Chislehurst Care Limited

# Blyth House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This inspection took place on 10 and 11 August 2016 and was unannounced. Blyth House provides accommodation and nursing care for up to 16 older people. At the time of our visit 16 people were living there. At our last inspection 29 July 2013 we found the provider was meeting the regulations in relation to the outcomes we inspected.

The home had a registered manager in post. 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 and associated Regulations about how the service is run.

People using the service said they felt safe and staff treated them well. Appropriate recruitment checks took place before staff started work. There were enough staff on duty and deployed throughout the home to meet people's care and support needs. Safeguarding adult's procedures were in place and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed an induction when they started work and they were up to date with the provider's mandatory training. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation. There were appropriate arrangements in place to ensure that people were receiving the food and fluids as recorded in their care plans. People had access to a GP and other health care professionals when they needed them.

Staff treated people in a respectful and dignified manner and people's privacy was respected. People using the service and their relatives, where appropriate, had been consulted about their care and support needs. The home had been awarded an accreditation by the Gold Standards Framework for the high standard of care provided to people in the final years of their lives.

Care plans and risk assessments provided guidance for staff on how to support people with their needs. There was a range of appropriate activities available for people to enjoy. People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Staff said they enjoyed working at the home and received good support from the registered manager. The provider sought the views of people using the service, relatives and staff through meetings and surveys. The registered manager used the feedback from the meetings and surveys to make improvements at the home.

## 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.

There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures.

There were enough staff on duty to meet people's needs.

Appropriate recruitment checks took place before staff started work.

Appropriate procedures were in place to support people where risks to the health and welfare had been identified.

Medicines were managed safely and people were receiving their medicines as prescribed by health care professionals.

### Is the service effective?

Good

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People were protected against the risks of inadequate nutrition and dehydration. There were arrangements in place to ensure that people were receiving food and fluids as recorded in their care plans.

People had access to a GP and other health care professionals when they needed them.

### Is the service caring?

Good

The service was caring.

Staff treated people in a respectful and dignified manner.

People's privacy was respected.

People using the service were provided with appropriate information about the home when they moved in.

People using the service and their relatives, where appropriate, had been consulted about their care and support needs.

There were arrangements in place to meet people's end of life care needs.

## Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People were provided with a range of appropriate social activities.

People using the service and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

## Is the service well-led?

Good

The service was well-led.

The home had a registered manager in post.

There were appropriate arrangements in place for monitoring the quality of the service that people received.

The provider sought the views of people using the service, relatives and staff through meetings and surveys.

Staff said they enjoyed working at the home and they received good support from the registered manager.

There was an out of hours on call system in operation that ensured that management support and advice was available to staff when they needed it.

# Blyth House

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 11 August 2016 and was unannounced. The inspection was carried out by one inspector. Before our inspection we reviewed the information we held about the service which included any enquiries and the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spent time observing the care and support being delivered. We spoke with five people using the service, five relatives, six members of staff, the cook and the registered manager. We looked at records, including the care records of six people using the service, seven staff members' recruitment and training records and records relating to the management of the service. We also spoke with a visiting GP and received feedback from the local authority that commissions services from the provider.

Not everyone at the service was able to communicate their views to us so we also 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.

Good

# Is the service safe?

## Our findings

People using the service told us they felt safe and that staff treated them well. One person said, "I definitely feel safe here under the care of the staff." A relative said, "My mum is safe and very well looked after. I don't need to worry about a thing." Another relative said, "I know my mum loves it here and she is safe here."

The home had a policy for safeguarding adults from abuse and a copy of the London Multi Agencies Procedures on Safeguarding Adults from Abuse. The registered manager was the safeguarding lead for the home. Staff spoken with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the registered manager. The registered manager told us they and the staff team had received training on safeguarding adults from abuse and training records confirmed this. Staff told us they were aware of the provider's whistle-blowing procedure and they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. We looked at the recruitment records of seven members of staff and found completed application forms that included their employment history and explanations for any breaks in employment, two employment references, and health declarations, a recent photograph, proof of identification and evidence that criminal record checks had been carried out. We saw that checks were carried out to make sure nurses were registered with the nursing and midwifery council (NMC). The registered manager told us they monitored each nurses' NMC registration to make sure they were able to practice as a nurse.

There was sufficient staff available to meet people's care and support needs. We saw that staff responded quickly when call bells were activated. We tested one call bell and staff turned up almost immediately. A person using the service told us, "I keep my call bell near me. The staff get here quickly when I call for them." Another person said, "It takes the staff no time at all to come to me when I press the buzzer." We observed a good staff presence and staff were attentive to people's needs. One person using the service said, "I think there is plenty of staff around." Another person told us, "I couldn't tell you if there are enough staff or not but there is always a nurse and staff around if I need them." A relative told us, "I visit quite a lot and they don't know when I am coming but I always see there is enough staff on duty." The registered manager showed us a staffing rota and told us that staffing levels were arranged according to the needs of people using the service. If people's needs changed additional staff cover was arranged.

Action was taken to assess any risks to people using the service. We saw that peoples care files included risk assessments for example on choking, eating and drinking and moving and handling. Risk assessments included information for staff about action to be taken to minimise the chance of risks occurring. Staff were able to describe accurately the information as set out in the risk assessments and care plans. This showed they were aware of people's individual risks and knew what to do to ensure safe care. We saw personal emergency evacuation plans for all of the people using the service. These took account of people's specific needs and how they would be evacuated in the event of an emergency such as a fire at the service. Records seen confirmed that regular fire alarm tests and evacuation drills were conducted on a quarterly basis.

Medicines were administered safely. We spoke to a nurse about how medicines were managed at the home and observed a medication round. They told us that only nurses administered medicines to people using the service. We observed the nurse administer medicines to people safely in a caring and unrushed manner. We looked at the homes medicines folders. These were well organised and easy to follow. They included individual medication administration records (MAR) for people using the service, their photographs, details of their GP, information about their health conditions and any allergies. All medicines were reviewed regularly to ensure they met any changes in people's health needs. As required medicines (PRN) were recorded on MAR's and signed for by staff when administered. We observed the nurse asking people if they needed their PRN medicines for example, checking if they were in any pain. There was individual guidance in place for staff on when to offer people PRN medicines.

Medicines were stored securely in locked trolleys and controlled drugs stored in a cabinet in a clinical room. Daily medicines fridge and clinical room temperature monitoring was in place and recordings were within the appropriate range. There were safe systems for administering and monitoring of controlled drugs and arrangements were in place for their use. We saw a controlled drugs record book. This had been signed by two nurses each time a controlled medicine had been administered to people using the service. Daily checks of controlled drugs were in place and were documented in the controlled drugs record book. Nurses counted the drugs at handover times twice a day. The home had a safe system for the disposal of medicines and we saw records of medicines destroyed had been signed and dated by staff.

Regular monthly audits of medicines were completed by the registered manager to monitor and reduce the likelihood of any risk. The audits also recorded that the registered manager had observed and assessed staffs competency when they were administering medicines to people using the service. We also saw a report from a visit carried out by the pharmacist that supplies medicines to the home. The report included recommendations for improving the management of medicines. The registered manager showed us an action plan with confirmed that these recommendations had been fully addressed. For example the home had obtained a new book for recording medicines returned to the pharmacist and homely remedies were being recorded on MAR's when administered. These processes helped protect people from the risks associated with inappropriate use and management of medicines.

Good

# Is the service effective?

## Our findings

One person using the service told us, "The staff know me well, they know what I like to eat, and what my health needs are." A relative said, "All of the staff are very good. They are well trained and they know what they are doing with my mother."

The registered manager told us that all new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Two staff members said they had completed the care certificate when they started work and they were up to date with the provider's mandatory training. Staff training records confirmed that all staff had completed training the provider considered mandatory. This training included safeguarding adults, health and safety, moving and handling, first aid, fire safety and food hygiene. Staff had also received training relevant to the needs of people using the service for example end of life care, medicines awareness, dementia, diabetes, diet and nutrition and Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Nursing staff had completed training on topics such as the safe administration of medicines, wound care and venepuncture.

Staff were receiving on-going supervision in their roles to make sure their competence was maintained. Staff told us they received regular supervision, an annual appraisal of their work performance and said they were well supported by the registered manager. One member of staff said, "I get regular supervision and an annual appraisal every year. If I am not sure about anything I can talk to the registered manager anytime I want to." Records seen confirmed that staff were receiving regular supervision and, where required, an annual appraisal of their work performance.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager demonstrated a good understanding of the MCA and DoLS. They said that some people using the service had capacity to make some decisions about their own care and treatment. We saw that capacity assessments were completed for specific decisions and retained in people's care files. Where the registered manager had concerns regarding a person's ability to make specific decisions they had worked with them and their relatives and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. We saw that a number of applications had been made to the local authority to deprive people of their liberty, for their own safety. Where these had been authorised we saw that the appropriate documents were in place and kept under review and the conditions of the authorisations were

being followed by staff.

We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at. Where people did not want to be resuscitated, we found DNAR forms had been completed and signed by people, their relatives where appropriate and their GP to ensure people's end of life care wishes would be respected.

People were provided with sufficient amounts of nutritional food and drink to meet their needs. People's care plans included assessments of their dietary needs and preferences which indicated their dietary requirements, food likes and dislikes, food allergies and their care and support needs. We saw that records were kept of people's fluid and dietary intake when they had been assessed at risk of malnutrition or dehydration. The registered manager told us that these records were reviewed by health care professionals who provided guidance for staff on how to support people to meet their nutritional needs. We saw that referrals had been made to appropriate health care professional's following changes to people's dietary intake or weight loss.

We observed how people were being supported and cared for at lunchtime. We saw that a weekly pictorial menu was available on each table in the dining room for people to make their choices from. One person using the service told us, "The choice is good, I get plenty of food, and it's nice so I can't grumble over that." Another person told us, "The food is usually good. We get lots to drink. We get asked about what we want to eat." Some people required support with eating and some ate independently. The atmosphere in the dining room was relaxed and not rushed and there were enough staff to assist people when required. Some people ate their meals in their rooms in accordance with their preferences. We saw that they received hot meals and drinks in a timely manner. We saw that people were also provided with drinks and snacks throughout the day and these were available in the lounge.

There was frequent communication with the cook regarding people's dietary preferences and requirements. The cook showed us documents which alerted them to people's dietary risks, personal preferences and cultural and medical needs. The cook said they accommodated people's personal preferences by offering a range of choices each meal time. For example, they cooked separate meals if people requested one which is not on the day's menu. We noted that the kitchen was clean and well-kept and had been awarded a five star food hygiene rating from the Food Standards Agency.

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. A GP told us they visited the home once a week or when required to attend to people's needs. They told us it was their practices opinion that the home was one of the best run homes in terms of good nursing care. They said staff acted quickly when people's health needs deteriorated and they made timely and appropriate referrals to the practice. They also said staff were very reliable and good at keeping medical records up to date.

Good

# Is the service caring?

## Our findings

People told us staff were kind and caring. One person said, "There is good camaraderie between staff and the people who live here. I know all of the staff and I am very well cared for and supervised when necessary." Another person said, "The staff are very kind, caring and hardworking." A third person said, "The staff keep us right, they definitely do care for me. I am really happy here, I love it." A relative told us, "The staff are very friendly and caring and they are all very good. They always seem happy and there is a very good atmosphere in the home." A GP told us that staff were caring and there was a 'can do attitude' at the home. Staff encouraged people to get out of bed and walk and talk with others and this had improved their overall health.

People using the service and their relatives told us they had been consulted about their care and support needs. One person told us they were involved in planning for their care. They said, "I attend review meetings with staff and my family. We talk about what I need." A relative told us "It's a great home. When my mum came here the registered manager carried out an assessment, they filled in lots of paperwork and asked me lots of questions. I attend all of her review meetings and talk about what she needs. I have really good contact with the home. The registered manager would let me know if there were any problems." Another relative told us, "My family are all very involved with the home when it comes to planning for my mother's care. They staff do all they can to meet our high expectations of the care she needs and most of the time they meet these."

It was evident throughout the course of the inspection that staff knew people well and understood their needs. We witnessed many examples of good care giving and saw that people were treated with understanding, compassion and dignity. We saw them actively listening to people and encouraging them to communicate their needs. We saw bedroom doors were closed when staff were providing people with personal care. One person told us, "The staff respect my privacy and dignity completely always." Staff said they ensured people's privacy by drawing curtains and shutting doors. They tried to maintain people's independence as much as possible by supporting them to manage as many aspects of their care that they could. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat.

People received appropriate end of life care and support. The home had been awarded an accreditation by the Gold Standards Framework for the high standard of care provided to people in the final years of their lives. Two members of staff we spoke with told us they had completed training at a local hospice on end of life care. One member of staff said, "I have just completed a four day long course on end of life care and that has really helped me understand people's needs."

People using the service and their relatives were provided with appropriate information about the home in the form of a 'Service user's guide'. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. A relative told us told us this was given to them when their relatives moved into the home. Thy said, "We got a brochure about the home; it's

helpful and tells us all we need to know. Mum has a copy in her bedroom too."

Good

# Is the service responsive?

## Our findings

People using the service and their relatives told us the home met their care and support needs. One person told us, "I have a key worker and a named nurse to talk to about what I need. All of the staff know what they have to do to help me." A relative told us, "The staff know all about my mums care and support needs and how to look after her."

We saw that care and health assessments were undertaken to identify people's support needs before they moved into the home. The registered manager told us that care plans and risk assessments were developed using the assessment information. Care plans included detailed information and guidance to staff about how people's needs should be met. They described people's daily living activities, mobility needs and the support they required with personal and nursing care. The care files also included the person's life history, personal preferences, and capacity assessments and, where appropriate, Deprivation of Liberty Safeguards authorisations and associated records. Information contained in the care files indicated that people using the service, their relatives and appropriate healthcare professionals had been involved in the care planning process. All of the care plans and risk assessments we looked at were reviewed and updated monthly and reflected any changing needs.

We saw that all of the people using the service had named nurses and key workers. A key worker told us they planned activities and helped the person they key worked to look after their room and made sure their personal and health care needs were being met. Another member of staff said there were hand over meetings where they shared any immediate changes to people's needs on a daily basis. This ensured continuity of care. They said handover meetings were also used to make sure that staff were aware of any new admissions and peoples care needs.

People were provided with a range of appropriate social activities. We saw activities information displayed on a notice board in the lounge. Activities included, for example, bingo, music and movement, hand and nail care, quizzes, card games and various visiting entertainers. The home employed two activities coordinators. One activities coordinator told us they took people out for drives to pubs and shopping trips in the home's car. They said they attended to people who liked to stay in their rooms for chats and to offer them opportunities to go for walks or partake in planned activities. A relative told us they sang in a band and they regularly provided entertainment at the home. One person using the service told us, "There are sufficient activities for people to enjoy here. We play skittles and card games and singers come to do shows." Another person said, "There is enough for us to do, the staff keep us occupied. It's all good I am happy with the activities we get."

People using the service and their relatives said they knew about the service's complaints procedure and they would tell staff or the registered manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. One person using the service said, "If I needed to make a complaint I would know what to do. But I have never had any concerns here." A relative said, "I would raise my concerns with the registered manager if I had any. I would be confident they would deal with them appropriately." We saw a

complaints file that included a copy of the providers complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

Good

# Is the service well-led?

## Our findings

People using the service and their relatives spoke positively about the staff and the registered manager. One person using the service told us, "I think the home is very well run." A relative said, "The registered manager and staff are very good. I think the home is very organised and well run." An officer from the local authority that commissions services told us they had recently visited the home and they found that the homes performance was good.

All of the staff we spoke with told us they enjoyed working at the home and they received good support from the registered manager. They said there was an out of hours on call system in place that ensured management support and advice was always available when they needed it. One member of staff told us, "This is a very nice place to work, the registered manager is good and the staff are really nice to the people who live here. We all work really hard as a team to get things right." Another member of staff said, "When you work in care you really have to love what you are doing. I enjoy coming to work. The residents always cheer me up and make my day. We have a great team and manager and it all works very well." A third member of staff told us, "The registered manager is supportive and always available. I really enjoy working here. All of the residents matter to all of the staff, it's the resident's home and all of the staff respects that."

Regular staff team meetings took place at the home. These meetings were attended by the registered manager, nursing and care staff. Issues discussed at the July meeting included moving and handling, wheelchairs, the importance of recording people's fluid intake and cleaning bedrooms. One member of staff said, "The team meetings are very helpful and our comments are always taken on board." Another member of staff said, "The team meetings help me. We talk about people's needs. We also discuss any incidents or accidents when they occur."

The provider recognised the importance of regularly monitoring the quality of the service. The registered manager showed us records confirming that regular audits were being carried out. These included health and safety, medicines administration and care file audits. We saw that a maintenance person kept records of checks on bedrails, radiator covers, water temperatures and wheelchair servicing. We also saw reports from monthly quality monitoring visits carried out by the provider. The report from the June 2016 visit indicated the provider spoke with people using the service, checked care records, medicines, accidents and incidents and the homes auditing. The report indicated that improvements were required with some care records. The report from the July 2016 visit recorded that this issue had been addressed.

The provider sought the views of people using the service, relatives and staff through meetings and surveys. The registered manager told us residents meetings were held every three months. We saw the minutes from the meetings held in May and July 2016. These meetings were well attended by people using the service. Issues discussed were general and mostly about how people were feeling living at the home and planning activities. For example in the July meeting one person said they were looking forward to their birthday and the registered manager told them about a party being arranged for them. The registered manager told us they carried out annual satisfaction surveys and used the feedback to make improvements at the home. We saw a report from the 2016 survey which included many positive comments and some suggestions where

improvement could be made. We saw an action plan had been drawn up following the survey indicating that the suggestions for improvement had been addressed. For example, visitors were offered a drink on arrival at the home and the laundry room had been updated. One person using the service told us, "They have a survey every year. It appears to be really important to them to know what we think about the home."