Inspection Report

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

Date of Inspection: 05 July 2013

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

Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ 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 a converted house with a purpose built extension. The home provides accommodation for up to 44 people on two floors. The home is a short distance from the local amenities such as shops, pubs, churches and has easy access to the city centre by public transport.
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

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 5 July 2013, 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, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services. We talked with other authorities.

What people told us and what we found

People's needs were assessed and care and treatment were planned and delivered in line with their individual care plan. This was confirmed when we checked five care plans; spoke with people who used the service, their visitors and the staff on duty.

Health, safety and welfare of people were protected because the staff at the home worked in co-operation with other agencies for the benefit of the people who lived at the home. We were informed by community health professionals that nurses and the care workers at the home had a good rapport with them, organised appointments and co-operated with them.

Dedicated members of staff were seen carrying out cleaning duties throughout the home during our inspection. One person said, "I like my room it's lovely and clean. The girls take care of it for me." All staff at the home had received training on infection control and two staff told us the actions they took to minimise the risk of infection.

Medicines were prescribed and given to people appropriately. People were given time to take the medicine. We witnessed the nurse asking people whether they were in pain or discomfort during the routine medication round.

There was an effective recruitment and selection policy in place. All necessary checks had been carried out and satisfactory outcomes had been sought before staff were recruited at the home.

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

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.

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 planned and delivered in line with their individual care plan. We checked five care plans; spoke with people who used the service, their visitors and the staff on duty.

We noted that all the people we spoke with had a pre-admission assessment which was carried out by the nurses or the manager of the home. People and their visitors described how information was sought out by staff to make sure the service was able to meet their needs. One relative said, "I have been to a lot of homes. I felt staff are interested in what is best for people. We have made the right choice."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The care plans were person centred and they focused on individuas' needs and how they were to be met. The staff told us that they were in the process of transferring to a different style of care plan records. Staff said the changes to care plans were intended so that they hold more personalised information about people.

We observed people during the day. We spoke with staff and checked the care plans of five people. The care plans had appropriate risk assessments and instructions to staff on how to avoid or minimise the risks. We observed that risk assessments balanced safety and effectiveness of care and promoted people's rights to choice. Staff said they took account of people's capacity to make choices and their right to take risks. They said people were prompted to use walking aids when they were at risk of falls and were not stopped from mobilising. People were prompted to apply sun screen when they were at risk of sunburn especially when people enjoyed sitting in the sun.

People's care and treatment reflected relevant research and guidance. The manager said that their company training officer supplied them with the latest guidance on care practice and good practice examples. They also said that they had access to information on professional internet sites.

People's care and treatment were planned and delivered in a way that protected them from unlawful discrimination. The staff interacted with people in a respectful and helpful manner. We observed people were relaxed and friendly with the staff. Visitors were welcomed by staff and there was a pleasant atmosphere.

There were two lounges and most people were in them. Some people chose not to join in activities. People were entertained with activities and staff spent time with individuals chatting. A group of local school children visited in the afternoon with their teachers and spent time chatting and playing games with the people. We noticed people really enjoyed the visit by school children. One person said they visited the local public house with their family from time to time. This meant people were given opportunities to maintain community involvement.

There were arrangements in place to deal with foreseeable emergencies. The manager informed us that each person living at the home had a personal emergency evacuation plan (PEEP). This was updated each month or when changes occurred to the person or the environment. The information was kept together and the staff were made aware of the location, so that they could access the information.

The manager confirmed that people who used the service would only be deprived of their liberty when this had been authorised by the Court of Protection, or by a Supervisory Body under the Deprivation of Liberty Safeguards (DoLS). This legislation is used to protect people who were unable to make informed decisions on their own. The staff we spoke with had a good understanding of the mental capacity act but were not clear about the DoLS process. The provider may find it useful to note that staff were not fully informed of DoLS.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare were protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People's health, safety and welfare were protected when more than one provider was involved in their care and treatment. This was because the provider worked in co-operation with others.

We were informed by the manager and the staff that they worked as a team with their partner agencies, such as the commissioning and contracting staff, care home quality management staff and the care home support staff to ensure people at the home received the appropriate support and treatment without delay. This was confirmed by the community health workers we came into contact with. They said nurses and the care workers at the home had a good rapport with them, organised appointments and co-operated with them.

Three family members said that they had witnessed the staff at the home co-ordinating and co-operating with external agencies to make sure people received appropriate services. One relative gave us an example of how their relative was helped by the staff at the home by arranging an appointment with an external agency such as the benefit services. They said this action by staff stopped their relative being anxious about their welfare. Another relative said, "Staff will go that extra mile to help the people."

The manager said to meet the service continuity, for each individual who lived at the home had been presented an NHS form. This was provided by the Sheffield Teaching Hospitals NHS Foundation Trust so that up to date personal information on individuals would be available at all times to professionals especially in an emergency situation. The manager said as part of their care plan reviews they would be asking the people and/or their representatives for permission to share information with necessary professionals in emergencies. This meant that the provider intends to seek people's consent before sharing confidential personal information with other professionals.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean environment.

Reasons for our judgement

People were protected from the risk of infection because staff were trained and appropriate guidance had been followed.

We carried out a tour of the premise, spoke with people who lived at the home, the visitors and the staff who were on duty.

Dedicated members of staff were seen carrying out cleaning duties throughout the home during our inspection. The communal areas, the bathrooms and some of the bedrooms we saw were clean and smelt fresh.

We noticed all staff using personal protective equipment (PPE) such as gloves and apron appropriately. We observed staff washing their hands before and after attending to each person's personal needs.

Five people who lived at the home said the home was clean and the staff cleaned their bedrooms most days. One person said, "I like my room it's lovely and clean. The girls take care of it for me."

All staff at the home had received training on infection control and two staff told us the actions they took to minimise the risk of infection. Due to staff changes the manager was responsible for the infection prevention and control audits until suitable staff were identified.

Staff told us that they adhered to infection prevention and control procedures by ensuring equipment was kept clean and replaced when it became unsuitable. We saw the cleaning schedules which were completed by specific staff. The manager said that they checked the records regularly to ensure staff had carried out their duties to maintain cleanliness within the home.

During the day we noticed staff walking along the corridors with bags of used incontinence pads to the sluicing rooms. We were informed by staff that a decision was made to remove all the bins from the toilets to keep the toilets clean and free from offensive smells. The staff said that it had resulted in them having to carry the soiled pads in bags to the sluices

on each floor. We discussed this with the manager who assured us that they were in the process of replacing the bins and the bins were on order and that this matter would be resolved during the next fortnight. The provider may find it useful to note that appropriate facilities were not in place to dispose of used incontinence pads in a way that took care of the people's dignity and promoted the control of infection.

Visitors to the home said they found the home to be clean whenever they visited. One visitor said they had seen staff changing gloves when they served meals and they had seen them washing hands. Another person said they had been encouraged by staff to use the hand gel which was at the entrance to prevent any spread of infection.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Appropriate arrangements were in place in relation to recording and handling medicines.

We were informed by the manager that a named nurse was responsible for ordering and obtaining prescription medicines. This nurse was off duty therefore we spent time with one of the nurses checking the processes.

We also observed people receiving medication. People were given time to take the medicine. We witnessed the nurse asking people whether they were in pain or discomfort during the routine medication round. Care workers told us that they informed the nurse when people complained of discomfort during the day so that they were able to receive treatment.

The nurse informed us that some people had their own medication on arrival at the home. However their medication administration system required involvement from their supplying pharmacist. The system was intended to be failsafe. When administering medication the nurse had a hand held computer where they were able to check the photo identity of the person and the medication they were prescribed by their GP.

The manager and the nurses said they received refresher training on medication management. The nurses on duty said they adhered to the NMC (Nursing and Midwifery Council)' code of practice for the standards for medicines management'.

Medicines were prescribed and given to people appropriately. We checked three people's medication administration records MARs. Staff had followed the medication administration procedures.

The nurse and the manager told us that they did not have anyone who had their medication covertly. The manager described the process they would follow which included taking into consideration Mental Capacity Act 2005 and ensuring best interest meetings were held with people who knew and understood the person before disguising medication in food or drinks.

Medicines were kept safely. We checked the medication room, the stock drugs, lockable cupboards including the control drugs cabinet and the 'drugs trolleys' which were attached to the wall in the room. We were informed by the manager that the nurse responsible for the ordering and disposing of medication carried out regular audits and shared the findings with the other nurses. We saw arrangement in place for the disposal of medication. Records were maintained to evidence that the procedures were followed appropriately by the staff.

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 spoke with two staff on duty and the manager about the recruitment process. Staff explained how they made an application to the provider, attended an interview in person, submitted all of the information requested from them and waited until they received satisfactory results of the checks prior to starting work.

There was an effective recruitment and selection policy in place. The manager had followed their company policy when recruiting staff. The information required by the provider to check eligibility of staff included; proof of identity - a recent photograph, an enhanced DBS (disclosure and barring scheme) check, satisfactory evidence of conduct in previous employment; any relevant qualification, a full employment history with satisfactory written explanation of gaps in employment and declaration about physical and mental health status which were relevant to the person's ability to carry out the job.

With the help of the administrator we checked the recruitment files of five staff. We found the selection of new staff was in accordance with the recruitment policy. All necessary checks had been carried out and satisfactory outcomes had been sought before staff were recruited. This was confirmed by the staff we spoke with and the files we checked.

The manager explained the process they followed to deal with staff who were no longer fit to work in health or social care and how they would refer them to the appropriate bodies.

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

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