

Blenham House Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
28 May 2024

Service provided by:
Randolph Hill Nursing Homes
(Scotland) Ltd

Service provider number:
SP2003002451

Service no:
CS2006140016

About the service

Blenham House is a care home for older people. It is registered for 60 places and has registered 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.

The accommodation includes 60 single ensuite rooms over 3 floors which have stair and lift access. Each floor has dining rooms and lounges for people to use. Central areas on each floor were also available with communal bigger spaces for events. There is an enclosed secure garden to the side.

59 people were using the service at the time of our inspection.

About the inspection

This was an unannounced inspection which took place between 20 and 23 May 2024. We provided feedback to the manager on the 28 May 2024.

The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with 11 residents and 10 of their relatives.
- Received comments from 20 residents and six relatives through our online survey.
- Spoke with 15 staff and management. Plus, a further six from our online survey.
- Five professionals provided us with their views of the service they work closely with.
- Observed staff practice and daily life.
- Reviewed a range of documents.

Key messages

- People praised the quality of the staff who supported them.
- We observed positive, respectful, and natural interactions between staff and those being supported.
- People enjoyed participating in the variety of activities available.
- Staff displayed a strong sense of duty of care towards people.
- People's personal plans were of a good quality and person centred to their individual needs.
- There were good systems in place to support staff and management to have a clear clinical oversight of people's health and wellbeing needs.
- The manager should continue to ensure people are given opportunities to be involved in meaningful activities. When people decline to participate, this should be reflected in the records maintained.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	5 - Very Good

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

How well do we support people's wellbeing?

5 - Very Good

We made an evaluation of very good for this key question. There were very few areas for improvement. Those that did exist had minimal adverse impact on people's experiences and outcomes.

Staff clearly demonstrated the principles of the Health and Social Care Standards (dignity and respect) and were compassionate about meeting the care needs of people. Staff we spoke with were committed, flexible and dedicated to providing the best possible care to the people they support. One relative told us "The staff team are always so welcoming, and always go that extra mile to support my mother."

People were engaged in activities. They were smiling, laughing, and having fun with friends. Staff were kind and empathetic in their manner and displayed genuine warmth to those they supported. This had a positive impact on people's sense of self-worth and wellbeing.

A variety of activities were available to people, both within the home and out in the community. Individualized activity plans detailed people's interests and hobbies and records were maintained well, capturing what people enjoyed doing or perhaps didn't enjoy for whatever reason. The manager had oversight of the activities people were doing to ensure everyone had an opportunity to be involved.

Some people however told us that they were bored at times and a few relatives were unsure as to what their loved ones had been doing during the day to keep their minds and bodies active. We suggested to the manager ways this could be further developed, through supporting people to stay active as much as possible. Also sharing achievements through taking photographs for social stories with their loved ones, having newsletters and maintaining records for when people for whatever reason have declined to be involved.

Staff demonstrated a good knowledge of people's needs, through detailed agreed personal plans and support guidance which was current and reflected people's health and wellbeing needs. This meant people could be confident staff supporting them were well informed and worked consistently to help them achieve the outcomes they had identified.

Many people were vulnerable to falls and appropriate person-centred risk assessments guided staff on how to support people to meet their needs. The manager had a good analysis of incidents of falls; trends and patterns to explore ways of minimising them occurring where possible.

People's skin integrity was maintained well because the service had a proactive and person-centred approach which was based on good practice recommendations and the assessment of risk. An appropriate prevention and management plan was in place which reflected this.

There was good clinical oversight of people's care and nursing needs. They benefited from regular healthcare assessments, access to community healthcare and treatment from competent trained practitioners, including prevention and early detection interventions.

How good is our leadership?

5 - Very Good

We made an evaluation of very good for this key question. There were very few areas for improvement. Those that did exist had minimal adverse impact on people's experiences and outcomes.

Staff continually evaluated people's experiences to ensure that, as far as possible, adults living in the care home are provided with the right care and support in the right place to meet their outcomes.

A variety of comprehensive quality assurance processes were in place which enabled the management team to have a good oversight of the care delivered to people. This ensured people had confidence that their care was being managed affectively and responded to appropriately.

Leadership was supportive, responsive and visible. People felt confident giving feedback and raising concerns because they knew this was welcomed and responded to in a spirit of partnership.

Whilst no formal complaints had been received by the manager, it is still important to keep a concerns register. Maintaining a concerns register would be a pro-active approach to quality assurance and supports identifying any trends and patterns that may indicate areas for improvement .

Regular resident meetings were held, discussing the activities they would like to participate in, including day trips with the home's mini-bus. Annual surveys were also conducted, seeking people's views of the care they received. However, some people, and their relatives told us they would like more meaningful opportunities to be involved in the ongoing improvement and development of the service. We suggested some approaches to explore with the manager.

The service had an improvement and development plan, based upon our inspection framework and formed an element of self-evaluation in which the manager was further developing.

How good is our staff team?

4 - Good

We evaluated this key question as good. While strengths had a significant positive impact, improvements are needed to ensure that people consistently have experiences and outcomes which are as positive as possible.

Staff expressed that the management team were knowledgeable and supportive of their work. They demonstrated an understanding of the nature and challenges associated with supporting individuals they cared for. Additionally, they described managers as open and approachable, fostering a supportive and collaborative work environment.

Through our observations of staff practice, we concluded that they were well-meaning in their actions and clearly wanted to take care of people. It was evident that the staff members were an asset to the service, contributing significantly to its effectiveness.

There was a range of approaches to suit different learning styles, and it was evident that all staff had access to relevant training to meet the ongoing care and support needs of people. A training matrix was monitored by the manager to ensure staff training was up to date and reflected best practice.

Staff had some opportunity to reflect on their practice through supervision, team meetings, informal discussions and an annual performance review. A more planned systematic approach to supervision directly linked to training and observations of practice, would provide more regular opportunity for staff to reflect on and improve their practice. The manager was aware of this and was making steps to make improvements.

How good is our setting?

5 - Very Good

We made an evaluation of very good for this key question. There were very few areas for improvement. Those that did exist had minimal adverse impact on people's experiences and outcomes.

People benefited from a warm, comfortable, welcoming environment with plenty of fresh air, natural light and sufficient space to meet their needs and wishes. The environment was relaxed, clean, tidy and generally looked-after, with no evidence of intrusive noise or smells.

There were clear planned arrangements for regular monitoring and maintenance of the premises and the equipment to ensure people were safe. This included training and assessing staff competency to safely use and maintain any equipment their role requires. All staff were aware of environmental cleaning schedules and clear about their specific responsibilities. Staff carrying out housekeeping and cleaning in the home were familiar with required environmental and equipment decontamination. This included the safe management of linens, uniforms and waste.

All rooms had personal items and with appropriate decoration. We learnt that work was planned for one person to have a wall plug socket relocated as they wanted to reposition some of their furniture. This highlighted the support given to residents to choose the furnishings and layout of their bedroom including the option to bring their own furniture.

We did identify some minor improvements should be made to the maintenance of some areas of the home which were not accessible to residents. This included stock rooms and cupboards, to support affective cleaning and infection prevention and control measures. We had confidence in the manager that these improvements would take place imminently.

How well is our care and support planned?

5 - Very Good

We made an evaluation of very good for this key question. There were very few areas for improvement. Those that did exist had minimal adverse impact on people's experiences and outcomes.

We sampled 10 personal plans. They provided staff clear direction about how to deliver each person's care and support. The sample of care documentation viewed provided a good overview of the person's life history, what was important to them, their choices, wishes and preferences. This ensures the care and support delivered to people were person centred and meaningful to them.

People benefited from personal plans which were regularly reviewed, evaluated, and updated, involving relevant professionals and took account of good practice and their own individual preferences and wishes. People were helped to live well right to the end of their life by making it clear to others what was important to them and their wishes for the future. This included receiving care in a place of their choice should they become unwell.

We sampled the guidance for staff for people who may present stress and distress behaviours. Whilst some of these we looked at were written well, detailing any identified triggers and positive interventions, this was not consistent for others. We provided links to some guidance on recognised tools and approaches which could be explored to make some minor improvements.

Regular six-monthly reviews were held and provided an overview of care being delivered and captured the discussion held and actions agreed.

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?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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