Hanumaan Limited

Blyth Country House Care Home

Inspection report

Spital House
Spital Road, Blyth
Worksop
Nottinghamshire
S81 8DU

Tel: 01909591219

Date of inspection visit:
31 July 2017

Date of publication:
11 October 2017

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

We inspected Blyth Country House Care Home on31 July 2017. This was an unannounced inspection. The service is registered to provide accommodation and nursing care for up to 30 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 26 people living at the service.

At our last inspection on 10 March 2015 the service was found to be fully compliant and was rated good in all areas.

A registered manager was in post and present on the day of the inspection. 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 received care and support from staff who were appropriately trained and confident to meet their individual needs. They were able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager. Formal personal development plans, such as annual appraisals, were in place.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were personalised and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were policies and procedures in place to assist staff on how keep people safe. There were sufficient staff on duty to meet people's needs; Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Meaningful activities were provided for people, which reflected their identified interests and preferences.

People were provided with appropriate food and drink to meet their health needs and were happy with the food they received. People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

The provider had systems in place to assess the quality of care provided and make improvements when needed. People knew how to make complaints, and the provider had a process to ensure action was taken where this was needed. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

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**

Blyth Country House 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.

The inspection took place on 31 July 2017 and was unannounced. The inspection team consisted of one inspector, a specialist nurse advisor 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. They had experience of a range of care services.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with five people who lived in the home, seven relatives and two health care professionals. We also spoke with three care workers, the qualified nurse on duty and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including three people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Good

Is the service safe?

Our findings

Without exception everyone, people and their relatives we spoke with said they or their family member was safe and very comfortable at Blyth Country House Care Home. One person told us, "Of course I am safe here." Another person said, "I can't get out and about anymore and am safe in my room." They went on to say, "There are always going to be some staff who are more pleasant than others, but you will get that wherever you go."

A relative told us, "I feel that [family member] is safe here, even more so than at the hospital." This view was shared by other relatives we spoke with; one told us, "We have no concerns about safety here whatsoever. [Family member] has a pressure mat to alert the staff should she get out of bed and we think that is a really good thing." Another relative said, "I think the staffing here is exceptionally good, and there are no bad ones. It's very reassuring."

During our inspection we saw there was sufficient staff on duty and people were appropriately supported and did not have to wait for any required assistance. We spoke to people regarding staffing levels who said they felt there was enough staff to safely meet their needs. One person told us, "Well it depends what is happening. They (Care staff) always come when I press my buzzer (and they indicated the call bell which was well within reach) but sometimes they are a bit longer than others – if they are doing something with someone else they can't be in two places at once can they?" Another person said, "Sometimes in the morning everyone is buzzing at once and it can be a bit chaotic but the staff are great and even then we don't have to wait too long.

A member of staff said they felt there was enough staff to provide the care people required. They told us, "I think there are enough of us here. You can always do with more but we all work very well together as a team." They also said they were able to spend time with people engaging them with activities in the afternoons when the activities coordinator wasn't present. Throughout the day we observed positive and friendly interactions. People were comfortable and relaxed with staff, asking for help, as required. The registered manager confirmed staffing levels were regularly monitored and were flexible to ensure they reflected people's current and changing dependency levels. We saw on duty rotas that staffing levels had been increased to reflect people's increased care needs when this was necessary. This demonstrated there was sufficient staff to keep people safe and meet their needs.

Medicines were managed safely and staff involved in administering medicines had received appropriate training. We saw medicines were stored securely in a locked trolley, a refrigerator and cupboards within a locked room. The temperature of the room and refrigerator were recorded daily and were within acceptable limits. We checked two controlled medicines and the number remaining corresponded with the number recorded in the controlled medicines record. We saw processes were in place for the timely ordering and supply of medicines and we did not see any evidence of medicines not being administered due to a lack of availability.

We observed the administration of medicines during the morning. We saw staff checked against the

medicines administration record (MAR) for each person and stayed with them until they had taken their medicines. MARs mostly contained a photograph of the person to aid identification, a record of their allergies and details of their preferences when taking their medicines. We saw there were records in place of the site of application of medicinal skin patches; this helped ensure appropriate rotation of the site of application, in line with good practice.

A senior member of staff told us, "All staff with responsibility for medication have had the necessary training and their competency is regularly assessed." Staff told us they had received medicines training and a competency check when they first started to work at the service. Nurses normally administered all medicines, however, two care staff were trained in medicines administration in order to be able to act as the second checker for controlled medicines. This was supported by training records we were shown and meant medicines were stored, handled and administered safely.

The provider had safe and thorough recruitment procedures. We found appropriate procedures had been followed, before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruited were suitable to work with vulnerable people who use care and support services.

People were protected from avoidable harm as potential risks relating to their care, such as falls, had been identified and assessed to ensure they were appropriately managed. In care plans we looked at, we saw personal and environmental risk assessments were in place. People told us they had been directly involved in the assessment process and we saw this was recorded in individual care plans.

Staff told us they were able to obtain any equipment people required and they said they had sufficient equipment to meet peoples' needs. We saw pressure relieving mattresses were used for people at high risk of developing pressure ulcers and they were functioning and set correctly. We also saw there were arrangements in place to deal with emergencies. Contingency plans were in place in the event of an unforeseen emergency, such as a fire. Personal emergency evacuation plans (PEEPs) were completed within the electronic care record system.

Staff had received relevant safeguarding training and understood what constituted abuse and were aware of their responsibilities in relation to reporting this. They told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon. We saw where safeguarding referrals were required they had been made appropriately and in a timely manner.

Processes were in place for the management of people's laundry and the staff were aware of the actions to be taken when a person had an infection. We spoke with the infection control champion and they told us they attended external link nurse forums and were responsible for completing monthly infection control audits. They told us they fed back the results of the audits and the areas for improvement by emails to staff and discussion at staff meetings. Audits included, adherence to hand hygiene practice, cleanliness of equipment such as commodes and environmental cleanliness.

The registered manager told us they monitored incidents and accidents to identify any themes or patterns. This reduced the likelihood of accidents or incidents reoccurring and we saw other evidence to support this. This demonstrated a culture of learning lessons and a commitment to ensure the safety and welfare of people who used the service.

Good

Is the service effective?

Our findings

People felt staff knew them well, were aware of individual needs and understood the best ways to help and support them. One person said, "The staff here are very good and they know what they're doing." Another person told us, "I have absolutely no complaints; they (Staff) are really well trained. A relative we spoke with told us, "It's the closeness of the staff that counts. [Family member] was in another care home and nothing much happened, but has come on leaps and bounds since coming here."

People spoke positively about the quality and choice of the food provided. One person described the food they received as, "Very nice" but said they often did not have an appetite for anything much. Another person spoke with us about the food provided in the evenings: they told us "The sandwiches they do here are lovely, you can have whatever you want in them, salmon and everything, so I think it is great." One relative told us, "Once when [Family member] could not face anything much the cook did poached eggs on toast specially, which was really appreciated." Another relative told us, "[Family member] gets good food here and if she does not like it they will always give her something else instead." We saw nutritional risk assessments were completed and reviewed monthly and individual care plans were in place, where appropriate for people who had been assessed as having specific dietary requirements. This helped to ensure people were supported to have sufficient to eat, drink and maintain a balanced diet.

We spoke with two visiting health care professionals, who spoke positively about the effective communication with the service. They also said they had confidence in the registered manager and staff team. Staff told us they had completed all mandatory training and were confident and competent to carry out their responsibilities. One member of staff also told us they had the opportunity to shadow a permanent staff member when they first started work at the service.

Staff we spoke with felt confident and well supported in their roles both by colleagues and the registered manager, who they described as, "Very supportive." One member of staff told us, "We are a close team and support each other." They said the communication throughout the service was, "Very effective." They confirmed they received regular supervision – confidential one to one meetings with their line manager - which gave them the opportunity to discuss any concerns or issues they had, identify any specific training they needed and to gain feedback about their own performance.

Individual training records we saw showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia awareness. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. This was supported by training records we saw and demonstrated the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

A visiting healthcare professional said there was good communication with the service and a good working relationship with the staff and registered manager. They said there had been problems in the past due to a lack of consistency and continuity of care and this had improved recently. They said a member of staff was now always available to support them when they visited the service and they were satisfied the care staff

now consistently acted on their advice and recommendations. They also confirmed there was now a named GP for the service, who visited routinely every six weeks to ensure people were reviewed regularly and any new admissions were seen by a GP within a week of admission. This meant people were supported to maintain good health, they had access to healthcare services and received ongoing healthcare and support.

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 Mental Capacity Act. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 service was working within the principles of the MCA and DoLS. Staff had knowledge and understanding of the MCA and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their best interests in line with the MCA.

Staff we spoke with were aware of the principles of the Mental Capacity Act (2005) and the application to their practice. They said if a person refused care, they would explain why the care was needed and try to gain their cooperation. They said they may leave them a while and try again later or ask another member of staff to approach the person. We saw evidence of mental capacity assessments and best interest decision making when people were not able to make some decisions for themselves. When people were being deprived of their liberty in order to maintain their safety, applications to the Local Authority were submitted in line with requirements.

Good

Is the service caring?

Our findings

People and their relatives were consistently positive about the caring environment and the kind and compassionate nature of all staff. They told us, "The care here is top quality," and described staff as, "Kind and comforting," and "Able to share a laugh and a joke." Without exception every relative we spoke with and every person able to express an opinion said staff were, "Very caring," and 'Couldn't do enough for you." One person using the service told us, "Staff are so kind, nothing is too much trouble. They always explain what they are doing when they do it and always consider my feelings'. Another person said, "They (Staff) always ask for permission before they do anything and knock on the door before they come in." They went on to say, "The night staff are very, very good."

One person who required support with their personal care told us, "The staff are always considerate of my feelings and keep saying 'sorry' when they have to touch me. I tell them, you can't help it, it's not your fault, but all the same I appreciate that they know I have feelings which could be hurt." They went on to say, "Taken in the round, they (Staff) are very, very caring, in fact they couldn't be better." A relative we spoke with told us, "The staff are very kind, caring and compassionate and appear to be interested in [Family member] as an individual." Another relative became a little emotional when they told us, "The staff here are so wonderfully caring. I really can't fault them. They have made such a difference to [Family member] and me."

We received similarly positive comments from a visiting health care professional and a member of staff we spoke with told us, "I really can't fault the care people get here. I would be happy for a member of my family to be a resident here and could recommend this place to anyone because I know the care people receive."

Throughout the day we observed many examples of friendly, good natured interaction. Staff spoke with people in a calm, considerate and respectful manner, and called people by their preferred names. Staff were patient, and took time to check that people heard and understood what they were saying. Conversations with people were not just task related and staff checked people's understanding of care offered. We observed staff talking and interacting sensitively with people about what they were doing. We saw staff had time to support and engage with people in a calm, unhurried manner. They communicated with people in a friendly good natured manner, reassuring and explaining what was happening and what they were going to do. This demonstrated the kind, caring and supportive attitude and approach of the staff.

People were encouraged and supported to take decisions and make choices about all aspects of their care, and their choices were respected. Staff involved and supported people in making decisions about their personal care and support. Relatives confirmed that, where appropriate, they were involved in their family members' care planning. They also said they were kept well-informed and were made welcome whenever they visited.

Individual care plans contained details regarding people's personal history, their likes and dislikes. This enabled staff to meet people's care and support needs in a structured and consistent manner. Staff were aware of individual needs and personal preferences. They supported people in the way they liked to be

cared for. People had their dignity promoted by staff who demonstrated a strong commitment to providing respectful, compassionate care. For example, staff always knocked on bedroom and bathroom doors to check if they could enter. This was supported by people we spoke with who said staff were professional in their approach and they were treated with dignity and respect. This meant people's privacy and dignity was maintained when providing personal care.

Good

Is the service responsive?

Our findings

People received personalised care from staff who were responsive to their individual care and support needs. We received positive comments regarding the registered manager, the care staff and particularly the activities coordinator. During our inspection we observed several group activities in the lounge and saw the coordinator was enthusiastic, engaging and clearly very popular.

One relative we spoke with about the activities told us, "What the residents do during the day goes a long way to making me feel comfortable about [Family member] being in the home, rather than just being left staring at four walls or dozing in the chair." Another relative spoke to us about how their family member often liked to spend time on their own in their room, although the staff would try to persuade them to come into the lounge. They told us, "[Family member] will always be in the lounge when [Activities coordinator] is there because she really loves her'. The person themselves then added, "If only she was in Saturdays and Sundays as well as in the week, it would be wonderful." The energy and enthusiasm of the activities coordinator led one relative to describe her as, "A jewel" and another told us, "We really have a gem in her."

The registered manager ensured peoples' individual care and support needs were assessed with them before they moved to the service. The registered manager confirmed that, as far as practicable, people and their relatives were directly involved in the assessment process and planning their care

We saw individual care plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. In a relatively recent development, care plans and associated records were kept electronically. We saw information included a care needs summary and a range of risk assessments and care plans to identify people's individual care and support needs. However, the care plans we reviewed contained a number of generic statements which did not always provide sufficient information to enable care to be provided consistently. For example, we saw one person's risk assessment and action plan to prevent pressure ulcers stated, "One or more of the following should be considered….. introduce a repositioning schedule,… review mattress and seating surfaces…" rather than providing details of the frequency of re-positioning required or the mattress and seating cushion needed to meet their individual needs. We discussed this issue with the registered manager and nurse who acknowledged the shortfall and assured us this guidance would be reviewed.

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond to meet those needs. Each care plan we looked at had been developed from the assessment of the person's identified needs. This demonstrated the service was responsive to people's individual care and support needs.

A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and

memorabilia.

People and their relatives knew who to speak with if they had any concerns. They were confident they would be listened to and their concerns taken seriously and acted upon. We saw the complaints procedure was clearly displayed on the notice board, and a copy was also on the back of people's bedroom door. However, most people who we spoke with who could express an opinion made comments such as, "There is nothing to complain about here," and one person said, "If there was something I wasn't happy about I would just have a word with the manager and it would be done." A relative we spoke with told us, "I once had a concern about the prescription for my [family member] but I just spoke with the staff and they soon got topside of that." This demonstrated the provider had systems in place for handling and managing complaints and the service listened to people's concerns, took them seriously and responded in a timely manner.

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and said they liked the way the service was run. One person told us, "I think the home is well run and that there is a positive atmosphere here. The manager always calls 'Hello' as she passes." One relative we spoke with told us, "I understand the manager is instrumental in the choice of people who come to work here - and she has high standards." Another relative said, "I don't know any other care home to compare it with but they work here as a team and in my opinion they work well."

Other similar comments we received from relatives included, "The home is well managed and the manager is very approachable; you could speak to her about anything and she would try and help." "We are very, very happy with [Registered Manager] and the way she runs the home," and "The manager is out and about in the home and visible and always willing to help." This demonstrated good, effective and visible leadership.

There was an effective management structure in place and staff were aware of their roles and responsibilities. Staff spoke positively about the experienced and long-standing registered manager, who they described as approachable and very supportive. One member of staff said, "She is a good manager and very approachable." Another member of staff said, "The manager has been brilliant and so understanding."

Staff we spoke with described the open and inclusive culture within the service, and said they would have no hesitation in reporting any concerns they might have. They were also confident that any such issues would be listened to and acted upon appropriately. Staff said they felt informed and fully involved in contributing towards the development of the service. They had clear decision making responsibilities and understood their role and what they were accountable for. We saw staff had designated duties to fulfil such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required.

The registered manager had appropriately notified the Care Quality Commission of any significant events as they are legally required to do. They had also notified other relevant agencies of incidents and events when required. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

We saw arrangements were in place to formally assess, review and monitor the quality of care. This included regular audits of the environment, health and safety, medicines management and care provided. This demonstrated a commitment by the registered manager to develop and enhance the performances of staff and systems, to help drive improvements in service provision.