



# Inspection Report on

**Blenheim**

**Rhyl**

## **Date Inspection Completed**

14/11/2023

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## About Blenheim

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	Alliance Care and Support Limited
Registered places	6
Language of the service	English
Previous Care Inspectorate Wales inspection	07 December 2021
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People tell us they like living at Blenheim. People are supported by a warm and person-centred staff team. Staff know the residents well and people are supported to make choices about their daily lives. Personal plans are person-centred, detailed and up to date and reflect people's needs. Personal plans are reviewed and changed accordingly. There are personalised and group activities on offer supported by staff in the home and a dedicated member of staff employed to support people who need one to one support.

Staff feel well supported by Management and are provided with training to meet people's needs. The Responsible Individual (RI) visits the home to oversee management of the home. The views and opinions of people, relatives and staff are gathered to help to improve and develop the service, however these are not reflected in recent quality of care review reports. The environment is clean, homely and personalised. The service is operating in line with the statement of purpose.

We have highlighted areas for improvement around frequency of RI visits and quality of care reviews.

## Well-being

People have control over their day to day lives. They feel they are listened to, and their views are considered; they contribute to decisions that affect their life. Care staff work from personal plans that are written together with the person or their relatives. Care staff cater for people's preferences. People say they like living at the home and can make choices on how they live their lives day to day. People and their relatives are not regularly involved with the improvement and development of the service; as RI visits are not taking place as regularly as required and a quality of care review has not taken place since 2021.

Care records give care workers the instruction required to support people accurately. We saw staff know residents well and people living together get on well with each other and care staff.

There are person centred choices around food activities that are on offer. Each person has their own menu and weekly activity plan. There is a member of staff employed specifically for one to one support hours. People say they enjoy the activities they take part in.

The service is not working towards the Welsh language 'Active Offer'. The manager told us they intend to implement this. The service provider should refer to Welsh Government's 'More Than Just Words: Follow-on strategic framework for Welsh Language Services in Health, Social Services and Social Care' for further information.

People are protected from abuse and neglect. Staff receive training in safeguarding and there are safeguarding policies and procedures in place. People are supported to maintain and improve their health and wellbeing through access to specialist care and advice when they need it. Referrals are made in a timely manner, ensuring people receive the right care and support, as early as possible. Care staff and the manager are proactive, and they work collaboratively with support agencies.

The lay out of the home supports people to achieve a good standard of well-being. People are encouraged to be independent. They can get to all the rooms in the home safely. Rooms are personalised and homely. Strategies for reducing the risk to people while they move around the home are sufficient. The person in charge has identified potential hazards.

## Care and Support

People can feel confident the service provider has an accurate and up to date plan for how their care is provided to meet their needs. People are encouraged to co-produce their personal plans and have choice of everyday decisions such as the clothes they wish to wear, and times they get out of bed in the morning. People have choices around food they eat. Food is well-presented and appetising. The kitchen knows about specialist dietary requirements and preferences.

Personal plans are personalised, up to date, accurate and regularly reviewed. Personal plans are outcome focused, include likes, dislikes and preferences for how their support should be provided. Robust risk assessments are in place and regularly reviewed. Pre-assessments take place before people move to the home; these are completed by the manager. Care staff know people's history and how they came to be at the home. Care is given as planned according to personal plans and risk assessments. Staff are informed of changes in need through handovers that take place twice a day.

One person said, *'I like my key workers, they make me laugh and giggle.'* We saw warm and respectful care staff supporting people. Call bells are in place in every bedroom should people need them to alert care staff they need assistance. Relationships between care staff and people are positive.

Records show people have access to specialist advice and support from health and social care professionals. Care plans and risk assessments are updated to reflect professional advice. Staff access training but could access more specialist training to meet the needs of the people living at the service. We spoke with the manager about this and action was taken to remedy it during the inspection. Staff feel that they can approach the manager if they have any concerns.

People can be satisfied that the service promotes hygienic practices and manages risk of infection. Medicines administration, storage and infection prevention, and control practices in the home are good and keep people safe. Staff administering medication have had the correct training and regular medication audits are carried out by management.

## Environment

People live in an environment suitable to their needs. The service provider invests in the decoration and maintenance of the home to ensure it meets people's needs. The décor in the home is fresh and modern. At the time of inspection, the home had been decorated for Christmas. The rooms and communal areas we saw are well maintained. A communal lounge, dining room and sensory room are available for people to use. People can socialise in the communal spaces and have privacy if they wish.

People's rooms are clean, tidy and personalised to their own taste with belongings. Moving and handling equipment is stored accessibly, but safely out of the way to prevent trips and falls. People say they like their rooms and are especially proud of the various pictures on their doors showing them with staff, fellow residents, and loved ones.

The garden at the rear of the home is secure and well maintained. People use the garden regularly during warmer months. People access the home through a securely locked door and visitors have to sign in and provide identification.

Staff were seen cleaning around the building throughout our visit and all areas were clean and tidy. The service provider has infection prevention and control policies and good measures in place to keep people safe. There are detailed cleaning schedules in place for all areas of the home.

The service provider identifies and mitigates risks to health and safety. Health and safety audits are completed but could be completed more regularly. We spoke with the manager about this, and this will be followed up at the next inspection. We saw evidence actions are dealt with swiftly by maintenance staff. The home has the highest food rating attainable. Routine health and safety checks for fire safety, water safety and equipment are completed. Records also show required maintenance, safety and servicing checks for the gas, and electrical systems are all up to date.

## Leadership and Management

People cannot feel confident the service provider have adequate systems for governance and oversight of the service in place. We saw evidence of management audits of key areas and action planning as a result. These could be completed more regularly and have more depth. We spoke with the manager about this, and this will be followed up at the next inspection. The RI visits the service and speaks directly with residents and care staff to gather their views, completes an inspection of premises and views a selection of records. However, these visits were not completed at least every three months, in line with regulations. This is an area for improvement, and we expect the provider to take action.

Resident meetings are held for people to give feedback to managers. People say they can speak to the manager about changes to their care and action is taken. The provider has submitted an annual report as required by Regulation. A quality of care review is not conducted by the home every six months. This is an area for improvement, and we expect the provider to take action.

People can be satisfied they will be supported by a service that provides appropriate numbers of staff who are suitably fit. Staff have the knowledge, competency, skills and qualifications to provide the levels of care and support required to enable people to achieve their personal outcomes. Staff would benefit from specialist training to meet the needs of the people living at the service. We spoke with the manager and RI about this, and action was taken to remedy it during the inspection. Records show the manager has suitable numbers of staff on each shift to support people's needs. New staff undergo thorough vetting checks prior to starting in the home and they receive an induction specific to their role. Staff receive annual appraisals and one to one supervision meetings with the manager.

Staff feel well supported by the manager and have access to the training required to meet people's needs. Training records are reviewed and updated to make sure they accurately reflect training compliance.

People can be confident the service provider has an oversight of financial arrangements and investment in the service so it is financially sustainable, supports people to be safe and achieve their personal outcomes.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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73	Regulation 73 visits and reports are not being completed within regulatory timescales. Regulation 73 visits to be completed at least every three months.	New
80	The responsible individual must put suitable arrangements in place to assess, monitor and improve the quality and safety of the service. This includes; the collation and analysis of feedback from the individuals who are receiving care and support, any representatives, service commissioners and staff employed at the service; issues and lessons learned in the analysis of complaints and safeguarding matters; patterns and trends identified through the analysis of incidents or near misses, for example, falls or medication errors; the outcome of any inspection reports from the service regulator; the outcome of visits to monitor the service by the responsible individual; and audits of records.	Not Achieved
36	All staff must receive an annual appraisal which provides feedback on their performance and identifies areas for training and development in order to support them in their role	Achieved

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