

Charing Park Investments Limited

Blair Park Residential Care Home

Inspection report

2 Beechwood Avenue Crown Road
Milton Regis
Sittingbourne
Kent
ME10 2AL

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Blair Park Residential care home is a large detached house in a quiet residential area. It provides care and support for up to 47 older people, most of who are living with dementia. There were 38 people living at the service when we visited.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The service had a strong, person centred culture and the ethos was that of an extended family. People and their relatives told us the staff were extremely caring, compassionate, attentive and dedicated in the way they supported people. Staff had built positive and caring relationships with people. Interactions between people and staff were affectionate, relaxed and tailored to each person. Staff offered people reassurance and encouragement when supporting them. People were supported to expand their social circle and build friendships through links with the local community, including churches and schools. The management team and staff supported people to feel welcome in the service and to build relationships with the other people who lived there. Staff were exceptionally skilled at demonstrating a caring approach to people with dementia.

People were involved in developing and updating their care plans. People's care plans were person centred and showed what people could do for themselves and how they preferred to be supported. People were supported to make their own decisions and remain as independent as possible. Staff supported people in the least restrictive way possible. Staff treated people with the utmost dignity and respect. People's privacy was protected and promoted by all staff. People could have visitors whenever they liked and were supported to maintain relationships with family and friends. There were dedicated activity staff and they offered a wide variety of activities.

People told us they felt safe at the service. Staff recognised different types of abuse and knew who they would report any concerns to, they were confident that the registered manager or deputy manager would address any issues. Risks to people were identified, assessed and plans were put in place which gave staff the guidance needed to manage and minimise the risks. People's medicines were managed safely and in the way they preferred.

There were enough staff to meet people's needs and they were recruited safely. Staff told us they were well supported, they had regular one to one meetings with their line manager and had the training required to meet people's needs. People, staff and relatives told us that the registered manager and deputy manager were approachable and accessible. Everyone working at the service shared the same visions and values, which were to give people excellent care and support them to have the best lives possible.

People had a choice of food and drinks each day which met their dietary and cultural needs. When people were at risk of losing weight they were referred to a nutritionist and any guidance put in place was followed by staff. People had access to healthcare professionals when required and any concerns about people's health were responded to quickly.

The registered manager asked people for feedback about the service and their care on a regular basis and took action to address any issues raised. People and relatives told us they knew who to speak to if they had a complaint and were confident any issues would be addressed. Both the registered manager and the deputy manager had clear oversight of the service, using regular audits and addressed any issues as they arose. Staff worked in line with policies and systems established in the service to provide people with a high standard of care and support.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service was Outstanding.

People and staff had developed excellent relationships and knew each other well.

People in the service were supported to be part of their local community and maintain relationships with friends and family.

People were supported to maintain their independence for as long as possible. They were given a voice in planning their own care and support.

Staff treated people with the utmost dignity and respect. People's privacy was protected and promoted by all staff.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Blair Park Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 7 June 2017 and was unannounced. It was carried out by one inspector and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We also reviewed our previous inspection report, and the Provider Information Return (PIR) that the registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with 19 people and four relatives. We spoke with the registered manager, the deputy manager, six care staff and two domestic staff. We looked at four people's care plans and the associated risk assessments and guidance. We looked at a range of other records including four staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

Some people were unable to tell us about their experience of care at the service so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed how people were supported and the activities they were engaged in.

Is the service safe?

Our findings

People told us that they felt safe at the service, one person said, "I can always call and someone will be there." Relatives told us, "I have complete peace of mind, I go home knowing that my mum is safe here and looked after really well" and "My mum is absolutely in safe hands."

Staff recognised different types of abuse and knew who to report any concerns to. Staff told us, "I would talk to the deputy manager or registered manager if I was worried. I can always go to the director of care. I know they would deal with it, but if they didn't I would go to you, the Care Quality Commission." The registered manager was aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of incidents happening again.

Risks to people were identified, assessed and plans were put in place to minimise them. Staff had clear step by step guidance about how to support people to minimise risks. For example, some people needed support to move from one place to another. Risk assessments gave details about what people could do for themselves, what equipment was needed and how staff should support people. Throughout the day staff supported people and followed the guidance in the risk assessments. Some people used pressure relieving mattresses or pillows to reduce the risk of their skin breaking down. One person moved to another seat without a pressure cushion and the cook noticed straight away and encouraged them to sit on their cushion. The deputy manager and registered manager monitored risks, reviewing accidents and incidents on a regular basis to identify any themes or changes in people's needs. If people were at risk of losing weight referrals had been made to a nutritionist. People who had an increase in falls were referred to the local falls team.

Staff were recruited safely. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People were invited to be part of interviews for new staff and give their views.

There were enough staff on duty to meet people's needs. Staffing levels were based on a dependency tool which looked at people's care needs. When people called for assistance staff came quickly and call bells were answered promptly by staff. Staff had time to sit with people throughout the day and never appeared rushed.

People's medicines were managed safely and people received their medicines in the way they preferred. One person told us, "When I was living at home alone I worried all the time about not remembering to take my tablets but here they do it for me which is a relief." Staff were very patient with people when giving them their medicines, where possible they waited for people to come down to breakfast before administering their medicines and chatted to people whilst waiting for them to take their medicine. The registered manager and deputy manager carried out competency checks on staff administering medicines to make sure they were administering people's medicines the correct way. When people were prescribed medicines to have 'as and when required' such as pain relief, there was guidance for staff about what the medicine was for, how the person would let them know they needed it and how many doses they could have in 24 hours.

Is the service effective?

Our findings

People told us that staff were "fantastic" and that the food they were offered was good. One person told us, "We have a good choice of food and drink. We really enjoy mealtimes, we all sit together and chat. I especially like Sundays; we have a cooked breakfast, then a roast dinner and in the evening a buffet tea. We have ice creams and cakes too." A relative told us, "The food always looks and smells great. Mum always finishes her meal."

Staff had an induction which involved training, learning the systems in the service and shadowing more experienced staff for a minimum of two weeks. The registered manager asked people for their opinion about new staff and this was fed back to the staff member to aid their development. Staff had regular one to one meetings with their line manager to discuss their development and any issues. Staff told us they felt valued and supported. Staff had training on basic subjects such as safeguarding, first aid and moving and handling. They had also completed additional training in subjects related to people's needs such as dementia and supporting people whose behaviour can challenge. The registered manager or deputy checked staff's competency in all subjects after they completed training. Some training courses were delivered in an innovative way with staff being involved in scenarios and role playing to help them learn. Most staff had completed nationally recognised health and social care qualifications. New staff completed the care certificate, which is an identified set of standards that social care workers work through based on their competency. People and relatives told us they were confident that staff knew how to support them.

People were asked for their consent before care or treatment was provided. Where staff were unsure if people were able to give their consent the principles of the Mental Capacity Act 2005 had been followed and areas of their care and support had been assessed. Staff had a good understanding of the MCA principles. One staff member told us, "People think the MCA is a thing on its own but it relates to everything we do and all the people we support. You need to remember to think about it every time you offer someone a choice."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS authorisations had been requested when required and staff were aware of any conditions contained in them. For example, one staff member told us that for one person a condition was that they had regular contact with a clergyman from their faith; staff had worked with the appropriate local church to make this happen. Throughout the day, staff gave people choices and asked for their consent before supporting them.

People told us they liked the food and lunchtime was a social event. The majority of people ate in the dining room and people were chatting as they ate. People were given choices; some people chose items that weren't on the menu and were given what they requested. People were supported to have food which helped them to stay healthy. The cook was aware if people had specific needs such as pureed or fortified foods to increase calorie intake and help them maintain a healthy weight. People's beliefs and wishes were also taken into account. Some people were vegetarian and others did not eat certain foods due to their

beliefs, this was understood by all staff and taken into account when planning the menu. Residents meetings and questionnaires were used to ask people if there was anything they would like added to the menu.

Staff responded to any changes in people's health needs and sought advice when needed. One person told us staff had supported him to get a new hearing aid. Staff worked closely with health professionals such as GPs and district nurses who visited people on a regular basis. People and relatives told us, if people were unwell a doctor was contacted quickly or people were supported to hospital. Relatives told us they were made aware of any change in health needs or visits to hospital by staff promptly.

Is the service caring?

Our findings

The service was very caring. Without exception, people and their relatives told us the staff were extremely caring, compassionate, attentive and dedicated in the way they supported people. One person said, "They really do care and take time to reassure me when I need it." A relative said, "We were surprised when mum moved here how quickly we all felt at home. The staff are so welcoming and accommodating it just makes you feel comfortable and part of the family." Staff told us, "It is like one big family here. I treat the people who live here the same way I would treat my own relative."

The service had a strong, person centred culture and the ethos was that of an extended family. Staff called people by their preferred name and tailored the way they interacted to each individual. One person told us, "Living here is like being in a big happy family. We have lots of laughs" and "I have a special Carer who is like a daughter to me and she calls me "Mum" which makes me happy." One staff member told us, "Each person is different but we get to know people and how they like you to be. Some people like you to be upbeat and bubbly and others prefer a more gentle touch."

People told us that staff were kind and caring. We observed staff in all roles spending meaningful time with people. One person said "This is a wonderful place to live; everyone is so kind and helpful. Staff are very compassionate. I came here after a very traumatic time in my life. One night I became very upset and tearful and a member of the staff sat with me for quite a while, holding me and reassuring me until I felt better. She kept checking on me afterwards to see if I was alright. I shall never forget the kindness." A relative said, "The staff are all so caring, it doesn't matter if they are the cook, the cleaner or a carer, they all know my mum well and are there for her." Feedback from relatives included, 'The love and care my mum receives is second to none. We know she is not a special case, I see it for all the people you care for at Blair Park. You offer love, care and professionalism.'

As part of their assessment people were asked what their favourite song was and the service then added this to a playlist. The songs were then played during social events or afternoon tea. Staff told us, "People really love it they know their song is coming and they all talk about the memories the songs bring up for them." The registered manager told us, "People are often intrigued as to why we ask that question, then when they hear their song along with everyone else's they feel like they are part of the family. People who have lived here for a while look forward to hearing the new person's song and seeing if they know it. It helps them get to know each other and build friendships." When people moved into the service, they worked with the staff to complete a 'My life story' document. This had details of the person's childhood, significant people in their lives, any jobs they had done, hobbies they enjoyed and places they loved to visit. It also contained details of how they felt about getting older and moving into a care home, along with their hopes and dreams for the future. This information was then shared with the staff team which enabled them to get to know the person better and gave them ideas for conversation starters.

Staff knew people well. They used that knowledge to anticipate people's needs and encourage them to do what they could for themselves. People were encouraged to be independent and their care plans showed what they could do for themselves. Some people could be unsteady on their feet, staff kept an eye on

people getting up from their chair; they were close enough to help if needed but gave people the chance to get up independently first. Staff spent time with people. They were reassuring and gentle, sometimes placing their hand on people's arms or shoulders as they chatted. One person sat with a member of staff whilst they were completing daily notes, the staff member held the person's hand and smiled at them. They chatted and could be heard laughing throughout. When people's care was reviewed they were asked if they were happy with their care and if there was anything they would like to change.

Staff were exceptionally skilled at demonstrating a caring approach to people with dementia. Staff regularly checked on people and reassured them if they were upset. Staff were patient, some people would repeat things but staff always responded as if it were the first time they had spoken about things. Staff had worked with a local community group to develop 'twiddle muffs'. They are a knitted muff with items attached so that a person living with dementia can twiddle with their hands. People could be seen using these and showing them to staff. One person enjoyed doing laundry, they would regularly go into the laundry room and work alongside staff sorting and folding clothes or bedding. They told us, "I really enjoy it, and the staff are always grateful for my help. It's nice to be useful."

There was genuine affection between people and staff. People would often hold hands with staff or ask for a hug or a kiss on the cheek. One person called out to staff, a staff member approached and knelt down to be at the person's eye level. They asked the person if they were ok, the person reached out and stroked the staff member's face. The staff member smiled and held the person's hand. All staff at the service including the housekeeping and kitchen staff spent time with people, they would sit with them whilst they had a cup of tea and have a chat. Staff spoke to people about their families and friends. One person told us, "I don't have any family now, but I really feel the staff here are my family." People's relatives were supported to get to know other people at the service and chat to them. One relative told us, "Some of the people here don't have anyone to visit them. I find that really sad, so when I visit mum I spend some time chatting to them and always give them a kiss on the cheek before I leave. It helps that we all feel like one big family here."

Some people had limited communication skills due to living with dementia or other health conditions. Staff told us, "One person I support had a change in their health and can struggle to let us know what they want. We spent a lot of time together finding ways for her to communicate with us and it is working well." The person was able to let staff know what they wanted and make decisions, through nodding and squeezing their hands. People had access to communication tools such as picture cards if they wanted them. We observed some people who were becoming frustrated because they could not communicate to staff what they wanted; the staff spoke to them calmly and gently. They reminded people to take their time and reassured them they would work it out together. People smiled and relaxed, they then worked with staff to get what they wanted.

The service had developed links with the local community, including churches and schools. Pupils from schools had come into the service to sing to people or read with them. One local church had spent time with people at the service whilst knitting blankets. Each person was then presented with a blanket in their favourite colours or reflecting their favourite football team. People and staff spent time in a local shopping centre during dementia awareness week to give people information about dementia and how to support people who may be living with the condition. Involvement with community groups expanded people's social circles and enabled some people who had no family members to have regular visitors.

Staff held regular fund raising events and involved people and their relatives in planning and holding the events. People and their relatives chose which stalls they wanted to run and some baked cakes to be sold. Some people and relatives grew flowers and vegetables in the garden which were then sold to visitors, staff and neighbours. People decided how to spend the money which was raised, some of which was donated to

local charities or used to buy items for the service such as an air hockey table. One relative told us, "They do such a great job here, we love to help raise funds for the little extras, we feel like we are giving back for all they do for mum."

Relatives of people who had lived at the service before passing away still visited the service and were invited to events or activities. Some people returned on a regular basis they maintained friendships with people who still lived at the service and enjoyed talking about their loved one with other people who had known them. People who were living with the dementia in the local community were invited to spend time at the service. One person regularly attended activities offered and took part in fundraising events. This had allowed them and their family to build relationships with people and staff at the service prior to requiring full time support. A relative told us, "I have been coming to this service for 15 years and have had several relatives live here; it's always our choice because it is such a happy home. The staff are consistent, most of them have been here for years, so I know the standard of care my family will receive."

Special events such as people's birthdays or anniversaries were celebrated with a cake and a party. Often local dignitaries such as the mayor were in attendance and the events were often featured in the local paper. People could have visitors at any time. Visitors told us they always felt welcome and were seen chatting to staff in a relaxed and comfortable way. Family members and friends were invited to take part in any activities which were provided at the service alongside their loved ones. During the day of the inspection many people had friends and family to visit. The registered manager told us, "We have family come from around the world to see their relatives, from France, Australia and Saudi Arabia. We put on spreads so the individual clients have their own private parties with their loved ones."

The management team led by example; they spent time with people each day and got to know people's families. They encouraged staff to think that time spent sitting with people was a part of their role. One staff member told us, "In some places I have worked you are worried the manager will see you sitting down. Here the managers like us to sit with people and give them time." The registered manager and deputy were very open to suggestions from other people and encouraged staff at the service to come up with ideas to improve the lives of the people they supported.

Staff treated people with the utmost dignity and respect; they spoke to people quietly about using the bathroom and always knocked before entering people's rooms. Some people could become confused and remove their clothing. Staff were quick to cover people and support them to get clothing which was more comfortable. People's confidentiality was maintained; staff understood the need for this and records were stored securely.

Is the service responsive?

Our findings

People and their relatives told us staff responded to their needs. They said, "They always ask me what I think and what I need" and "We have lots to do here, all sorts of activities. We sometimes go out and about too."

The registered manager or deputy met with people before they moved into the service. An assessment was carried out of people's needs and detailed the way they preferred to be supported. It also covered their concerns and worries about moving into a care service. If the registered manager felt they could meet the person's needs a time was arranged for them to visit if possible and then move in.

People's care plans were developed with them and contained details of their life history, who was important to them, what support they needed and how they preferred to receive their support. People told us, "I know about my care plan and they often check if things have changed and if I am happy." People's care plans had details of their likes and dislikes, alongside their life history and interests. Staff knew people well and talked to people throughout the day about things they were interested in or their families. There was step by step guidance for staff about what people could do for themselves and how they preferred staff to support them. They included people's beliefs and how they affected how staff should support people. People could also state if they preferred male or female care staff; this was recorded and supported.

People's hobbies and interests were taken into account when planning activities. The service had dedicated activity staff and they offered people a wide variety of things to do. These included trips out, baking, memory lane, afternoon teas and pamper sessions. The activity staff were on holiday when we visited, however care staff spent time with people making sure they had things to do. Some people chose to watch a musical film in one lounge; others did jigsaw puzzles in the dining room. Some people spent time outside in the garden and others were doing hairdressing on dolls. People told us there were lots of visiting entertainers, the registered manager said, "Mostly the people who come in are singers, they love a sing along or a dance. We always ask them what they think about the act and invite back the ones they like best."

Staff supported people to go for shopping trips to buy new clothes or to local cafes for coffee and cake. A local hairdresser visited the service weekly and people could book an appointment to see them. Relatives told us they were often invited to activities or events and always made welcome. Local churches held services for people and one had made sensory equipment for people to use. Every year the service had a summer fair where people and their relatives ran stalls in the gardens.

People were encouraged to make complaints or raise any concerns. There had been no complaints in the last year. All the people we spoke with said they knew who to speak to if they had a complaint and would be happy to do so. A relative told us, "I can always speak to them about any issue no matter how small and it is resolved straight away."

People and relatives had given a high number of compliments about the service and their support, in surveys, cards and on websites. We reviewed the compliments and found themes around people being at the centre of their care, the staff and management going above and beyond what was expected and families

having peace of mind as a result of the support given to their relatives.

Is the service well-led?

Our findings

People and relatives told us that the registered manager and deputy manager were approachable and accessible. They said, "I can always speak to the manager or the deputy, they are always here." A relative commented, "The management are great, they know my relative which makes it really easy to talk to them if I am concerned about her at any time."

Staff told us, "I have worked here for seven years and I love working here. Most of the staff stay because it is a good place to work. We are a good team and are well supported by the manager."

There was a registered manager working at the service. They were supported by a deputy manager and an administrator. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood the values of the service, which were to give people high quality care and support people in the way they preferred. When staff went over and above their role the registered manager would bring in cakes to say thank you. There were regular team meetings and all the staff we spoke with said they were happy to give suggestions or express their views and felt they had been listened to. A staff member told us, "We have lots of chances to give our views, I don't have to wait for a meeting or one to one, I just speak to the manager and I know they will listen."

The registered manager and deputy manager had a clear vision about the quality of service they required staff to provide which staff understood. The registered manager and deputy manager led by example and supported staff to provide the level of service they expected. Staff understood what was expected of them and their roles and responsibilities. Staff were allocated specific duties on each shift and these were monitored throughout the day to make sure they had been completed and to check if there were any concerns.

The registered manager attended local forums which offered training and information about good practice. They then used this information to make improvements in the service and shared it with the staff team in meetings. The registered manager was happy to seek advice from other professionals if required. The registered manager and deputy manager worked closely with each other and the provider to improve the service for people.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

Regular audits had been completed by the registered manager including the environment, infection control,

medicines, care plans and dignity. Any issues found were addressed and the outcome recorded. For example, people's daily notes were audited monthly and feedback was given to staff about how they had completed them, if staff were identified as needing further support or training in recording this was offered to them.

People, relatives, visitors and staff were asked to give feedback on a regular basis. The results were analysed for any learning, the outcome was printed and placed on the notice board on the hallway for people and visitors to see. The registered manager also discussed the outcome at resident's and staff meetings. Feedback was positive and included comments such as, 'We were so lucky to find your service for my mum.' and 'Every one of your staff are wonderful.'