Eastern Healthcare Ltd

Blyford Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

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

About the service: Blyford Residential Home provides accommodation and personal care for up to 44 older people, some of whom were living with dementia. At the time of our visit 43 people were using the service.

What life is like for people using this service:

People who live at Blyford Residential Home have their needs met by sufficient numbers of suitably trained staff. Staff were kind and caring towards people and knew them as individuals.
The environment was comfortable and safe. The service had been recently redecorated and people had input into how their home looked.
People were supported to remain engaged and had appropriate access to meaningful activity. People were offered a choice of good quality, nutritional meals. The service managed the risk of people becoming malnourished or dehydrated and protected them from harm.
People received the support they required at the end of their life.
Care plans were personalised and contained sufficient information about people for staff to refer to. Staff knew people well.
Healthcare professionals from external organisations made positive comments about the care people received and the management of the service.
The registered manager and deputy manager were open, honest, transparent and learned lessons when things went wrong. Prompt and robust action was taken to address shortfalls.
Robust quality assurance systems were in place to identify areas for service development and improvement.
Significant work had been undertaken to address shortfalls identified at our last inspection.
The service worked well with other organisations to ensure people had joined up care. People were supported to have input from external healthcare professionals.
People and their representatives were involved in the planning of their care and given opportunities to feedback on the service they received. People's views were acted upon.

See more information in Detailed Findings below.

Rating at last inspection: Requires Improvement (report published 7 June 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Blyford Residential Home

Detailed findings

Background to this inspection

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

Inspection team:
This inspection was carried out by one inspector.

Service and service type:
Blyford Residential Home is a care home for older people, some of whom were living with dementia. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided in line with the Health and Social Care Act 2008 and associated Regulations.

Notice of inspection: This inspection was unannounced.

What we did:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with four people who used the service and two relatives to ask about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the deputy manager, operations manager, three care staff and two external health professionals. We looked at six records in relation to people who used the service. We also looked at staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection on 5 April 2018, the service was rated Requires Improvement in this key question. They were found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed, monitored and administered safely. At this inspection we found that sufficient improvements had been made and the service was no longer breaching regulations. The service is now rated Good in this key question.

Using medicines safely

•□At the last inspection medicines were not always managed and administered safely. Some people had not received their medicines in line with the instructions of the prescriber and this had not been identified.
•□At this inspection we found that significant improvements had been made to the management of medicines. We did not identify any issues with medicines administration, which meant we were reassured people had their medicines as prescribed.
•□Robust quality assurance procedures were now in place to oversee the administration of medicines and ensure any shortfalls were identified promptly.
•□Care plans had been put in place for each person to instruct staff on how they liked to take their medicines, any particular preferences and the action staff should take if the person missed or refused a dose of their medicines.
•□People told us they were supported appropriately with their medicines. One said, "I get my pills morning, noon, night. Always."
•□Staff were trained and deemed competent before they administered medicines.

Systems and processes to safeguard people from the risk of abuse

•□People told us they felt safe living in the service. A relative said, "[Relative] is always safe, well cared for and happy."
•□Staff were aware of the service's safeguarding policy and demonstrated a knowledge of safeguarding procedures. Staff had received training in this area.

Assessing risk, safety monitoring and management

•□There were risk assessments in place for people using the service. These were kept under review to ensure any changes in risk levels were identified. Clear care planning was put in place where risks were identified. These instructed staff on what action they should take to reduce the risk and how to respond if the risk occurred. For example, if someone fell.

•□Risk assessments relating to the environment were in place. This included evacuation plans. Equipment such as fire, hoists and water quality were regularly tested for safety. Where actions were identified the service clearly documented the action they had taken.

Staffing and recruitment

•□People told us they felt there were enough staff to meet their needs. One said, "They get here if I call. I just press the bell and they are here." We observed that people received support from staff at the time they needed it and staff responded quickly when one person had a fall.
•□The registered manager carried out dependency tools to establish how many staff were required to meet people's physical, social and emotional needs. These were reviewed regularly.
•□Staff told us they felt the staffing level was sufficient and that the registered manager was flexible with the staffing level. For example, they told us the registered manager would put in place an extra staff member when people were admitted to the service, if required, to ensure staff had time to help them settle.
•□The service had robust procedures in place to ensure staff were suitable to work with vulnerable people.

Preventing and controlling infection

•□The service was clean throughout. People said their home was clean. A relative told us, "It's always clean and tidy. It's kept nice."
•□Staff had access to appropriate protective clothing (PPE) such as gloves and aprons to use when providing personal care to people.

Learning lessons when things go wrong

•□Accidents were appropriately recorded. These were monitored closely for trends and thorough investigations were carried out with actions put into place to reduce the risk of these reoccurring.
•□The registered manager was open, honest and transparent when things went wrong. They carried out thorough investigations and took robust action to reduce the risk of reoccurrence.

Good

Is the service effective?

Our findings

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

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

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

•□People's needs were comprehensively assessed before they came to live at the service. These assessments were reviewed regularly to ensure any necessary changes to people's care were identified.
•□Improvements had been made to people's care records to further develop the level of information available for staff. These were now more in depth and better reflected best practice guidance, such as that produced by the National Institute For Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

•□Staff were suitably trained, skilled and knowledgeable for the role. Staff were positive about the quality and range of the training they received. Senior staff monitored the competency of staff to ensure training was effective.
•□Staff told us they felt well supported and were encouraged to develop in their role. They told us that they were asked about other qualifications or training courses they would like to take at annual appraisals.

Eating, drinking and a balanced diet

•□People told us the food they were provided with was good quality and they had a choice of meals according to their preferences. One said, "There's a few choices, it's good food. They will make you something else if you want." Another person told us, "I've no complaints, it's always good."
•□We observed that the meal time was positive, and people were provided with support where required and were provided with equipment to help them to eat independently where this was appropriate.
•□The service assessed and monitored the risk of malnutrition and dehydration. Plans were in place to guide staff on how to reduce this risk.

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

•□People said they received support to make and attend appointments with other healthcare professionals if they required it. One person told us, "If you need to see someone they'll get it organised for you." Another person said, "You don't have to worry about making your appointments, the staff call them. We have regular visits from the chiropodist and the doctor comes once a week at least."
•□We spoke with two healthcare professionals after our visit. Both were very positive about the service and told us staff were proactive in contacting other health professionals, such as mental health professionals, promptly where required.

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

•□At our last visit improvements to the décor were being made. At this visit it was clear the management of the service had given thought to how the décor and design of the service could support people living with dementia to orientate themselves.
•□Corridors were now painted in different colours, with handrails clearly visible to people. People's bedroom doors had been painted and decorated so they were easier to identify. There was appropriate signage around the building to support people with finding their way to key areas such as the toilet or dining room.
•□Investment was being made into redecorating bedrooms and replacing flooring in consultation with people using the service.

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

•□The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
•□People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
•□We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
•□People's capacity to make decisions was assessed. Care records made clear how people could consent, what decisions they could make independently and what they would need support with. Where people had relatives or external professionals who should be involved in decision making, this was clear in care records.
•□Staff had a clear understanding of the MCA and DoLS and their role in supporting people with decision making. We observed that staff supported people with making day to day decisions and asked for their consent.
•□One person told us, "[Staff] are respectful, they ask what you want." Another person said, "I'm listened to, I feel in control."

Good

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- All the people we spoke with told us that staff were kind and caring towards them. One said, "The staff are marvellous. You'd have to go a long, long way to find a place better than this." Another person told us, "The carers are very nice, very good." A healthcare professional told us, "I find the staff to be professional, caring and helpful when I have visited the home."
- We observed that staff treated people with kindness, understanding and compassion.
- It was clear from our observations and discussions with staff that they knew people well and had taken time to get to know them as individuals. One person said, "They know me very well, we chat regularly." Another person commented, "I think we all know each other in turn. I don't have to explain how I like things, they know." A relative told us, "[Relative] has [a key worker] and they know them very well."

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

- People's views and the input they and relatives had in their care planning was recorded.
- The service understood their role in supporting people to make decisions about their healthcare options. People and their representatives were involved in these decisions as far as possible.

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

- There were detailed life histories in place for people, so staff could understand their past and how that could influence the support they required in the present time. Staff we spoke with had a good understanding of people's past and told us about how they helped reduce the anxiety of one person who felt they needed to fix things, as this was their job in the past.
- Staff supported people to be as independent as possible. One person was supported to leave the service independently, and the service had worked with the person and other health professionals to put in place measures to ensure this continued to be safe.
- Staff treated people with dignity and respect. Discussions about people's needs were discreet and staff respected people's privacy. One person said, "They are respectful of my space. I don't like to socialise too much, and they respect that."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

•People's care plans were very personalised and included preferences in every area of care provision. There was a quick summary of people's main preferences for staff to refer to at the front of their care records, placing the emphasis on ensuring staff were aware of these.
•The service provided people with a range of meaningful activities, including regular trips. The service benefitted from an onsite day centre, which many people attended. However, the service also provided an activities coordinator to engage those who didn't wish to attend the day centre.
•One person told us, "I don't really go down the day centre much, but I did go recently when they had a singer on. He was great." Another person said, "They put on some good entertainment."
•We saw people being engaged in activity throughout the day. There were areas around the service where people could independently access activities such as books or craft materials.

End of life care and support

•Whilst no one using the service was currently receiving end of life care, end of life care planning was in place and reflected people's preferences.
•The service maintained good links with other healthcare professionals to enable them to support people effectively at the end of their life.

Improving care quality in response to complaints or concerns

•There was a suitable complaints policy in place which was displayed in a communal area. People told us they knew how to complain. One said, "If I thought they needed a kick up the bum I'd say, and it would be sorted definitely." Another person told us, "I would know who to complain to. I haven't had need of it, but I feel it would be taken seriously."
•Earlier in the year the service had received a complaint about the care it had provided to one person. The registered manager had carried out a prompt investigation and been open, honest and transparent about the shortfalls in the care that had been provided to this person. They had taken immediate action to address these shortfalls, including formal disciplinary action for staff and retraining. Enhanced monitoring had been implemented to assess the ongoing competency of the staff members involved. Meeting minutes demonstrated shortfalls had been discussed with the staff team promptly. A full, detailed response had been provided to the complainant to let them know what had happened as a result of their complaint. We were assured at our visit that appropriate measures had been taken to reduce the risk of these shortfalls recurring and that lessons had been learned from this person's experiences.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection on 5 April 2018, the service was rated Requires Improvement in this key question. They were found to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the quality assurance system did not always identify shortfalls, so these could be acted on. At this inspection we found that sufficient improvements had been made and the service was no longer breaching regulations. The service is now rated Good in this key question.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

•□All staff made positive comments about the registered manager, deputy manager and the provider. They told us they were open, honest, approachable and they felt that any suggestions they made were acted on.
•□People told us they knew the registered and deputy managers well. One said, "I see [registered manager] around a lot. He's so nice, a really nice man." Another commented, "[Registered manager] is a really kind chap, very approachable. You see him around all the time checking on things."
•□Two external healthcare professionals made positive comments about the registered and deputy manager. One said, "Both [registered manager] and [deputy manager] are always willing to support the needs of the individuals and their families. I feel that the work and commitment shown by the staff and management is ensuring that Blyford Residential Home is a lovely, friendly, caring environment." Another told us, "I greatly appreciate the good communication with the management of the home; [registered manager] and [deputy manager] respond very quickly and I trust they will act on any information I give them, and they like to address any concerns promptly. I know [registered manager] tries hard to place people into the right unit and the best environment so he always does his homework very carefully with new residents."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

•□The registered manager understood their role and responsibility in ensuring people received a safe, effective and caring service.
•□The registered manager had developed links with other services and attended meetings with other healthcare organisations to keep up to date with best practice.
•□Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

•□The service regularly gave people opportunities to feedback their views. People were invited to regular meetings where they could tell the registered manager their views. One person said, "There's meetings you can go to if you've something to say. They'll ask you about things, recently they were asking about whether we wanted staff to still wear uniforms or their own clothes."
•□People were also given the opportunity to complete a survey of their views. A new survey was due to be carried out shortly after our visit.
•□People had been consulted about plans the service had to have staff wear their own clothes to work rather than uniforms. The deputy manager told us people had been positive about this change and that the management felt this would make the service more dementia friendly. Guidance had been provided to staff about suitable clothing to wear and plans were in place to introduce picture boards and badges, so people could identify who were staff members.

Continuous learning and improving care

•□The quality assurance system had been expanded following our previous visit and there was now a wide variety of audits to assess the quality of the service in all areas.
•□Action had been taken to act on shortfalls identified at our previous visit and implement more robust quality assurance systems around medicines management. These were effective in identifying errors which records demonstrated were then investigated and addressed with staff.
•□The provider had invested in improving quality assurance by employing an operations manager to oversee the performance of services. We reviewed the contents of their audits, which were thorough and identified areas for improvement.
•□Where areas for action were identified, it was clear from records how the management had addressed these.
•□The management had involved staff in learning lessons from a complaint received earlier in the year about the quality of the care one person received. Action had been taken to ensure better systems were in place to prevent the risk of this recurring.

Working in partnership with others

•□The registered manager had built positive relationships with other healthcare professionals. Two healthcare professionals we spoke with were very positive about the management team and the care provided to people. One said, "I feel that if they have any concerns, they will always contact me for further advice." Another told us, "I do feel they have a person-centred approach to care and my personal view is that they are very well led with [registered manager] in charge."