Regal Care Trading Ltd

# Blenheim Care Home

**Inspection report**

39-41 Kirby Road
Walton-on-the-Naze
Essex
CO14 8QT
Tel: 01255 675548
Website:

Date of inspection visit: 28 January 2015
Date of publication: 01/06/2015

## 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** |

## Overall summary

The inspection took place on 28 January 2015 and was unannounced. This was the first inspection of the service since the provider changed in August 2012.

Blenheim Care Home provides care and accommodation for up to 57 people who may be elderly or living with dementia. Accommodation is provided over three floors. The service does not provide nursing care. At the time of our inspection there were 33 people using the service; the top floor was not in use as building work was in progress to renovate the rooms in this area.

A registered manager was in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe because staff were aware of their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs.

# Summary of findings

There were enough staff who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred.

People's health needs were well managed by staff who consulted with relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual needs.

People were treated with kindness and respect by staff who knew them well.

People were encouraged to follow their interests and hobbies and were supported to maintain relationships with friends and family so that they were not socially isolated.

There was an open culture and the registered manager encouraged and supported person centred care.

The provider had systems in place to check the quality of the service. The views of people and their relatives were taken into account to make improvements and develop the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

There were enough staff with the correct skills who knew how to manage risks and provide people with safe care.

People felt safe and staff understood what they needed to do to protect people from abuse. There were processes in place to listen to and address people's concerns.

Systems and procedures for supporting people with their medicines were followed, so people could be assured they would receive their medicines as prescribed.

Good

**Is the service effective?**
The service was effective.

Staff received the support and training they required to provide them with the information they needed to carry out their roles and responsibilities.

Staff understood how to provide appropriate support to meet people's health, social and nutritional needs.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

Good

**Is the service caring?**
The service was caring.

Staff treated people well and were kind and caring in the ways that they provided care and support.

People were treated with respect and their privacy and dignity were maintained. Staff were attentive to people's needs.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

Good

**Is the service responsive?**
The service was responsive.

People's choices preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and assisted them to take part in activities that they preferred. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Good

# Summary of findings

**Is the service well-led?**

Good

The service was well led.

The service was run by an able manager who was approachable and who demonstrated a commitment to providing a good quality service. There was an open culture and people were encouraged to raise issues.

Staff received the support and guidance they needed to provide good care and support.

There were systems in place to seek the views of people who used the service and use their feedback to make improvements.

# Blenheim 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 January 2015 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, the provider completed 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.

We reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with four people who used the service. Other people were unable to speak with us directly because of communication needs relating to dementia; we used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with five relatives and visitors, a visiting health professional, the registered manager, the area manager, three care staff and a member of the ancillary staff.

We looked at five people's care records and examined information relating to the management of the service such as health and safety records, staff training records, quality monitoring audits and information about complaints.

Good

# Is the service safe?

## Our findings

Two people chatted to us about their experiences and how they felt living at Blenheim Care Home. Both told us they felt safe, one said "especially at night." They told us that if they were worried about anything they would discuss it with staff.

A relative told us their family member had been independent in their own home until a few months previously but this was no longer possible because their changed needs had put them at risk. They told us that they felt their relative was now safe.

Staff told us that they had received safeguarding adults training and knew how to recognise abuse and how to keep people safe. A recently recruited member of staff said that they had received abuse awareness training within the first week of starting work. Staff who had been employed for longer said they received annual updates on safeguarding adults training. They demonstrated that they understood different types of abuse; they knew how to recognise signs of harm and what their responsibilities were if they saw or suspected abuse or poor practice.

Staff understood how to report abuse or poor practice and were confident that the registered manager would take appropriate action. They also understood the local authority's role in investigating abuse or poor practice. Staff were aware of the whistleblowing policy and said they would be confident to use the process if the need were to arise.

The provider had systems in place for assessing and managing risk. There were assessments in place to identify areas of risk for individuals, for example the risk of falling, and there was guidance for staff on what support the person required to reduce the risk. Staff were able to give examples of areas of risk for people and knew how to provide appropriate support.

There were policies and procedures in place to manage risks to the service and untoward events or emergencies. For example fire drills were carried so that staff understood how to respond in the event of a fire and people, where they were able, were familiar with fire evacuation procedures.

The registered manager explained how they managed risks to people's health and welfare such as accidental falls or the risk of pressure ulcers. Incidents were managed promptly and actions were taken to prevent or reduce the risk of further occurrences.

Health and safety issues in relation to the environment and equipment were managed effectively. The registered manager had completed a managing safety course by the Institution of Occupational Safety and Health and understood their responsibilities around maintaining a safe environment for people who lived at the service, staff and visitors. Health and Safety was discussed at monthly meetings and the environment was regularly maintained. Health and safety records confirmed that audits were carried out on equipment such as hoists and pressure relieving mattresses to maintain them so that they were safe to use for people that required them. For example a pressure relieving mattress was found to have a fault and had been repaired the same day.

The registered manager explained how they worked out the number of staff required from the dependency levels of the people at the service. This included assessing people's mobility to determine how many staff were required to support individuals with their needs around transferring from one place to another. Dependency assessments were reviewed monthly to reassess whether staffing levels remained appropriate. At times during the day when some extra staff input was needed, such as mealtimes, the manager and deputy manager took a hands-on role. The management team knew people well and understood their changing needs.

Staff told us that staffing levels were good and if a member of staff was unwell they were replaced when possible by another member of the permanent staff team so that people received care and support from staff who knew them well. There were sufficient staff to meet people's needs and we saw that call bells were answered promptly.

The provider had recruitment process in place that kept people safe because relevant checks were carried out before someone was employed. Applicants has a formal interview and the registered manager carried out checks that included taking up references and checking that the member of staff was not prohibited from working with people who required care and support.

Good

# Is the service safe?

The provider had suitable arrangements in place for supporting people with their prescribed medicines safely. The processes for ordering supplies of medicines and the disposal of unused items were recorded and the registered manager carried out audits to check that staff were following procedures. Medicines were stored securely and people's medicines administration record sheets were in order.

When people were prescribed medicines to be taken as required, such as painkillers, there were protocols in place for staff to follow so that people received their medicine when they needed it. We saw one person call out that they were in pain. Their visitor told us that their friend could be a little unhappy because of the pain they experienced. They said, "Staff always make sure [my friend] has the call bell within easy reach but [my friend] doesn't choose to use it and calls out instead. Staff come and offer support or ask if any painkillers are needed."

Good

# Is the service effective?

## Our findings

Relatives told us that they felt staff knew what they were doing and understood how to provide appropriate care. One relative said, "My [relative] has been well cared for and staff are always ready and willing to help both mentally and physically." And another stated, "We have peace of mind due to the excellent staff here."

The provider had systems in place to provide staff with the knowledge and understanding to care for people effectively. Training for staff was a mixture of e-learning and group based sessions and staff told us the training was good and gave them the information they needed to meet people's needs. Training was well managed and updates for established staff were provided promptly when they were due. Staff were able to give us examples of how training such as dementia awareness gave them the knowledge and understanding they needed to support people effectively. We saw that staff knew how to support people appropriately, for example when they became concerned or confused staff understood what they should do to reduce the person's anxieties.

New staff received a five day induction during which they read policies and procedures, care plans, risk assessments and they shadowed experienced members of staff. Senior staff had completed National Vocational Qualifications and had been booked on another course called My Home Life that was due to start shortly. The course was sponsored by the local authority and is a well-established course to promote best practice and give staff the opportunity to learn from research and share good practice.

There were formal systems to provide staff with effective support. Staff told us they felt well supported and received regular face-to-face supervisions and an annual appraisal. They said the registered manager encouraged them to contribute to the running of the home during the bi-monthly team meetings and they felt their views were valued.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice. Systems were in place to make sure the rights of people who may lack capacity to make particular decisions were protected. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests.

The registered manager understood the process for making DoLS referrals where required. Staff were able to explain about people's capacity to make decisions and demonstrated an understanding of DoLS. The registered manager was awaiting decisions on applications for DoLS assessments that had been sent to the local authority.

The registered manager carried out an assessment of whether people had the capacity to make day-to-day decisions. When anyone did not have the capacity to consent to any area of their care and treatment, relatives and health or social care professionals were involved in making decisions in the best interests of the person.

As part of the care planning system an assessment was carried out on whether there were any risks for the person associated with their nutritional needs. When risks were identified people were referred to relevant health care professionals including speech and language therapists for issues around swallowing or dietetic services for people with particular dietary needs. One person told us about a test that showed up a vitamin deficiency and how staff made sure they saw a dietician and got advice on what foods they needed to eat to improve their vitamin levels.

People were happy with the food provided and told us that their views were sought about meals. A relative told us, "The food looks well prepared and tasty." At lunchtime people were offered a choice of hot or cold meals and the food was well presented. Over lunch one person commented about the meal to someone sitting at the dining table with them. They said, "That's lovely isn't it?" and the other person agreed. Members of staff prompted and encouraged people to eat their food and when they had finished staff checked whether they had had sufficient and whether they enjoyed their meal. If people chose to remain in their rooms at mealtime, staff took their food to them and went back to check that everything was all right. When someone required support to eat, this was carried out in an unhurried manner and sensitively.

One person was not mobile and needed their care and support to be provided in bed, which put them at a higher

Good

# Is the service effective?

risk of developing pressure ulcers. Staff understood the need for a good diet and supporting the person to be repositioned regularly to avoid pressure ulcers developing. The person ate well and loved the food.

The provider had processes in place that staff followed to support people with their health needs. A relative stated, "Great efforts to prevent [my relative] falling. I have only witnessed good care and attention and [my relative] appears well cared for." Another relative told us, "My [relative] has settled very well due to the excellent care."

A visiting health professional told us that staff made appropriate referrals to their service and they were confident that their instructions about the plan of care and treatment were followed. People were encouraged to discuss their health and the registered manager explained that they gave people the information about treatments available in a way that was understandable. Regular reviews were carried out by health professionals to monitor improvements or changes that may require further professional input. We saw, for example, that people had been referred to and received input from health professionals including district nursing services, doctors and practice nurses.

Good

# Is the service caring?

## Our findings

People felt that staff treated them well and were kind. One person said, “The staff are friendly. I like a bit of banter and they always have a joke with me.”

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative said, “I am very pleased with the way [my relative] is being looked after. They always look so content.”

We saw interactions between people and members of staff that were consistently caring and supportive and which demonstrated that staff listened to people. People were sitting in the lounge chatting and being sociable; staff spoke with them in a thoughtful manner and asked if they were all right or if they wanted anything. We saw some relaxed conversations and jokes being shared.

If a person became anxious staff understood what to do to reduce their anxiety. A relative stated, “My relative is well looked after and catered for despite [described behaviour when they became anxious] at times. They have everything they need for a comfortable life.”

During the day we observed staff engaging with people who used the service; they were knowledgeable about people and their needs. They took the time to listen to people and responded appropriately.

People were encouraged to be involved in planning their care where they were able and a record of their involvement was detailed in their care plans. Relatives also told us they were consulted about their family member’s care.

People told us that staff treated them with respect. One person said, “Oh yes, they are very polite.” Staff followed good practices when providing personal care so that people’s privacy and dignity was maintained. Staff were discreet when asking people if they required assistance with personal care. Any personal care was provided promptly and in private to maintain the person’s dignity.

Some members of staff were dignity champions whose role was to act as role models and challenge any areas of poor care. The registered manager was committed to encouraging more staff to sign up to the pledge to be dignity champions. The provider had signed up to the Social Care Commitment initiative that was introduced by the Department of Health and developed by the adult social care sector. This was a commitment that the provider had made to raise the quality of care and to encourage employees to make the commitment too.

Good

# Is the service responsive?

## Our findings

Relatives told us they were happy with the standard of care and that it met their family member's individual needs. One relative said, "My [family member] has settled very well due to the excellent care." Another relative was complimentary about the care provided by staff. They said, "Great efforts are made to prevent [my family member] falling. I have only witnessed good care and attention and [my family member] appears well cared for."

Relatives told us that they had provided information during the assessment process before their family member moved in. Care plans were developed from the assessments and recorded information about the person's likes, dislikes and their care needs. Staff told us that they always consulted with people to ask their views when plans of care were reviewed and updated. Care plans were clearly written and identified people's strengths and what they could do for themselves as well as what support was required from staff.

Staff were able to demonstrate a good awareness of people's needs, views and preferences. They gave an example of one person who did not like having their bedroom door closed so an automatic door closure had been fitted so that they could keep their door open and in the event of a fire it would close automatically. People told us it was up to them what time they got up in the morning or when they went to bed and staff were aware of people's preferences.

People told us that they could choose what they wanted to do. One person said, "I enjoy watching television and I like books and table top games." Another person said, "We have a church visit some Sundays and I enjoy that." Staff were knowledgeable about people's interests and their past life, such as what they had worked at and their hobbies. This enabled staff to engage people in conversations about things they were familiar with or that interested them.

The registered manager explained about the new processes for recording how people spent their time. Staff were encouraged to take a wider view on activities so that people's interests and pastimes were considered valuable and important to them as individuals. Formal group activities could still take place but the focus was on what the individual wanted to do, whether that was sitting having a chat, reading a newspaper, playing cards or joining in a planned social activity. The area manager showed us new hand held electronic devices that had just been delivered for staff to use to record activities. These units were to enable staff to update individual daily records as soon as something occurred so that information was recorded promptly and accurately.

Staff understood how to meet people's individual needs and took the time to support them in a person centred way. For example, one person's hearing was no longer as sharp as it had been and staff sat down level with the person when they spoke with them so they were able to hear better. Staff also knew how to respond when people were anxious. We saw, for example, that staff spoke quietly and calmly to a person and offered them a drink, which helped them focus on something more pleasant and reduced their anxiety.

People were supported to keep in touch with people who were important to them such as family and friends, so that they could maintain relationships and avoid social isolation. Input from families was encouraged and relatives told us they were always made welcome when they visited.

A relative told us, "We haven't had cause to complain about anything." Another relative told us that any minor issues they had when their family member first moved in were sorted by speaking with the staff or the manager. People told us they were confident they could raise any concerns. One person said if anything was bothering them they would talk to staff.

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. A record was maintained of concerns or complaints that detailed how the matter was resolved. The registered manager said that they encouraged people to raise concerns so that they could learn from them and improve the service.

Good

# Is the service well-led?

## Our findings

Relatives and visitors told us they felt the culture of the service was open and welcoming. A relative told us that the registered manager was easy to talk to and available when they wanted to discuss anything.

The registered manager maintained a visible presence in the service, reviewing what happened on a daily basis. People told us that the manager was very approachable and so were the staff. They told us they could talk to them about anything that was on their mind. A member of care staff told us, "The manager walks around every day talking to people."

The registered manager's office was situated near the entrance hall and there was an open door policy so that people and visitors felt they could drop in at any time.

The provider sought feedback from people and their relatives to improve the quality of the service. The registered manager and senior staff explained the systems in place to obtain the views of people, relatives, staff and professionals. For example questionnaires were distributed and the feedback was used to identify areas for learning, development and improvement.

Staff told us they felt well supported and said that the management team, which consisted of the registered manager, the deputy manager and three senior care staff, listened to their views. There were staff meetings to give staff the opportunity to raise concerns or make suggestions for improving the service. Staff said they were encouraged to raise issues both at staff meetings and informally.

There was a handover process between staff to make sure that important information was clearly understood by all staff so that important information was acted upon appropriately. The registered manager checked the handover book every day so that they were aware of any changes or plans such as doctor's appointments or district nurse visits.

The provider had processes in place to monitor and audit the quality and safety of the service. A maintenance person was responsible for maintaining and checking equipment and systems relating to health and safety. For example, there were records of regular checks on fire systems and equipment, water temperatures, electrical appliances and the general maintenance of the property. Any identified issues were dealt with promptly

The management team carried out a range of audits that included people's care records, concerns and complaints, medication systems and staff training. The registered manager and senior staff put an action plan in place to manage any issues identified. For example audits of people's care records were carried out to check that staff were completing them accurately and in sufficient detail.

There were systems in place for managing records. We saw that people's care records were well maintained, contained a good standard of information, were up to date and stored securely. People could be confident that information held by the service about them was confidential.