

Liss Care Limited

Blenheim Court Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

About the service: Blenheim Court Care Home is a care home which also provides nursing care to up to 60 older persons, some of whom live with dementia. At the end of August 2018, the company directors and senior managers changed. In December 2019 a new manager began working in this care home and became registered with CQC just before the inspection.

At the time of our inspection there were 22 people living in the home and although there were registered nurses on site, no one was in receipt of nursing care.

People's experience of using this service:

- People told us they were happy with the service they received at Blenheim Court Care Home. They said they felt safe and that staff were kind, caring and respectful. A variety of activities were available although some people's comments suggested they were not always satisfied with these. The registered manager had plans to further develop and enhance activity provision.
- Staffing levels met people's needs and plans were in place to continue the recruitment and development of staffing. Staff felt supported in their roles and were given access to training that enabled them to provide effective care to people. Medicines were managed safely and people were supported by effective staff who understood their responsibility to keep people safe.
- Staff's knowledge of people's history, preferences and risks associated with their care and support needs was good. Staff respected and encouraged people to make their own decisions. However, care records required further development to ensure they provided accurate guidance to new or less familiar staff about people's needs.
- Everyone had confidence in the registered manager and could tell us about things they felt had improved since the management changes had occurred.
- The management team were open and transparent. They understood their regulatory responsibility. No one had any complaints and felt the management team were open, approachable and supportive. Everyone was confident the provider would take the necessary actions to address any concerns promptly. Feedback about the management team demonstrated they listened and took any feedback as an opportunity to make improvements for people.

Rating at last inspection: This was the first inspection since the service became registered with CQC on 12 February 2018.

Why we inspected: This was a planned inspection in line with CQC's inspection methodology to ensure the provider was meeting the requirements of the legislation.

Follow up: There is no required follow up to this inspection but we will continue to monitor all information received about the service, to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

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

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

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

Inspection team:

The inspection was carried out by two inspectors 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. This person had experience of caring for older persons.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

The inspection was unannounced.

What we did:

Before the inspection we reviewed information, we had received about the service. This included details about incidents the provider must notify us about, for example, injuries that occur in the service and any allegations of abuse. We assessed the information received in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

Some people using the service were not able to verbally express their views about the service. Therefore, we spent time observing interactions between staff and people within the communal areas of the home. We spoke to seven people, four visitors, 11 members of staff, the registered manager and regional manager. We looked at the care records for five people and the management of medicines in the home. We also looked at five staff recruitment records and sampled supervisions and training records for other staff. We also looked at records relating to the quality and management of the service.

Following the inspection, we requested further information, such as policies and procedures. We received everything we asked for.

Is the service safe?

Our findings

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

Records did not always reflect that risks associated with people's care and support were assessed, which could pose a risk to people. However, everyone we spoke with told us they felt safe living at Blenheim Court Care Home. Comments included; "I'm comfortable here. I feel safe".

Assessing risk, safety monitoring and management:

- Staff's knowledge of the people they supported was good and they could tell us about the risks associated with people's care and how to minimise these.
- The registered manager had recently introduced a new electronic system of care planning and risk assessment. Staff told us that these documents continued to be worked on and we found that improvements were needed to some of these. For example, one person was living with diabetes but their care plans gave no guidance about the risks associated with this condition or the support staff should provide. Staff we spoke with were able to tell us what they looked out for and how they supported this person. In addition, this person could display behaviours which could pose risks to other but their care plan lacked information about the mitigation of this.
- Staff's had a clear understanding of people's needs and the risk posed. However, detailed care plans and risk assessments were not always in place to guide staff, especially for new or agency staff members. We brought these concerns to the attention of the registered manager who told us they would ensure the care records were updated. They sent us some updated care records immediately following our visit.
- In addition, further training was booked to support all staff to use the electronic care planning system effectively.
- Some care plans for other people contained a good level of information to guide staff about a person's needs and any risks associated with these.

Learning lessons when things go wrong:

- The registered manager ensured lessons were learned following incidents. For example, one person had suffered a number of falls. The registered manager undertook an analysis to identify any reasons or patterns to implement any further actions they and the staff could take to reduce the risk for this person. Staff confirmed this.

Systems and processes to safeguard people from the risk of abuse:

- There had been no safeguarding issues in the home since the new management company had taken over.
- The service had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm.
- A system was in place to record and monitor incidents and this was overseen by the registered manager and regional director to ensure the appropriate actions had been taken to support people safely.

Staffing and recruitment:

- There were sufficiently trained and experienced staff to meet people's needs and all appropriate

recruitment checks had been completed.

- One person told us, "There hasn't been enough staff but it's much better now. They come very quickly when I ring the bell".
- The provider was using a dependency tool to help determine the staffing levels required to meet people's needs. They were recruiting in advance of more people moving into the home and although the plan was based on a predicted number of people living in the home, the registered manager told us consideration of staffing levels formed the pre admission assessments and was finalised based on the needs of people moving in. In addition, the provider confirmed that as people's physical and psychological needs changed, the staffing levels and skill mix would be reconsidered.
- Although no one in the service required nursing care at the time of our visit, registered nurses were in place and the registered manager was continuing to recruit for nurses to ensure they could meet this need as it arose.
- Observations reflected that people's call bells and requests for support were met promptly.

Using medicines safely:

- Medicine administration was safe and medicines were stored appropriately.
- The temperature of medicines storage areas was checked daily and maintained at safe levels.
- Medicines records were clear and accurate.
- Protocols were in place for 'as required' medicines to ensure staff had access to guidance about the administration and monitoring of these medicines.

Preventing and controlling infection:

- The service managed the control and prevention of infection well.
- Staff received infection control training.
- Staff had access to and used appropriate personal protective equipment.
- The home was clean, tidy and free from bad odours.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- Prior to moving into the service, the registered manager met with the person to ensure their needs could be met at Blenheim Court Care Home.
- The registered manager told us that during the pre-admission assessment, a discussion would be had with people about any protected characteristics under the Equalities Act 2010. For some people, their particular needs in relation to their religion were incorporated into their care plans and arrangements had been made with local churches to meet these needs. The registered manager and staff told us they were confident any equality and diversity needs would be met and no discrimination would be tolerated.
- Nationally recognised assessment tools such as Waterlow (a tool to assess the risk of skin breakdown) and Malnutrition Universal Screening Tool (a tool used to determine the risk of malnutrition) were used to determine risk levels to people. These were then used to inform the care people received.

Staff support: induction, training, skills and experience:

- The registered manager told us that since the change in management of the company, they had introduced a structure to supervisions for staff and we saw these had commenced.
- New staff to care were required to undertake an induction based on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- A training programme was in place for all staff, including mandatory subjects such as safeguarding and service specific training such as diabetes. Whilst there were some gaps in the service specific training, the registered manager was aware of these and was working with the regional trainer to ensure staff were supported to complete these subjects.
- All staff were required to complete a city and guilds accredited training programme called "Living in my world". This was dedicated dementia training package, which aimed to provide staff the skills they needed to best support people living with dementia.
- All staff spoken with described the training in a positive way and felt this had improved since the change in the company management. They all described how they felt well supported in their roles.

Supporting people to eat and drink enough to maintain a balanced diet:

- People spoke positively about the food and the meal service was undertaken in a pleasant and relaxed manner, at a pace people needed. Where people required support to eat their meals this was provided.
- People's nutritional status was monitored and the registered manager kept oversight of this. There were no concerns about people's nutrition at the time of the inspection but the registered manager spoke confidently about how people would be supported if this need arose, including contacting other

professionals and working closely with kitchen staff to meet people's needs.

- Kitchen staff had access to information they needed about people's nutritional needs and regularly engaged with people to ensure they had a good understanding about any changes in people's preferences.

Adapting service, design, decoration to meet people's needs:

- Blenheim Court Care Home was purpose built. Flooring and lighting aided the reduction in falls and the use of contrasting colours aided those living with dementia to distinguish areas.
- The registered manager was aware of further work that could be done to support those living with dementia including additional pictorial and directional signage. In addition, the registered manager told us they were considering whereabouts in the building people resided, with the view that for some people, moving to the ground floor with open access to the garden may better suit their social and emotional needs.

Supporting people to live healthier lives, access healthcare services and support:

- Where people required support from external healthcare professionals this was organised and staff followed guidance provided.
- Records confirmed regular access to GP's, district nurses and other professionals, such as physiotherapists as required.
- People told us if they needed to see a doctor they were supported to do so.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met."

- Throughout the inspection we observed staff seeking permission from people before they provided any care or support.
- Mental capacity assessments had been completed in some areas but improvements were needed to the recording of these. For example, we saw these had been undertaken and recorded for decisions about leaving the building unsupported, but where people didn't have capacity to manage their own finances or medicines, these capacity assessments and best interest decision were not recorded. The registered manager was aware of the need to improve this documentation to ensure any best interests decision were recorded appropriately.
- Staff had a good understanding of the need to gain consent and of the Mental Capacity Act 2005. Staff told us how people were supported to make their own decisions as much as possible and where they were unable to, they acted in people's best interests and involved people's families where appropriate.
- Where required, DoLS had been applied for, although at the time of our inspection the registered manager was waiting for these to be approved.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- Staff promoted inclusion, equality and diversity for people. They promoted people's rights and made sure support was provided in a person-centred way.
- Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect.
- We heard conversations between people and staff that demonstrated staff knew people well and understood their likes, dislikes and preferences.
- People and their relatives told us they felt staff were caring. Comments included; "They're very attentive", "The girls (staff) enjoy a bit of banter, mostly they're fun. (Staff member) is a lovely lady, she has real compassion"; "This place by any standards is excellent and is better than any other place I have known and I have been to a few, the carers are excellent". A relative told us, "I just want to say this is the most marvellous place, they are so kind, my (relative) can be difficult, I can't fault them."

Supporting people to express their views and be involved in making decisions about their care:

- Staff supported people to make decisions about their care, for example, when they wanted to get up, what they wanted to wear, how they wanted to spend their time.
- Staff understood peoples' communication needs and the registered manager assured us that information would be provided in a format that people needed to help them understand information.
- People said they felt listened to and confident to talk to any staff about any concerns they might have.
- Everyone was encouraged to engage in their care planning and in the running of the home.

Respecting and promoting people's privacy, dignity and independence:

- People were supported to maintain and develop relationships with those close to them, social networks and the community. One person visited their local church independently. Visitors were encouraged and people were supported to attend local services such as a dementia café.
- Peoples' right to privacy and confidentiality was respected. Doors were closed during personal care. Where needed conversations in public areas were discreet and records were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Although people's needs were met and changing needs responded to, further work was needed to ensure meaningful stimulation for people.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff's knowledge of people was good. They understood people's history, likes, dislikes as well as their support needs.
- The registered manager was aware of the need to further develop care plans to ensure that the level of personalised information known by staff was reflected in these. They had plans to bring all staff together to gather this information before incorporating into care plans.
- When a change in people's needs was identified this was quickly responded to. For example, the registered manager was attempting to engage the support of other professionals for a person who was at high risk of falls.
- A variety of activities were in place at the time of the inspection and these were coordinated and managed by one member of staff. We observed one activity taking place which people appeared to enjoy and were encouraged to participate in. However, some people's comments suggested they were not always satisfied with the activity provision. One person told us, "I'm not that keen on the activities to be honest, I do Sudoku". Another person told us how they used to enjoy playing chess and ten pin bowling but that these were not available to them now.
- Due to people's varying levels of cognition and for some, their dementia it was difficult for one member of staff to ensure meaningful stimulation to everyone and a staff member told us they struggled at times to stimulate both floors.
- For example, when supporting people downstairs with activities, people upstairs were not always engaged because staff were providing direct care to others and not always available. One person told us how they wanted to be able to access the grounds independently. The registered manager had applied for a DoLS for this person and as such they needed support from staff to go out of the building but confirmed the gardens were secure. Whilst we saw the person received support to access the garden, it wasn't clear why they were unable to do so without staff support and independently as they wanted. The registered manager told us that they would look into alternative options to support this person to access the grounds as they chose.
- The registered manager had plans to further develop and improve stimulation and activities for people. They had already introduced some objects of interests and activities such as empathy dolls and music and balloon therapy for those living with dementia. They advised us that all staff attended the providers 'Our Organisation Makes People Happy' training which aimed to enhance people's daily experience in the home as it helps staff to learn how to have meaningful moments with people.
- The activities coordinator engaged people regularly to seek feedback about what they would like, to do and based a plan of activities around this. For example, some people were upset by mother's day so they planned a 'Ladies day' instead. In addition, the registered manager confirmed that additional staffing had been recruited to support the activity provision.

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy and people knew how to make a complaint. They said they were confident their complaints would be listened to and acted upon. We saw action was taken to address concerns including ensuring people had phone lines installed in their bedrooms, making fresh cakes available and recruiting new kitchen staff to enhance the quality of food.
- Records reflected that concerns were investigated, apologies provided and action was taken to address concerns. However, as some records were held centrally by the provider and not in the service, it was not always evident what response the person complaining had received and whether the person who made the complaint was satisfied with the outcome. The regional manager told us they would ensure copies of these records were kept in the home.

End of life care and support:

- No one was receiving end of life care at the time of our inspection.
- The registered manager was aware that care plans could be further developed to ensure people's preferences for end of life care were reflected.
- Some staff had received training to support them to understand end of life care and further training was either in the process of completion or booked. Staff were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

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

The service was managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Management and all staff expressed a commitment to providing good, quality care for people, that was based around their needs and wishes.
- Everyone consistently told us how they felt things had improved for the better since the company's management team had changed. They could give us examples of improvements to staffing levels, training and supervision as well as food quality. One member of staff described the transition from one management company to another as being 'difficult' but said with the support of the registered manager and new company, things were now stabilising and they could make more improvements for people.
- Duty of Candour was a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. Whilst there had been no incidents where duty of candour had needed to be applied all staff and the registered manager were aware of the need to ensure this.
- There was a clear staff structure throughout the service and the registered manager had developed lines of delegation with the senior staff for the day-to-day running of the service.
- All staff were clear about their roles and responsibilities towards people living at the home. They felt confident about raising any issues or concerns with the registered manager and said their door was always open.

Quality performance, risks and regulatory requirements:

- The registered manager confirmed no care plan audits had been undertaken, meaning that some of the concerns we found about the lack of records associated with risks, capacity and personalised detail had not been fully identified. However, the registered manager was receptive to this feedback and told us they would develop an auditing system to use internally to ensure any issues such as this would be identified and acted upon. They planned to do this once staff had received additional training in using the electronic system.
- The provider had a number of systems in place to assess and monitor the quality and safety of the service. These included but were not exclusive to; audits of medicines, staffing, meal times, incident and accident recording and monitoring.
- The regional manager undertook a monthly audit of the service which recognised areas of good work and areas which required further development. Where actions were identified these were incorporated into a central action plan that the manager and all senior managers had access to and could review.
- Accidents and incidents were reported by staff to the registered manager. The information was transferred to the providers electronic reporting system where the registered manager or other senior managers were

able to quickly extract data to identify any trends of patterns. The registered manager had recently used this information for one person to see if they could establish a pattern around their falls. The registered manager told us they used this information daily in discussion with the staff teams.

- In addition, the providers head office team reviewed this information and any queries or observations were sent to the regional and registered manager for answering.
- On a bi-annual basis an internal quality audit also took place. This had not occurred at the time of the inspection as the new management company had only been operating since August 2018.

Engaging and involving people using the service, the public and staff:

- A number of systems were in place to engage people and others. Meetings were held with people, their relatives and staff to gain their views and seek feedback. Records showed action taken following feedback from people.
- There was good communication maintained between the registered manager and staff; Staff were recognised for their achievements and contributions. Staff felt listened to and able to make suggestions or raise concerns. One member of staff told us, "Nobody gets shut down". Another told us how they had made a suggestion to improve the sleeping pattern for one person and this had been implemented.

Working in partnership with others; Continuous learning and improving care:

- The service worked well with other professionals. At the time of the inspection they were aiming to build relationships with the local authority. Staff worked closely with other professionals including GP and practice nurses. Although one external professional told us at times they felt there were some communication issues because they did not always see the same nurse. The registered manager was in the process of recruiting a clinical lead who would then be the main point of contact.
- They were building relationships with local churches and other organisations in an attempt to create links with the community for people.