

Blenham House Care Home Care Home Service

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Edinburgh
EH11 4EU

Telephone: 0131 458 9820

Type of inspection: Unannounced
Inspection completed on: 23 March 2018

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

Service provider number:
SP2003002451

Care service number:
CS2006140016

About the service

This service has been registered since 2006.

Blenham House is a care home which is owned and managed by Randolph Hill Nursing Homes (Scotland) Ltd. It is purpose-built and provides nursing care to a maximum of 60 older people including those with dementia. It is situated within South West Edinburgh and has good local amenities and transport links to the city centre and outlying areas.

Accommodation is provided over three floors which can be accessed by stairs and two lifts. Residents' bedrooms have en-suite shower rooms, telephone, internet and digital television points. There is a choice of lounge and dining areas on each floor and informal seating areas at various locations around the home.

An enclosed garden area to the rear of the home offers seating, raised plant beds and a water feature. The garden is accessed from the main building.

The aims and objectives of the home are stated as 'providing a high standard of individualised care which is needs led promoting resident's independence, dignity, privacy and self-esteem.'

What people told us

At this inspection there were 58 people using the service. We spoke with 13 residents in some detail about their experience and we chatted or observed the care of many of the other residents.

We received 11 questionnaire responses from residents. All of the respondents told us that overall, they were happy with the quality of care they received in the home.

We spoke with eight family members during the inspection. We also received 11 questionnaire responses from family members. All questionnaire respondents agreed that overall they were happy with the quality of care their relative received at Blenham House. Comments we received included:

"Management and staff cannot do enough for my mum. The chef is also very helpful. He is always there at mealtimes and will make sure my mum is eating. If it is something she does not like he will make sure there is something else...",

"(My relative) is being treated with respect, care and understanding. The staff also help my family with support and understanding. I cannot praise the team at Blenham House highly enough. We feel very safe that our mum is in their capable care.",

We also took time to observe how staff interacted with residents. We saw that staff were warm and caring in their manner towards residents. From our observations staff appeared to know residents well and tailored care to their individual preferences. On one floor we saw that some residents needed staff assistance when there were no staff in the room. We discussed this with the manager who agreed to check staffing arrangements in this area of the home.

Self assessment

We are not asking services to provide self assessments this year while we review how we inspect services in the future. We discussed the plans for the future development of the service with the manager.

From this inspection we graded this service as:

| | |
|---|---------------|
| Quality of care and support | 5 - Very Good |
| Quality of environment | 5 - Very Good |
| Quality of staffing | not assessed |
| Quality of management and leadership | not assessed |

What the service does well

Residents and relatives told us that they received very good care at Blenham House and residents looked well cared for. People we spoke with said staff were kind and patient. Residents looked relaxed and comfortable when being attended to by staff. They were also involved in planning their care and making decisions about how their care was delivered.

All staff had received training to help them care for residents living with dementia. Staff were very good at responding to the needs of people with dementia, ensuring people felt valued and received the care they needed.

The service employed qualified nursing staff who provided nursing care over a 24 hour period. A range of health professionals were also consulted to make sure residents had specialist help where needed. The staff had a good relationship with the G.P. practice and regular routine visits were made to maintain residents health.

Residents told us they enjoyed the food in the home. Staff monitored residents risk of under nutrition and took action when there were any significant changes. The chef and kitchen staff knew individual residents well. They were aware of their likes and dislikes and catered to these. We saw improvements in weight for some residents through the very good nutritional care that they received. Drinks and snacks were available throughout the day and we saw residents receiving assistance with these when they could not do so independently. We have suggested small changes to further help residents who need extra calories receive these.

When we looked at residents skin care and prevention of pressure ulcers, we found that preventative equipment was used and care put in place. There was also a system to provide good management oversight of any risks or pressure ulcers should they occur. Improvements to the care plans as discussed below could further reduce risks for some residents.

There was a dedicated activity team in the home. Residents and relatives told us they enjoyed a range of stimulating activities and interesting outings. For those residents who were too frail to leave the home, we heard that a range of staff spent time with them, in both arranged activities and informally, which they said they enjoyed.

We looked at the management of money in the home. The home used an invoicing system and had little involvement in managing money for residents. Any financial transactions were appropriately recorded and receipts kept for purchases. Regular reconciliations took place.

Records were kept of checks of the environment which were regularly carried out by the maintenance man and external contractors. We found that appropriate safety checks were made and repairs were carried out. There was an ongoing programme of refurbishment to ensure that the home was well maintained. The home was fresh and clean during the inspection and residents and relatives told us that cleaning was routinely of this high standard. The home had managed a recent outbreak of flu well by taking appropriate precautions. This contained the outbreak and protected vulnerable residents and staff.

Overall the home was well led by a stable management team and a consistent staff team, this helped to support the very good care we saw residents receive.

What the service could do better

Some changes were needed to ensure the very good care outcomes for residents were maintained.

Care plans need to be improved to make them easier for staff to follow. Too many care plans covered the same needs, and the information in these varied too much to promote a consistent approach to care. In addition the evaluation of care was not reflective of the changes that staff made to care plans. This means there was not a clear timeline or record of events to show why care was changed.

Some important information was missing from some care plans. For example, a resident who suffered from travel sickness did not have this important information in their activity plan for outings. For another resident, the frequency of repositioning was not clear in a pressure ulcer prevention plan and for a third resident, the detail of how staff carried out "regular continence checks" was not clear. However staff we spoke with knew more about these needs than was recorded and the impact for the resident was reduced because of their knowledge. In order to ensure care was well recorded and consistent care was achieved, improvements were needed to the care plans.

Records of review meetings held with residents and families about the care received were brief and did not reflect the discussions that staff and relatives told us took place. Better records could strengthen the care and reduce the risk of missing some important information or repeating work that has already been done.

More information was needed about how staff should mix and give medicines when these needed to be given covertly, (in a disguised way). This is to ensure residents who are assessed by the G.P. as needing this care are given medicines effectively. Better ways were also needed to record topical medicines to ensure that these were given as prescribed.

We asked the manager to make a small change to how the laundry was managed to make sure that clean washing was not contaminated by dirty laundry through cross contamination because of the way clothing was moved around the laundry.

The provider carried out an assessment for the risk of Legionella. From the records we viewed the assessment did not clearly state whether action was needed by the provider to ensure that control measures remain effective. We discussed this with the manager who agreed to discuss this with the provider.

We expect the manager and the provider to make the changes which were discussed and agreed at this inspection in order to maintain the very good level of care that residents received in the home.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Complaints

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

Inspection and grading history

| Date | Type | Gradings |
|-------------|-------------|--|
| 22 Nov 2016 | Unannounced | Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good |
| 9 Mar 2016 | Unannounced | Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good |
| 4 Dec 2014 | Unannounced | Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good |
| 27 Nov 2013 | Unannounced | Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good |
| 7 Mar 2013 | Unannounced | Care and support 4 - Good Environment 4 - Good |

| Date | Type | Gradings |
|-------------|-------------|---|
| | | Staffing Management and leadership Not assessed 5 - Very good |
| 22 Nov 2012 | Unannounced | Care and support Environment Staffing Management and leadership 4 - Good 4 - Good 5 - Very good Not assessed |
| 20 Dec 2011 | Unannounced | Care and support Environment Staffing Management and leadership 5 - Very good Not assessed 5 - Very good 5 - Very good |
| 6 Jan 2011 | Unannounced | Care and support Environment Staffing Management and leadership 5 - Very good 5 - Very good Not assessed Not assessed |
| 2 Jun 2010 | Announced | Care and support Environment Staffing Management and leadership 5 - Very good 5 - Very good Not assessed Not assessed |
| 31 Mar 2010 | Unannounced | Care and support Environment Staffing Management and leadership 5 - Very good Not assessed 5 - Very good Not assessed |
| 24 Aug 2009 | Announced | Care and support Environment Staffing Management and leadership 5 - Very good 5 - Very good 5 - Very good 4 - Good |
| 19 Feb 2009 | Unannounced | Care and support Environment Staffing Management and leadership 4 - Good 4 - Good 4 - Good 4 - Good |
| 27 May 2008 | Announced | Care and support Environment 4 - Good 4 - Good |

| Date | Type | Gradings |
|------|------|---|
| | | Staffing 4 - Good Management and leadership 4 - Good |

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