Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Blenheim Care Centre

Ickenham Road, West Ruislip, London, HA4 7DP

Tel: 01895622167

Date of Inspection: 09 June 2014

Date of Publication: June 2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Life Style Care (2011) plc
Registered Manager	Mrs Wendy Elizabeth Bristow
Overview of the service	The service provides nursing and residential accommodation for up to 64 older people, including people with dementia care needs.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 June 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with a healthcare professional.

What people told us and what we found

We spoke with 14 people using the service, four relatives, a visiting healthcare professional, the registered manager, three nurses, seven carers, the maintenance person, the activities coordinator and the housekeeper.

We considered the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

This is a summary of what we found:

Is the service safe?
People using the service confirmed they were happy with the service and were being cared for safely, and one person said "I feel perfectly safe, I know the staff are there if I need help." Risks had been assessed and reviewed regularly to ensure people's individual needs were being met safely. Safeguarding and whistle blowing procedures were in place and staff knew to report any concerns to the manager. Work was needed to ensure all staff were aware of the external agencies to contact if they wanted to escalate their concerns, and the manager said it would be addressed. Safe recruitment practices were in place and were being followed.

Is the service effective?
People and their representatives had been involved with the development of the care records, so they could express their views and have these included. Care records reflected people's individual needs, preferences and choices and staff were able to demonstrate an understanding of these. People had access to healthcare professionals to meet their needs. People confirmed they could make choices about daily routines and meals, were happy with the care they received and were treated with respect. One person said "all the girls have been absolutely brilliant."

Is the service caring?
Staff treated people in a gentle and respectful manner when supporting and assisting them with their needs and people's privacy and dignity were respected. Comments we received from people included "I'd have to go a long way to beat my carers. They are very patient with me and listen and try and help me" and "they do the best they possibly can."

Is the service responsive?
People's care records had been reviewed regularly so any changes to their care were identified and included. Satisfaction surveys were carried out annually and an action plan drawn up to address any issues identified. People and their relatives said they were confident to raise any concerns and were listened to. Regular meetings took place for people using the service and they were encouraged to make suggestions for activities. Meetings were held for relatives, however attendance was low. The manager had an 'open door' policy and encouraged people and visitors to discuss any issues so they could be addressed.

Is the service well-led?
The manager had been in post for several years and was registered with CQC. Staff said they were well supported by the manager who also ensured they undertook training to keep their knowledge and skills up to date. Systems to monitor the quality of the service were in place and where shortfalls were identified action plans were developed to address them.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment. We looked at the care records for eight people using the service. We saw people, or their representatives, had been involved in assessments and had signed to indicate their agreement to the planned care and treatment.

We also saw people's capacity to make day to day decisions had been explored as part of their care plan. Where it was assessed a person did not have capacity we saw staff worked with the person's relatives and other professionals to make decisions in the person's best interests. For example, one person's plan included their wishes about the care they wanted to receive at the end of their life. As the person was unable to express their own wishes, staff had worked with the person's family and GP to make best interests decisions.

The provider may find it useful to note that not all people had a Do Not Attempt Resuscitation (DNAR) form in their records even though they might have expressed their wishes about end of life care or their relatives had been involved in making such decisions. One person's relatives had discussed arrangements regarding end of life care for their family member but we did not see a DNAR form that has been signed by the GP in their care records. This meant the person's wishes regarding their end of life care may not be respected as the correct documentation was not available. We discussed this with the nurse in charge who completed a new DNAR form from information contained in the care plan and told us she would ask the GP to review the form the day after this inspection. We saw a completed DNAR form in one of the other records we viewed for someone with the capacity to make their own decision, and there was evidence this had been discussed with the person, their GP and the manager.

People's diversity, values and human rights were respected. We observed positive interactions between staff and the people using the service and people told us staff always treated them with respect. We saw people's cultural and religious needs were recorded in their care plans but it was not always possible to find evidence these were being met. For example, one person's care plan said they should be offered a Caribbean meal once a

week. We looked at the menu sheets used to record what people had chosen to eat each day in May 2014 and saw no option of a Caribbean meal had been offered. We discussed this with the nurse in charge who arranged with the chef for a chicken curry to be prepared as an additional option for lunch on the day of inspection. We saw the person chose the chicken curry at lunchtime and they later told us "it was lovely, delicious." The home had input from religious representatives from local churches. Religious services and visits were advertised and the activities coordinator said if someone required input from a different religion she was able to arrange this, so their needs would be met.

We observed care in the dementia care unit dining room at lunchtime and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to speak with us. There were enough staff to individually support those people who needed assistance to eat and drink. The day's menu was provided on each table. Staff offered people a choice of drinks, including water and two choices of juice. There were two choices of main course on the menu. People were encouraged and allowed time to make their own choices. Where needed, people had the use of adapted plates and cutlery. Where people needed assistance from staff to eat their meal this was done with respect, patience and good humour.

People told us they were offered choices and staff respected the choices they made. For example, one person "if I don't want what's on the menu there's always an alternative, sandwiches or a jacket potato." We saw people's care plans included an 'All About Me' form used to record what time they preferred to get up and go to bed, their preferred foods and daily routines. People we asked confirmed they were able to get up and go to bed when they wished.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People commented positively on the care and support they received. Their comments included "I love it here, I've made lots of friends;" "I know I can't stay here forever but I can't think of anywhere better" and "I can talk to the girls if I have any worries, they listen and they care."

Staff told us "the team works well, I can rely on my colleagues" and "I've worked here a long time, it's a good home and people are well looked after."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We saw there was a pre-admission assessment of people's care needs and a care plan that provided guidance for staff on how these needs should be met. The assessments covered people's health and social care needs and people using the service or their representatives had been involved. Each person's plan had been reviewed at least monthly to reflect their changing needs.

Nursing and care staff we asked were able to tell us about each of the people living in the home and the health care and support they needed. The care plans we looked at included a life history form and staff we asked were able to tell us about significant people and events in people's lives. This meant that staff had access to up to date information about how each person's health care and treatment needs were to be met in the home.

People were supported to access healthcare services. Care plans included a record of healthcare visits that included GP, dentist, optician, speech and language therapist, district nurses and hospital clinic appointments. We saw people's care plans had been updated on the advice of medical professionals. For example, staff had requested a review of one person's medicines, this was completed by the GP and changes made. We spoke with one visiting healthcare professional who said staff were polite and helpful and willing to learn so they could assist people by providing the correct care and treatment.

We viewed wound care documentation for one person. These were up to date and showed wounds were treated and monitored to ensure they were progressing. One relative told us they had given staff clear instructions on the best way to handle her relative, who had very fragile skin. They said the staff had listened and as a result their relative's skin had

remained in good condition.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw people's care plans included risk assessments and clear guidance for staff about how to manage identified risks. We saw risk assessments relating to the risk of pressure ulcers, mobility, compliance with medicines, personal safety and nutrition. If bedrails were in use, this had been assessed and the person or their representative had signed to agree to their use. This meant the provider had taken action to identify and manage possible risks to people using the service.

The home had an activities coordinator and people said they enjoyed activities provided in the home and also outings to the local community. The activities coordinator demonstrated a good knowledge of people's interests and activity preferences and said she encouraged people and staff to join in with activities so they were part of each person's daily routine. At the time of inspection the World Cup was just starting, and the home had been decorated accordingly. The activities coordinator said they would have a designated room for people who wished to watch the games, so other areas were also available for those who were not interested in football and wished to watch other programmes. Activities were taking place at the time of inspection including a game of bingo, with one person getting involved and reading out the numbers for a round, which they enjoyed doing.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Policies and procedures for safeguarding adults and whistle blowing were in place. Staff told us they had received safeguarding adults training as part of their induction and also undertook annual refresher training. We asked 12 members of staff what they would do if they felt a person living in the home was being abused. They all told us they would report any concerns to a senior member of staff and if they were not dealt with appropriately they would report to the manager of the home or a senior manager within the organisation.

While this meant staff had the training and knowledge they needed to make sure people living in the home were cared for safely, the provider might wish to note that whilst the five of the staff we asked were clear about the external agencies they could contact with concerns, including the local authority, seven were not. The manager said this would be addressed through meetings and training updates. Posters informing staff about whistleblowing procedures for reporting concerns were on display in the home, so people using the services, their visitors and staff had access to this information. The manager said she followed the provider's and Pan-London safeguarding of vulnerable adults procedures and reported any concerns to the local authority and to CQC.

People told us they felt safe living in the home. Their comments included "I feel perfectly safe, I know the staff are there if I need help" and "yes, I feel safe. I use the call bell if I need help. Sometimes you wait a little while but someone always comes." Staff told us "we have to work together to make sure people are well cared for and safe" and "I would tell the nurse in charge straight away if I thought anyone was being abused."

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at the staff records for three nurses and three care assistants working in the home. Application forms and health questionnaires had been completed. The records showed the provider had carried out checks before staff started work in the home, including criminal record checks, references and proof of identity.

Where nurses were employed to work in the service the provider had checked their registration with the Nursing and Midwifery Council. This meant that the provider made sure that staff recruited were suitably qualified and experienced to work with people using the service.

Staff told us they had received induction training and worked alongside experienced staff so they could get to know the care and support each individual required. The manager showed us the Skills for Care induction training followed by new staff and we saw the programme for the last induction week, held at the end of May 2014, which had covered a wide range of topics including health and safety training.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. The manager explained the training recording system flagged up when each member of staff was due a training update, and this was then scheduled. We saw several training sessions for different topics advertised in the service. Staff confirmed they undertook regular training in topics including moving and handling, safeguarding adults, infection control, food hygiene, fire safety and dementia awareness.

Staff said they felt they received enough training to keep their knowledge and skills up to date.

Staff told us "the training is very good. We are told when we have to do updates and it's all arranged for us" and "I've enjoyed the training, it helps me to do my job better."

Staff received supervision every two to three months and more frequently if any issues for discussion arose. Staff said they worked well as a team and felt supported by the senior staff and the manager. Comments from staff included "It's a very good team, I couldn't work with better people" and "We have a good team and I can rely on them to do the right thing."

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The service carried out an annual satisfaction survey for people using the service, relatives and stakeholders. The last survey had been sent out in November 2013 and the results collated in January 2014. Overall these were positive, with 90% overall satisfaction from people using the service and relatives and 84% overall satisfaction from stakeholders, for example, visiting professionals. Where areas of improvement had been identified, an action plan had been put in place to address these, for example, reviewing the laundry processes and providing more variety in pureed meals.

The activities coordinator held regular meetings with people using the service and discussed any issues and the activities provision, so she could listen to people's views and plan activities accordingly. The manager had held meetings for relatives, however at the last meeting held in March 2014 only two relatives had attended. The manager said she found most relatives would speak with her when they visited, as she had an 'open door' policy and encouraged them to communicate so any issues could be addressed.

Systems were in place for monitoring the service. The provider carried out monthly unannounced visits and spoke with people using the service, visitors and staff. We viewed these for the previous six months and all those spoken with had expressed satisfaction with the service. The provider had a selection of auditing tools, including those for carrying out two in depth audits bi-monthly, looking at different aspects so all areas of the service were checked across the two audits.

The maintenance man had spoken with us about repairs to be carried out to the shower rooms and we saw this had also been identified on the most recent premises section of the audit and this was to be addressed. Staff had told us about two assisted baths that were out of order. We asked the maintenance man who said engineers had been and there was an issue with getting replacement parts, as the baths were old. The manager was also aware of the situation and said new baths were in the process of being ordered to replace the obsolete ones. The service had a planner for audits to be carried out at specific

intervals, which included audits for infection control, dignity, care plans and medicines. Where shortfalls had been identified we saw evidence that action had been taken to address them, for example on a medicines audit it was identified that a drug alert file was needed on each unit, so staff had access to any alerts received, which had been done.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. The service had a form to record accidents, incidents and near misses, which was used to record any such events. These forms were audited monthly to look for any trends and the action taken following each event was also recorded. Risk assessments for equipment, premises and safe working practices were in place and recorded the action to be taken to minimise these. The regional manager had introduced a system of having a risk register for the service. This identified potential risks within the service and graded them as high, medium or low risk, with the action to be taken to minimise them. This was reviewed monthly and also whenever there was a change, so any issues were being frequently monitored.

The provider took account of complaints and comments to improve the service. The home has a complaints procedure on display and complaints were recorded, investigated and responded to. People and their relatives said they were confident to raise any concerns with the senior staff or manager and they were listened to. Comments included "The staff are very good, some are better than others but I've no complaints." and "I've never had any complaints, everything here is good."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk