

Berkley Care Blenheim Limited

Blenheim House Care Home

Inspection report

27 Shurnhold
Melksham
SN12 8DD

Tel: 01225896200
Website: www.blenheimhousecare.com

Date of inspection visit:
30 August 2022
31 August 2022

Date of publication:
30 September 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Blenheim House Care Home is a residential care home providing accommodation for people who require nursing or personal care to up to 85 people. The service provides support to people living with dementia, older people and younger adults. At the time of our inspection there were 83 people using the service.

Blenheim House Care Home provides accommodation over three floors, bedrooms can be found on each floor and provide en-suite facilities. There are various communal areas including dining rooms, lounges, cinema and a bar. There is level access to extensive well-kept gardens and parking to the front of the premises. The registered manager's office is located adjacent to the reception area.

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

People were supported by staff who spoke confidently about how they would identify potential abuse and what they would do if abuse was suspected or witnessed. Risk assessments were in place and guidance was available for staff about how they should keep people safe from avoidable harm. Medicines were managed and administered by staff who were trained, and competency checked. The temperature of the medicines fridge was not always recorded in the correct format. Staff were recruited in line with requirements. The provider used a staffing dependency tool and was working to reduce the use of agency staff across the service. We received mixed comments about staffing levels from people, relatives and staff.

Staff spoke positively about the registered manager. The provider operated checks and audits to monitor the quality and safety of care provision in the service. Staff spoke about people in a person-centred way and the provider had identified what actions needed to be taken to ensure a more person-centred service was provided. Statutory notifications were submitted in line with requirements. Lessons were learned when things went wrong, and these were shared organisationally. Staff worked with healthcare professionals to meet people's needs.

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

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

Rating at last inspection

The last rating for this service was good (published 07 January 2020).

Why we inspected

We received concerns in relation to the management of medicines and falls. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Blenheim House Care Home on our website at www.cqc.org.uk.

Recommendations

We made one recommendation in relation to recording temperatures for the medicines fridge.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Blenheim House Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team was made up of one inspector, one bank inspector 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.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 13 people and 10 relatives about their experiences. We reviewed various records in relation to the running of the service including three recruitment files, medicines records, care plans and provider checks and audits. We spoke with 11 staff including the registered manager, deputy manager, clinical lead and care staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- We had received information of concern about falls management in the service. We found measures were in place to help prevent people experiencing falls. For example, the provider monitored falls and identified times of day when falls increased. In response to this, staff break times were amended to ensure more staff were available to support people. Analysis we reviewed showed that, overall, falls had decreased in the six months prior to our inspection.
- Risk assessments included guidance for staff about how to keep people safe. For example, we reviewed the plan for one person at risk of falls. The plan included details such as ensuring the person's bed was in a low position and that the person was wearing correctly fitted footwear. The plan included information on other measures that had been considered but rejected, such as the use of a crash mat, and detailed why this additional measure was not considered safe.
- Assessments in relation to people's nutrition and hydration were detailed. For example, information was available about dietary supplements, people's preferences, and how people should be positioned when eating and drinking. Some people were having their food and fluid intake monitored. In these instances, food and fluid charts were checked by senior staff to ensure people received enough to eat and drink.
- When people were assessed as being at risk of pressure sores, care plans informed staff how to reduce associated risks. Guidance included information about pressure relieving equipment in use, such as air mattresses. These were checked daily by nurses to ensure they were set correctly. Air mattresses we checked were set correctly.

Systems and processes to safeguard people from the risk of abuse

- Staff spoke confidently about how they would identify potential abuse and what actions they would take if abuse was witnessed or suspected. Comments from staff included, "[I have] no safeguarding concerns. I would go to the safeguarding officer or the [registered] manager. I would blow the whistle on the registered manager if they did not act" and, "No safeguarding concerns. I would tell the manager or go higher if I had to."
- People told us they felt safe. Comments from people included, "I feel safe with staff here to help" and, "I feel really safe here, the staff look after us so well."
- There was oversight of safeguarding and potential safeguarding concerns at provider level. For example, unexplained bruising and skin tears were monitored and investigated. When required, these were referred to the local safeguarding team.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Staff were recruited safely. Checks included those with the applicant's previous employer and the Disclosure and Barring Service (DBS). DBS checks are important as they help to prevent unsuitable applicants from gaining employment in health and social care.

- We received mixed comments about staffing levels in the service. Comments from staff included, "We need more staff" and, "I think there are enough staff." Comments from relatives and people included, "[Relative] was in another care home before coming here but we think the care is extraordinarily good. Recruitment is good and the new permanent staff are kind, patient, accommodating and caring" and, "They [service] need more staff so that they can chat a bit rather than just rush in and out when something has to be done."

- The management team used a staffing dependency tool to determine staffing levels in the service. The tool assessed people's individual needs, such as eating, drinking and mobility needs and calculated minimum staffing levels required to meet these needs. Call bell logs we reviewed showed that, overall, call bells were answered within the provider's range of a few minutes.

- The provider was working to mitigate recruitment and retention challenges faced across the sector. Records we reviewed showed the provider had reduced their reliance on agency staff in the month prior to our inspection. Additionally, a core team of permanent staff were deployed across each floor and the same agency staff were rebooked to ensure continuity of care.

Using medicines safely

- We received concerns about medicines management in the service. We found medicines were managed and administered by staff who were trained and assessed as competent. Competency assessments were reviewed annually.

- Some people were prescribed medicines on a PRN, or as required basis. PRN protocols were in place which informed staff when and why people might require these medicines. Staff documented when people were administered PRN medicines, the reasons why and effectiveness.

- Medicine incidents were reported and investigated, and lessons learned were shared with staff. One staff member said, "We have supervisions and senior Care Home Assistant Practitioner (CHAP) meetings, where we discuss any incidents. Lessons learned are shared with the whole team to help prevent the same thing happening again."

- The temperature of medicine rooms and fridges had remained within safe ranges. However, records showed staff had recorded the temperatures using an incorrect format; medicine fridges should be set at 2-8 degrees centigrade, the display showed '04' to indicate 4 degrees. Staff had recorded temperatures of 0.4. There was nothing documented to indicate staff had recognised a temperature of 0.4 was significantly lower than it should be.

Although no harm had been caused, we recommend the provider informs relevant staff about required

medicine fridge settings, to ensure temperature checks are effective and medicines are stored in line with manufacturer guidance.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to receive visitors and were provided with PPE and hand sanitiser at the entrance to the service. Visitors were asked to sign a form confirming they had no symptoms of Covid-19 or other illnesses.
- The provider had identified the laundry room required development; the head housekeeper told us about their plans for improving the laundry environment, including introducing more storage and new washing machines.

Learning lessons when things go wrong

- The provider had recently introduced a new way of reviewing how things had gone wrong. This meant staff were prompted to ask 'why' something had gone wrong and record their reflections on a form. This information was reviewed and used to identify themes and trends, so the provider could act to prevent a recurrence.

Is the service well-led?

Our findings

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

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

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

- Checks and audits were undertaken at provider and service level to monitor and improve the quality and safety of care provision. For example, prior to our inspection the provider had identified care plans were not always accurate and up to date. At the time of our inspection, care plans were in the process of being reviewed. Where possible, people were involved with the care planning process.
- In response to our feedback regarding medicines fridge temperatures being recorded incorrectly, the provider increased the frequency of their checks.
- Overall statutory notifications were submitted in line with requirements. We found one notification had not been submitted without delay. Statutory notifications are important as they inform us about notifiable events and incidents in services and help us to monitor the services we regulate.
- Staff said they felt supported by the manager. One staff member said, "I feel well supported. I've had three managers since I started here. [Registered manager] is very outspoken, but very supportive and I like her." Another staff member said, "[Registered manager] is a supportive manager... Her and [deputy manager] are a good combination." Staff confirmed they were supported to develop their skills through supervision sessions and training.

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

- The provider had identified areas for further development to ensure people received consistently person-centred care. For example, accommodation for people living with dementia was not to the same standard as other areas of the home. At the time of our inspection, the provider was working with a dementia focused interior designer to improve this.
- People told us activities provision was inconsistent. At the time of our inspection, the provider was working to recruit an additional activities coordinator to help improve activities provision across the service. On the day of our inspection, we observed a local zoological group supporting people to interact with a selection of animals.
- People were supported to maintain contact with their friends and relatives in different ways including through computers, telephones and tablets provided by the service.
- We observed kind and caring interactions between staff and people on both days of our inspection and staff spoke about people in a person-centred way. Comments from staff included, "The best thing is how the residents and the staff get on; the residents are absolutely lovely." and, "I enjoy my job; it's getting to spend time with residents and make them happy."

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

- The provider considered and respected people's equality characteristics. For example, the provider had invited local entertainers and people from the LGBTQ+ community for entertainment and information sessions, to highlight and discuss relevant topics.
- The registered manager had a clear vision for the service and operated an open-door policy so people, staff and visitors could speak with them in person.
- Staff had daily handover meetings scheduled at 10:00 to discuss important information and any updates.

Working in partnership with others

- The service had a good working relationship with the two local health surgeries. Staff told us a team of healthcare professionals visited weekly for a ward round and were available at other times if needed.
- Records showed people were supported to access ongoing healthcare. This included reviews by the mental health team and the occupational therapist.

Continuous learning and improving care

- The provider learned lessons when things went wrong and made changes to prevent a recurrence. Most recently, the provider had introduced an electronic care planning system to improve oversight and analysis of key areas in the service, including food, fluids and falls. During this process shortfalls had been identified and learning was shared throughout the organisation to prevent repetition.
- People and their relatives told us communication was not always prompt and effective. At the time of our inspection, there was a plan to improve stakeholder engagement and the service had recently facilitated relatives' meetings to hear feedback.

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

- The registered manager was aware of their responsibility to act openly and honestly when things went wrong.