair taxi". This shows the service was compassionate.

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of four people's assessments and care plans. They gave a clear picture of people's needs and how best to support them. There were documents in place regarding the person's life history, preferences and activities they enjoyed so staff could support people to meet their wishes and aspirations. We saw evidence of monthly reviews of people's care and support plans, information was updated or added to, to ensure it was still correct and relevant. In care records we looked at we could see evidence of a collaborative approach when assessing the needs and preferences for care and treatment of people living at the service.

We saw the service provided a range of activities, the details of which were displayed in communal areas of the service. During the inspection we observed a musical performance take place in the afternoon, which we saw people actively listening and moving along to. We saw a hairdresser visited the service, which people spoke positively about. At the time of the inspection there was an activities coordinator employed at the service. Our observations showed there were periods which lacked social stimulation and very little in terms of activities was taking place. This was reflected in people's comments, "I'm not asked if I want to do crafts," "Staff are always too busy to chat," "It would be nice to pop over the road to the shops or for a coffee but they [staff] said they didn't have enough staff" and "I don't do anything all day, there's nothing to do. No cards, no dominoes, nothing. The television is put on but no one bothers to change channels, it's just on". Some people who used the service also told us there was not enough activities outside of the service. This shows improvements were needed in this area. We recommend activities are reviewed regularly with people living at the service so they are person-centred.

The registered provider had a complaints procedure and the home manager kept a record of any concerns received. We saw no recorded complaints since we last inspected the service. We saw a complaint monitoring system in place, which was reviewed monthly. We saw in the June 2018 the complaint monitoring system noted the negative feedback about waiting for personal care, which was obtained in the resident's meeting the same month. Although the feedback received was not raised as a formal complaint, it showed the registered provider was treating all concerns raised informally or formally in the same manner. This demonstrates there were systems in place to monitor and respond to complaints and concerns.

The service had a strong commitment to supporting people living at the home, and their relatives, before and at the end of their lives. Some people had end of life care plans in place. We saw next of kin and other significant people had been involved as appropriate. These plans clearly stated how people wanted to be supported during the end stages of their life. Do Not Attempt Resuscitation (DNAR) forms were included and were reviewed as and when required by the person's doctor and relative as appropriately.

Is the service well-led?

Our findings

We checked progress the registered provider had made following our inspection on 8 May 2017, when we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. This was because the registered provider failed to operate effective systems and processes to assess and monitor the service provided.

Our findings showed the service responded to most feedback from the last inspection but further improvements were required to meet all requirements of this regulation. It was also evident other aspects of the service provision which were previously rated good had deteriorated in that period, such as the quality of the meals options and activities provided. We subsequently made four recommendations to the registered provider in the inspection report. During the inspection the manager showed she was responsive to our feedback and understood further improvements were needed. This demonstrates a continued breach of regulation 17.

We saw the registered provider had an action plan in place to drive continuous improvements at the service. The plan included actions to address feedback from the last inspection as well as improvements to the environment, provision of care and staffing. This demonstrates the registered provider is able to question practice and respond to feedback.

We found the service had a comprehensive set of auditing tools, which were sufficient to monitor fundamental aspects of the service delivery. For example, those seen included audits of the environment, medicines, care plans, mattresses and pillows, bed rails, weight, pressure sore, accidents and incidents, complaints and infection control. We saw audits were carried out regularly and any issues identified by the auditor were acted on in a timely manner. For example, we saw an audit of people's weight was carried out each month. In the June 2018 audit it identified two people who had lost a significant amount of weight since the previous month's audit. We saw action plans were put in place to review each person's nutritional care plan and to increase the level of weight monitoring so risks could be responded to more quickly. This showed the monitoring systems were effective. We found some instances where completed actions arising from audits were not always recorded, which meant we could not always verify actions plans were followed. The manager assured us action plans were followed and this was a record keeping issue.

The management team consisted of a manager and a clinical lead. The manager was new to the role but had worked at Blenheim Court for a number of years and therefore knew the service well. They told us they had a good working relationship with the registered provider and it was their intention to register with CQC in the near future. One staff member told us, "[The manager] is really approachable. You can go to her with any issue." The clinical lead was also new to post and the next most senior staff member employed at the service. They supported the day to day running of the clinical team. We found the clinical lead had relevant experience and was a qualified nurse. Staff at all levels were clear on their roles and responsibilities to monitor performance and risk of care delivered. This meant there were clear lines of accountability within the organisation and systems, which supported the running of the service.

We found a welcoming, open and positive culture at the service that was encouraged and supported by the manager. All the staff felt communication was improving and they were able to obtain updates and share their views via team meetings.

We saw policies and procedures were in place, which covered all 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 home manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.

operate effective systems and processes to assess and monitor the service provided. At this inspection we found the service had made sufficient improvements to meet the requirements of regulation.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Effective systems and processes to assess and monitor the service were not fully in operation.