

Blenham House Care Home Care Home Service

3 Sighthill Court
Edinburgh
EH11 4EU

Telephone: 0131 458 9820

Type of inspection:

Unannounced

Completed on:

13 November 2018

Service provided by:

Randolph Hill Nursing Homes (Scotland)
Ltd

Service provider number:

SP2003002451

Service no:

CS2006140016

About the service

We used the new quality framework for care homes for older people and the Health and Social Care Standards to evaluate the care and support people living in Blenham House experienced. The standards focus on the experience of people using services and describe what people can expect, they can be accessed at <http://www.gov.scot/Publications/2017/06/1327/downloads>

Blenham House is a care home for older people and was registered with the Care Inspectorate in April 2011. It is registered for 60 places and has nurses and carers who support and care for people. The provider of the service, Randolph Hill Nursing Homes (Scotland) Ltd also has other care homes across Scotland.

Blenham House is in Sighthill in Edinburgh, situated opposite the health centre and has some parking available for visitors. There are accessible local amenities and transport links to the city centre and outlying areas. The accommodation includes 60 single ensuite rooms over 3 floors which have stair and lift access. There are 5 dining rooms and 9 lounges throughout the home. Central areas with sofas are also available. There is a hairdresser and communal space on the ground floor with a small secure garden.

The services aims and objectives include:

"Our aim is to enable our 60 residents to enjoy the later stage of their lives to the full."

You can find out more about the home by going to the website, <https://www.randolphhill.com/our-homes/blenham-house>

What people told us

We spoke to 38 people living in the home, 10 relatives/friends and 19 staff working in the home. We received responses to questionnaires from 12 residents, 4 relatives and 12 staff.

People experiencing care commented on a range of things in the home. Overall they felt staff were kind and caring and the facilities in the home were good. Comments included:

"It doesn't look much from the outside; but it's lovely in here".

"It's lovely and homely, we are bringing in her favourite chair, there isn't a lot of space in her room but they are helping us make it more personal".

"Staff are dependable and caring".

"Sometimes the staff are rigid and have rules they abide by that get in the way of what is otherwise good care".

"Nursing staff are very caring and sympathetic".

"If I had to move from here I don't know what I'd do; I've made so many good friends.....I can't fault anything".

Other comments are highlighted in the report along with comments from staff that we spoke to.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
--	----------

How good is our leadership?	not assessed
How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated how well people's wellbeing was supported and concluded that there were important strengths and some areas for improvement.

The staff were kind, caring and compassionate. The quality of care and support was very good. Everyone we spoke to praised the staff, even if they had ideas and suggestions about how things could be improved;

"The place is spotless, the staff are lovely and I cannot fault them. Other than the food which could include more vegetables things are good".

"Sometimes they have to use agency and we see strange faces, but on the positive side there are several permanent staff members who are extremely caring and patient".

We observed times when staff helped people, interactions were good, but could have included more opportunity to chat and engage further with people. While staff spoke fondly about the people they cared for, they did sometimes use tasks to describe the support they gave people. The new Health and Social Care standards focus on principles that promote dignity and respect. Some staff knew about the standards, but exploring them with staff and people experiencing care will help stimulate ideas about how to develop new ways to support people. **(See area for improvement one).**

Staff were offering support to help people to try to get the most out of life. For some residents they certainly felt this was the case:

"Yes, I do get the most out of life now".

We also saw how people's confidence had grown since moving in;

"I've made so many good friends here and knowing the staff are about means I feel safe".

While people felt their needs were met, wishes and aspirations were not always easy to achieve, sometimes because of physical frailty. One person who had lived in the area for some time spoke about how much there was to do in the community. They considered joining the bowling club but were unsure how to go about it. Other things included little luxuries;

"I love the bath, lots of bubbles and a good long soak, but it's usually a shower here, I let the staff decide".

There were a number of people who felt there would be things that they might like support to organise and enjoy. These included help to go out more by having access to individual support that facilitates this. The manager spoke about the plans to open up the downstairs area and develop the upper communal areas, perhaps a café or art space. Alongside this, creating access to additional support would help people to get more out of life. Promoting people's right to make choices and take informed personal risks, and supporting them in decisions is important to help improve care and support. **(See area for improvement two)**.

Comprehensive health assessment were undertaken by nurses and they worked with external agencies to promote people's health. The assessments and care plan reviews were undertaken systematically for example, monthly, rather than what a person wanted or needed. The manager said that plans were developed with people, but sometimes they could not recall this. When asked about their care plan most people couldn't remember what it was, though many had ideas about what they might like the plan to include;

".....the food is lovely but there is far too much, I've put on a stone and need exercise to lose weight".

To help people get the most out of life the staff should also support people with planning care and support around lifestyle choices, the next section of the report considers this in more detail.

Areas for improvement

1. To make sure people experience care and support that promotes their rights, independence and dignity all staff should understand the outcomes that people can expect, described in the standards. Staff should be supported to explore the standards with people and consider new and innovative ways to care and support people that help them achieve their wishes, choices and care needs.

The Health and Social Care Standards headline outcomes are:

- 1: I experience high quality care and support that is right for me.
- 2: I am fully involved in all decisions about my care and support.
- 3: I have confidence in the people who support and care for me.
- 4: I have confidence in the organisation providing my care and support.
- 5: I experience a high quality environment if the organisation provides the premises.

2. To make sure people get the most out of life and are healthier, asking them about lifestyle preferences and aspirations and supporting them to achieve these is important. This should include:

1. Helping people do things that matter to them, for example, helping them to access regular additional support over and above that provided by the home. Advocacy or a befriender may help ensure access is appropriately planned and financed.
2. Staff should consider keep fit/rehabilitation or independence promotion sessions for people.
3. Maximising facilities for people in the home by progressing the planned developments.

The Health and Social Care Standard's principle of wellbeing state:

- * I am asked about my lifestyle preferences and aspirations and I am supported to achieve these.
- * I am encouraged and helped to achieve my full potential.

* I am supported to make informed choices, even if this means I might be taking personal risks.

The standards also say:

I am confident that people are encouraged to be innovative in the way they support and care for me. **(HSCS 4.25)**

I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support. **(HSCS 5.1)**

I experience care and support free from isolation because the location and type of premises enable me to be an active member of the local community if this is appropriate. **(HSCS 5.9)**

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned?

4 - Good

We evaluated that assessment and care planning was good and for the most part reflected people's needs and to some extent their wishes. There were some improvements that would mean people were more involved in their care and support.

Health screening and assessments were completed by nurses and helped inform them about people's needs or ways to prevent deterioration in health. The assessment process and reviews were driven by a system that sometimes meant people's individual needs could get lost. Quality assurance processes added to this by measuring if repeat assessments had been done. For example, monthly assessment of nutritional needs focused on risk of malnutrition. Some people were gaining weight and did not need repeated assessment for malnutrition. The manager highlighted that some checks were undertaken monthly to provide a "safety net" and avoid missing more subtle or incremental changes and that some assessments are carried out within the individually set frequency. Reviewing all monthly assessments and reducing those not required monthly would free up nurses' time.

The assessments informed the development of the care plan, but because assessments focused on need or were determined by systems, personal needs and wishes were sometimes missing. There were short plans in people's rooms that often captured needs, but these were then repeated in a nurse's plan kept in the office. People were unsure about their care plan. We looked at people's plans with them. One person who had been in the home for a while was surprised that they had a profiling bed and didn't know how it could help them;

"So I don't need so many pillows now as I can press this switch and sit upright, I can't wait to get to bed tonight!"

Much of the assessments and paperwork was repetitive, sometimes unnecessary and meant files were lengthy and not user friendly. By amalgamating the nurses plan (in the office) with the short plan in the person's room repetition would be reduced. Developing the short plan with the person, making it more dynamic would mean personal needs and wishes could be captured. To make the plan more meaningful encouraging involvement of the person and people important to the person would be important. The staff had begun to look at streamlining care planning and were enthusiastic about making the plans even more person centred.

Writing entries each day related to the plan would help make it active and a written means of communication between people important to that person. The time saved repeating unnecessary assessments and reviews could be used to support people to think about making their wishes a reality. The manager and staff recognised the opportunity to let people's needs and wishes determine systems and processes, but changing this will take time and support.

Assessments and care plans should include ways to add quality to people's lives through risk enablement and positive risk taking. The meaningful and measurable work available at the personal outcomes collaboration could help develop planning and recording systems that reflect what is important to people, see <https://personaloutcomescollaboration.org/> and area for improvement one.

Areas for improvement

1. To make sure people's planned care reflects needs and wishes that are important to them they should be involved and central to planning and reviewing care and support. The plans should only cover their needs and wishes and be concise and easy to read. Daily review of care should include those important to the person so that the care plan becomes a dynamic document. Systematic approaches that dictate assessing and planning care that is not required should be removed so care and support reflects people's needs and wishes, not policies and processes. The plans should include, but not be limited to supporting people to:

- A) maintain hobbies or develop new ones which may involve positive risk taking;
- B) be as independent as possible which will involve risk enablement;
- C) highlight what is important to them and understand care that staff feel must be included in their plan; and
- D) feel safe and well supported as well as cared for.

The Health and Social Care Standards states:

I am supported to participate fully as a citizen in my local community in the way that I want. **(HSCS 1.10)**

I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change. **(HSCS 1.12)**

My future care and support needs are anticipated as part of my assessment.

(HSCS 1.14)

My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices. **(HSCS 1.15)**

I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made. **(HSCS 3.22)**

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.