

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

Blenheim Court

Elm Lane, Lane Top, Sheffield, S5 7TW

Tel: 01142456026

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	HC-One Limited
Registered Manager	Miss Catherine Berry
Overview of the service	Blenheim Court Nursing Home is located on the outskirts of Sheffield. It is a large converted house with a purpose built extension. The home provides accommodation for up to 44 people on two floors. The care provided is for people who have needs associated with those of older people.
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

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 3 January 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We saw that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The people we spoke with told us they decided things and staff respected their decisions. If anyone was unable to give consent systems were in place to consult other people to make sure things were carried out in their best interest.

People's comments indicated they received the care and support they needed and they were happy with how staff delivered their care. One person said, "I can't fault the place, it's a very happy home." Another person commented, "The care is very good and the staff are lovely."

People were provided with a choice of suitable and nutritious food and drink. People told us they enjoyed the meals they received and said they provided variety and choice.

We saw the premises were in a good state of repair with improvements being made to décor and furnishings. People said they were happy with their rooms and the home's general facilities.

Staff received appropriate professional development. The staff we spoke with felt they were well trained and supported. They had access to a varied training programme that helped them meet the needs of the people they supported.

We saw the complaints procedure was available to people who used and visited the service. People told us they had no complaints, but said they would feel comfortable taking any concerns to the manager.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The people we spoke with told us staff respected their decisions and included them in deciding how and when they wanted their care providing. We saw people had signed their care files to show they agreed with the planned care. We also saw other consent forms had been completed where needed. This included agreement to having a flu vaccination.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. They described to us how they always asked people what they wanted. One care worker told us, "For example I always ask if they want their bath or shower. If they say no we reschedule it for another time."

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. The manager told us about what actions would be taken if someone could not make an informed decision about something. She explained how other people would be involved in looking at what was in their best interest and said this would be clearly recorded in their file.

The manager told us no advocates were being used when we visited as the people using the service had family representatives who provided support as needed. Advocates could be used to support people if they were unable to represent themselves or had no-one to speak out for them. The manager was aware of local independent advocacy services and said they would be contacted as needed.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was delivered in-line with their individual care plan. We saw that each person had a care file which was stored securely. We checked three people's files and found care plans contained satisfactory information about the areas they needed support with and any risks associated with their care. However the provider may find it useful to note that not all of the plans were individualised to reflect people's choices and abilities in detail.

Records were in place to monitor any specific areas where people were more at risk and explained what action staff needed to take to protect them. Care plans and assessment tools had been reviewed regularly and reflected changes in people's needs.

We spoke with eight people who used the service and two visitors who all said they were happy with the care provided and complimented the staff for the way they cared for people. One person told us, "We are looked after very well." A visitor said, "I am happy with everything. From the day she came here she settled in."

The home had a dedicated social activities coordinator. We saw there was a structured activities programme that people told us met their needs. This included: exercise sessions, reminiscence therapy, sing-a-longs and games. On the day of our visit we saw some people having a manicure and others visiting the hairdresser. People also told us about outside entertainers visiting for music concerts. They said they enjoyed these and described how the home arranged special events like recent Christmas celebrations.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. People's needs and preferences were in most cases clearly recorded in the care plans we checked. The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. They told us they felt they had received the training they needed to do their job well.

The Deprivation of Liberty Safeguards were only used when it was considered to be in the person's best interest. This legislation is used to protect people who might not be able to make informed decisions on their own. The manager demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. The manager and the staff we spoke with told us people were treated with respect and were given care according to their identified needs. In one file we saw arrangements had been made for staff to support someone to exercise their right to vote at elections.

There were arrangements in place to deal with foreseeable emergencies. The manager told us they had contingency plans in place to manage any emergencies, this included things like fires and floods.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were supported to be able to eat and drink sufficient amounts to meet their needs. We saw lunch being served in both of the dining rooms so we could look at the meals provided and see how staff supported people. We saw the cook or the kitchen assistant served meals from a hot trolley while staff served them to people. Some people ate in the dining rooms while others chose to eat in their rooms or in one of the lounges.

People were provided with a choice of suitable and nutritious food and drink. We saw menus contained well balanced meals which offered people choice. The people we spoke with said they could choose what they wanted from the menu or alternative meals were available if they preferred. The head cook demonstrated a good understanding of people's different nutritional needs. She discussed the changes recently made to menu's and said if someone did not want anything from the set menu an alternative could always be provided.

The people we spoke with commented positively about the quality of the food served. After lunch they told us they had enjoyed their meal and said there were always good choices on the menu. One person said, "They are always lovely meals." Another person commented, "I chose what I wanted from a menu yesterday and there is always something I like."

We saw, and people told us, drinks were offered with and between meals. The staff demonstrated a good awareness of the need to make sure people ate and drank enough. We saw staff used forms to monitor people at risk to make sure they were getting sufficient to eat and drink. A care worker told us, "Every new resident is put on a monitoring chart for the first week or so to make sure there are no problems with their eating and drinking."

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

During our visit we looked around the home and asked people if there was anything they were not happy with. All the people we spoke with confirmed they liked their accommodation and could not tell us anything else they wanted to improve. The two visitors we spoke with were also complimentary about the facilities at the home. One of them told us, "She has a lovely room and the recent improvements have made the home even better."

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained. We saw corridors and communal areas had been recently decorated and new furniture and carpets purchased. People's rooms had been personalised to reflect their choices, this included personal mementos, pictures and small items of furniture. The manager told us that the next stage of the planned improvements included bedrooms being redecorated and refurbished.

On the day we visited we saw a bathroom was being converted into a walk in wet room (a type of shower room) and the hairdressing room was being remodelled and refurbished.

The home employed a handyman to maintain the building. Staff told us how they reported any areas needing attention in a book. They added that these were always dealt with quickly.

We were told, and saw, that risk assessments had been completed in relation to the premises and actions had been taken to monitor and minimise identified areas of risk. This included checks and regular maintenance of things like fire safety equipment.

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

The people we spoke with said staff were supportive and helpful and we received only positive comments about how they delivered care. They also said staff were good at their job. One person told us, "Staff are very capable and there is a really friendly atmosphere here."

During our visit we saw staff supporting people in an inclusive way. We also saw them moving people safely and they appeared competent and confident in their roles.

Staff received appropriate professional development. The manager told us staff had received all the essential training they needed to do their jobs well. We saw the majority of training was computer based. A training area had been set up with two computers so staff could sit quietly and complete the training. Other training had been classroom based, such as moving people safely. The staff we spoke with felt they had received satisfactory training and support for their job roles.

We saw the company's computerised system identified any shortfalls in staff training or when update sessions were due. The manager showed us how she used this information to make sure staff updated their skills. Records and staff comments showed training completed included health and safety, food hygiene, first aid, fire awareness, nutrition, and moving people safely.

The provider may find it useful to note that although all staff had completed essential training some update training, as determined by the company, was overdue. This especially applied to nursing and bank staff.

Staff were able, from time to time, to obtain further relevant qualifications. For example we were told most care workers had completed a nationally recognised care qualification.

We saw staff support sessions had taken place either at group sessions or on a one to one basis. Records and staff comments confirmed this. The staff we spoke with commented about the good support they had received from the manager. They said it made them feel more confident to do their job well. None of the staff had received a recent appraisal of their work due to the manager not being in post very long. However, she told us these were planned for January 2013.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. We saw the home had a complaints procedure which was available to people who lived and visited there. The people we spoke with said they had no complaints about the standard of care or the home's general facilities. However they told us they would feel comfortable speaking to the manager, or any of the staff, if they were not happy about something.

We saw there was a system in place for people's complaints to be recorded and investigated. The manager told us there had been no complaints received over the past year and nothing was recorded in the complaints file since 2011. The staff we spoke with demonstrated a good understanding about what they should do if anyone raised a concern with them.

People were given support by the provider to make a comment or complaint where they needed assistance. The staff we spoke with told us how they would voice concerns on behalf of people who were unable to do so themselves. We were also told people could use an independent advocate to speak on their behalf if they did not have any family to support them.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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