



## Inspection Report on

**Blenheim**

**9 River Street  
Rhyl  
LL18 1PY**

**Date Inspection Completed**

**7 December 2021**

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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	This is the first inspection under the Regulation and Inspection of Social Care (Wales) Act 2016
Does this service provide the Welsh Language active offer?	The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

Overall, people receive good care and support from a kind and caring staff team. People's individual needs are recorded in their personal plans and staff are familiar with people's preferences and how they wish to be supported. There are opportunities to participate in activities, and people are encouraged to live a healthy lifestyle and are supported to be as independent as they can be. Arrangements are in place to keep people safe and protected from harm. Attention is given to ensuring the environment is clean, with good infection control measures in place. Care staff enjoy working at the service, want the best for the people they support and feel well supported in their roles. The service is well run and the service provider is committed to developing and improving the outcomes for people who live at the service.

Further improvements are required in relation to staff annual appraisals and the quality of care review.

## Well-being

Whenever possible, people are encouraged to retain as much choice and control of their daily lives as possible and staff support them in their best interest. People's individual needs and preferences are recognised. We observed positive relationships and warmth between care staff and people living in the home. People are able to make choices and decisions about where they spend their time and with whom. The staff team have continued to support people to remain in contact with their friends and family and we received positive feedback from people's representatives. During the Covid-19 pandemic, activities have been adapted but as restrictions have eased over time people are venturing back out into the community, this includes attending day centres.

People are supported with their physical, mental health and emotional well-being. Individual care and support needs are recognised and care staff are person centred in their approach. Records relating to professional consultation are kept and relevant communication is maintained to provide clear health records for individuals. When required, appropriate referrals to health professionals are made in a timely manner. People told us they are happy in the home and are supported by a familiar staff team. Comments from people included *"I love it here"* and *"the staff are fun I love my pamper spa days"*.

People's safety is maintained. People told us they feel safe and secure living at the service. Our observations and people's body language and expressions indicated they felt secure and safe around the care staff who support them. The service has made applications to the relevant authorities as required under the Deprivation of Liberty Safeguards (DOLS) for people who do not have the ability to make decisions about aspects of their care and support. CIW must be notified by the service provider via their online account of any request to a supervisory body in relation to the application of the DOLS. Enhanced recruitment checks are completed and care staff have access to safeguarding training.

## Care and Support

People's needs are assessed before they move into the home. The service have responded with a specific 'admissions during Covid-19' policy and procedure to ensure any new admissions to the home are done safely. Pre-assessments are completed to ensure the service is fully aware of people's individual needs prior to offering them a service.

Personal plans reflect people's current care and support needs and the outcomes they would like to achieve. Overall, personal plan documentation is reviewed within the required timescales and there are systems in place to ensure the service provider involves people in the review process. However, documentation to evidence this requires further oversight, the manager has a plan in place to address this. Personal plans include details of people's personal preferences, we found these preferences are valued and respected by care staff and management.

The service has relevant policies and procedures in place to ensure people are safeguarded from harm. A safeguarding policy is available which informs staff of their roles and responsibilities in relation to protecting adults at risk from harm, abuse and neglect. This policy requires updating in order to be in line with the current safeguarding national policy for Wales. Care staff have received safeguarding training and they have a good understanding of safeguarding procedures. Systems are in place to ensure people remain safe whilst promoting their independence. Measures and risk assessments are in place to guide staff on how to mitigate any risks to people's health and well-being. A very small minority of risk assessments did lack specific information to ensure the steps that are to be taken by staff to mitigate any identified risks are clear.

Overall, systems are in place for medication management at the service, but some improvements are required. People receive their medication as prescribed by staff who are trained in how to administer medication safely. The medication administration records (MAR) viewed during this inspection did show some signature gaps within the MAR. When raised with management, they could provide explanations of why these signature gaps had occurred, including refusal. The circumstances and reasons why a person refuses medication must be recorded by care staff. The manager assured us this would be addressed.

## Environment

Care and support is provided within an environment which promotes people's achievement of their personal outcomes. The service is located within a residential area and within walking distance of the town centre and promenade. There are relevant community facilities and good access to public transport. People's own rooms are personalised with their own items of importance, which creates an individual feel to each room. People told us they were happy with their rooms and they felt at home at the service. All areas of the home are maintained to a good standard. The service is in the process of having some maintenance work completed within the building due to water damage and new windows are currently being installed.

Overall, the service provider identifies and mitigates risks in relation to fire safety. The home has a visitor book completed in accordance with fire safety arrangements and visitor identity checks are undertaken. Fire safety documentation is in place including fire safety checks and drills. However, personal emergency evacuation plans (PEEP) need reviewing for all individuals. The fire risk assessment and policy also need reviewing and up-dating to ensure the risks are being controlled effectively. The manager assured us this would be addressed immediately. We strongly recommend that the service provider undertakes a risk assessment regarding the need to cover radiators dependent on the people living in the home. This will ensure people who are at risk of falls do not fall onto a hot surface which could cause harm.

The service promotes hygienic practices and manages risk of infection. The service have responded with a risk assessment and guidance specific to the Covid-19 pandemic. Discussions with care staff confirmed they are aware of the infection control procedures and we saw good infection prevention and control practices amongst staff and management.

## Leadership and Management

The service is provided in accordance with their Statement of Purpose (SOP). The SOP accurately describes the current service arrangements it has in place regarding people's care and accommodation. Some minor amendments are needed to ensure it contains the correct information in relation to the governance arrangements in place by the service provider. The SOP must be submitted to CIW via the providers' online portal. Policies and procedures are accessible to staff and provide guidance and information to support them in their roles. Some minor amendments are needed to ensure they are up-to-date and streamlined to ensure they are service specific and referring to the correct regulator.

Appropriate numbers of staff are provided to enable people to receive the care and support they need at the right time. We observed care and support being provided in an unrushed manner. Care staff are provided with training to enable them to fulfil the requirements of their roles and to meet the needs of the people who use the service. Staff receive formal supervision which provides the opportunity for reflecting upon their practice. Care staff told us they enjoy working at the service. Comments included *"I enjoy coming to work its very rewarding"*, *"X (referring to the manager) is very supportive and has an open door policy"*, *"we all support each other to provide the best care for our residents"*. However, care staff have not received an annual appraisal. This does not give them an opportunity to receive feedback on their performance and identify areas for training and development in order to support them in their role. This is in the process of being addressed by the manager. We expect the manager to continue to take action and we will follow this up at the next inspection.

Overall, governance arrangements are in place to support the operation of the service. A manager registered with Social Care Wales has been recruited who is in the process of completing the required level 5 qualification. Care staff and the manager confirmed the Responsible Individual is accessible, supportive and visits the service. However, during some of the local and national COVID-19 restrictions the frequency of their visits has been affected. The latest quality of care review was completed in 2020. This requires improvement and should be completed every six months. We have discussed the improvements that are needed in relation to the quality of care review in order to fully meet the legal requirements. This is an area for improvement and we expect the provider to continue to take action and we will follow this up at the next inspection.

### 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
80	<p>The RI must put suitable arrangements in place to assess, monitor and improve the quality and safety of the service.</p> <p>The quality of care and support must be reviewed as often as required but at least every six months.</p>	New
36	<p>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.</p>	New

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