

Bluewater Care Homes Limited

# Bluewater Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 19 October 2016 and 20 October 2016. It was unannounced. At our previous inspection in April 2016 we found breaches of nine of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to manage risks associated with people's care and support, avoidable harm and abuse, the environment of the home and the management of medicines. The provider had failed to make sure there were sufficient staff to support people safely and to make the necessary checks before staff started work. The provider had not met legal requirements where people were at risk of being deprived of their liberty, and staff were not supported by effective induction, training and supervision. People were not always treated with dignity and respect, and did not always receive care and support that met their needs. The provider did not have effective systems to monitor the quality of the service and had not displayed their previous ratings as required by regulations. We gave the service a rating of inadequate and placed it in special measures.

Services that are in special measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements had been made, and it is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of special measures.

Although the service was no longer in special measures, there remained continuing breaches of three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we told the provider to take at the end of the full version of this report. We also made a recommendation about risk assessments.

Bluewater Nursing Home is registered to provide accommodation, personal care and nursing care for up to 60 older people. There were 16 people resident at the home with another person who used the home as a day care service. One of the 16 people was in hospital at the time of our inspection. None of the people resident at the time of our inspection was receiving nursing care from the provider. This meant the home was less than one third occupied, and our observations of and judgements on systems and processes reflect that level of occupation.

The home provided accommodation on four floors. Two floors were not in use at the time of our inspection. The ground floor comprised shared areas including the dining room, lounge, cinema, conservatory with indoor herb garden, hair dressing salon and sensory room. The first floor contained the occupied rooms and a small shared area. The rooms were large, with en suite bathroom facilities and double glazed windows. There was an internal courtyard garden with an aquarium and aviary, which could be moved inside for people who were not able to go outside. The provider had made installations to provide interest for people on all four floors of the home.

There was a registered manager in post. 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. The registered manager had been in post since April 2016, and had completed the registration process with us on 4 October 2016. Prior to this manager's appointment there had been no registered manager at the service since November 2014.

Where risks to people's safety and welfare were identified and assessed, appropriate actions were carried forward into people's care plans, but we found examples of risks that had not been identified, documented and assessed. However the provider had put suitable arrangements in place to protect people from the risks of avoidable harm and abuse. Staffing levels were sufficient to support the number of people using the service safely. The provider had recruitment processes designed to make sure they only employed workers who were suitable to work in a care setting. There were now arrangements in place to store medicines safely and securely, and to administer them safely and in accordance with people's preferences.

Staff did not always comply with the principles of the Mental Capacity Act 2005 where people lacked capacity, but there was good awareness of the need to obtain consent for people who did not lack capacity. Where people were at risk of being deprived of their liberty, appropriate authorisations were in place. Staff had received appropriate training and supervision to maintain and develop their skills and knowledge to support people according to their needs. People were supported to eat and drink enough to maintain their health and welfare. People were supported to access healthcare services, such as GPs and specialist nurses.

Care workers had developed caring relationships with people they supported. People were encouraged to take part in decisions about their care and support and their views were listened to. Staff respected people's privacy and dignity.

For most people, care and support were now based on assessments and plans which took into account people's abilities, needs and preferences. However we found one person's assessments and care plans were not followed and did not take into account all relevant factors. People were able to take part in leisure activities which reflected their interests. People were kept aware of the provider's complaints procedure, and complaints were managed in a professional manner.

The home had a warm, welcoming atmosphere. The provider had put new systems in place to manage the service and to monitor and assess the quality of service provided. However the systems had not identified that some people's records were inaccurate or out of date.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

People were not always protected against risks to their safety and wellbeing by a system of comprehensive risk assessments.

People were protected against the risks of abuse and avoidable harm.

The provider employed sufficient staff to support people safely and carried out recruitment checks to make sure workers were suitable for work in a care setting.

People's medicines were stored and administered safely.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Where people lacked capacity, staff were not always guided by the Mental Capacity Act 2005.

People were supported by staff who had appropriate induction, training, supervision and appraisal.

People were supported to maintain a healthy diet and had access to external healthcare services when required.

### Is the service caring?

**Good** ●

The service was caring.

People had developed caring relationships with their care workers.

People were able to participate in decisions affecting their care and support.

People's privacy and dignity were respected.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People did not always receive care and support that met their needs and took account of their preferences.

People could take part in a variety of leisure activities according to their wishes and interests.

There was a complaints procedure in place, and complaints were dealt with professionally.

### **Is the service well-led?**

The service was not always well led.

The provider had not kept the location's registration details up to date.

People's care records were not always complete, accurate and consistent.

Management systems and processes to monitor and assess the quality of service provided were in place. However care plan reviews had not identified inconsistencies in people's care plan records.

There was a warm, welcoming culture.

**Requires Improvement** 

# Bluewater Nursing 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 19 October 2016 and 20 October 2016. It was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people who lived at Bluewater Nursing Home and two visitors. We observed care and support people received in the shared areas of the home, and attended a staff meeting.

We spoke with the registered manager, the owner, and other members of staff, including the facilities manager, a senior care worker, three care workers and the chef.

We looked at the care plans and associated records of nine people. We reviewed other records, including the provider's policies and procedures, internal checks and audits, the provider's improvement action plan, quality assurance survey returns and reports, training and supervision records, medicine administration records, mental capacity assessments, Deprivation of Liberty Safeguards applications and authorisations, staff rotas, and recruitment records for five staff members.

# Is the service safe?

## Our findings

When we inspected Bluewater Nursing Home in April 2016 we found concerns with arrangements to manage people's medicines safely and to make sure people were protected against risks to their safety and welfare. We were concerned there were not enough staff to support people according to their needs and that the provider did not carry out the necessary checks before staff started work. The provider did not always report and follow up safeguarding concerns. There were breaches of four of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in April 2016 the provider had failed to make sure there were appropriate risk assessments in place to monitor and manage risks associated with people's care and treatment. The provider had not assessed risks associated with the premises and had not acted to ensure the safety and welfare of people. The provider did not have safe and effective systems in place to administer and manage medicines safely. There was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in these areas, although we had continuing concerns about the computer based risk assessments.

People told us they felt safe and comfortable at the home. One person we spoke with just before lunch said they were "safe and happy, but hungry". Another person said, "I feel safe here. We all do." A third person said, "I would trust anybody here. I feel safe in or out of my wheelchair." Another person told us they felt safe and well cared for, although they would rather be in their own home

In February 2016 the provider had started to use a computer based system for care planning. At this inspection we found the system was fully established and in use by staff as the basis of people's care and support. Where people's information had been transferred to the computer system there was information in people's care plans for staff about how to reduce and manage risks to people's safety and welfare. The provider used standard tools to assess people's risks in relation to activities of daily living, nutrition and skin health. Where the service did not have the correct equipment to weigh a person, the registered manager used other methods to estimate their body mass index to inform their risk assessments. Records showed risks were reviewed monthly and were taken into account in people's care plans.

Risks identified and assessed were individual to the person, and included risks associated with their medical conditions, equipment used to support them, and their activities of daily living. One person's risk assessment stated that two care workers should support them to reposition themselves, and this was carried forward into their care plan. Another assessment had identified risks associated with swallowing and the provider had arranged a referral to a speech and language therapist. Where people were at risk of acquiring pressure injuries, there were risk assessments in place to manage the risk with guidance for staff when to contact the district nurse. There were no examples of pressure injuries at the time of our inspection.

However the computer based records did not always show that all risks were identified and assessed in a way that guided staff to take appropriate steps to avoid and manage the risks. Where people had medical

interventions such as a heart pacemaker or colostomy bag, there were detailed instructions for staff how to manage these on a day to day basis, but no explicit information about the risks associated with them and how to avoid or manage any specific risks. Another person's recent injuries had not been taken into account in their risk assessments and care plans for moving and handling. When we pointed this out to the registered manager, they made changes to the person's records, and sent the updated records to us after the inspection. This person's assessments and care plans were the only ones to have been written since our last inspection. This meant we could not be certain the provider's assessment and care planning process had been improved. This person had been at risk of inappropriate care and support because staff were not made aware of all the risks related to their care and support.

We recommend the provider research best practice with respect to reviewing risk assessments.

At our inspection in April 2016 we found the provider did not have safe and effective systems in place to administer and manage medicines safely. At this inspection we found appropriate records were in place to provide guidance to staff and to show that people received their medicines safely and when they needed them. The provider had now met the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 where it applied to the proper and safe management of medicines.

Medicines were stored securely and handled safely. Procedures were in place for recording the receipt of medicines into the home. Appropriate arrangements were in place for the storage and recording of controlled drugs, and for the safe storage of medicines which had to be kept below room temperature. Staff checked the temperature of the medicines refrigerator and the ambient temperature in the room where medicines were stored. There was guidance for staff on what to do if these temperatures were outside the limits recommended by the manufacturers.

The provider's policies and procedures, including those for medicines prescribed to be taken "as required" were available to staff along with information about individual medicines. The procedures for "as required" medicines included the circumstances in which they should be administered, their desired effect, the period between doses and maximum doses, and when to consult the person's GP. There was a list of staff signed off as competent to administer medicines. People's individual medicine records included their photo, information about allergies and how they preferred to receive their medicines. The records we saw were accurate and up to date. The records included if a person was offered, but declined, "as required" medicines. One person had chosen to look after their own medicines, and arrangements were in place to support them to do this safely, including assessments of risks to the person and others.

Systems were in place to monitor the management of medicines. Care workers checked each other's record keeping at the end of each shift. The registered manager carried out a monthly audit that included records, controlled drugs and over the counter, or "homely", medicines. The provider had changed pharmacist in June 2016. The incoming pharmacist had carried out two audits of the provider's practice as part of the handover. These audits had not identified any actions required. The provider had taken steps to make sure people's medicines were managed so that people received them safely and at the right time.

At our inspection in April 2016 we found the provider had not managed risks to people's safety arising from the physical environment at the home. At this inspection we found the provider had put new risk assessments in place. The provider had now met the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 where it applied to premises.

Procedures were in place to keep people safe in an emergency. People had individual evacuation plans which guided staff in how to support them in an emergency. Staff were trained in fire safety and first aid. The



registered manager checked that equipment used in people's care and support was inspected and maintained regularly.

The provider had identified and assessed general risks to the safety and welfare of people using the service and staff arising from the building and its fixtures and fittings. These included risks to do with fire safety, electricity, "cot sides" (there were no bed rails in use at the time of our inspection), falls and personal care. The provider used a "home risk identification list" to assist with the identification of risks. The risk assessments defined the risk and outlined control measures and actions required.

The provider had also identified and assessed risks that were specific to the service. These included risks associated with the decoration and ornaments in the home, an outside aquarium and other features fixed at height to provide interest for people with rooms above the ground floor. There were risk assessments in place for a mobile aviary, snack trolley and other items that could be moved about the home. Where people had windows that opened onto balconies, there were risk assessments in place which covered restrictions on their opening to avoid the risk of people falling from height. The provider gave these risks a score based on their impact and how likely they were to occur. The risk assessments identified actions in place and further actions to take, if appropriate. The provider's assessments concluded that appropriate actions were in place, but some would need a new assessment in the light of new people moving into the home.

At our inspection in April 2016 the provider did not have appropriate systems and training in place to recognise, report, investigate and record allegations and suspicions of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements in this area and now met the requirements of this regulation. Staff had received training in safeguarding and appropriate procedures were in place to make sure the necessary notifications were made to other authorities.

The provider took steps to protect people from the risk of avoidable harm and abuse. Staff were aware of the types of abuse, the signs and indications of abuse, and how to report them if they had any concerns. None of the staff we spoke with had seen anything which caused them concern, but they were confident any concerns would be handled promptly and effectively by the registered manager. Staff were aware of external agencies where they could report safeguarding concerns if necessary. The provider had displayed the procedures to follow to report concerns in the form of flow charts in areas of the home where staff could see them.

The registered manager was aware of processes to follow if there was a suspicion or allegation of abuse. Induction and refresher training was in place to maintain staff knowledge about safeguarding. Records showed staff had received safeguarding training in July and August 2016. The registered manager carried out a monthly audit of safeguarding policies, training and reporting. The provider had taken steps to make sure people were protected from the risk of abuse and avoidable harm.

At our inspection in April 2016 the provider did not have sufficient staff in the home to meet the needs of people safely. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements in this area and met the requirements of the regulation. There were sufficient staff to support the number of people living at the home safely. The provider used a dependency tool to calculate the number of staff required.

In April 2016 there were 20 people living at the home. At the time of this inspection there were 16 people living at the home with one person in hospital and one person who came in for day care only. There were sufficient numbers of suitable staff to support and keep safe the people currently living at the home. People

were satisfied there were enough staff, and that they did not have to wait a long time if they needed support or assistance. Staff told us their workload was manageable. One member of staff said, "There are enough staff. It can be busy, but at the moment it is fine." We saw staff were able to carry out their duties in a calm, professional manner. The registered manager made sure there were enough care workers on duty to support people during a staff meeting.

The provider assessed staffing needs using a dependency tool which took into account the degree to which people needed support from staff, the number of people in residence, and the number of care worker hours assigned in the rotas. This showed staffing levels were within, but towards the lower end of, a range of average levels. Staff rotas showed intended staffing levels reflected the dependency tool. Catering, cleaning and management staff were not included in the calculated staffing levels. The registered manager could verify staff attendance by means of a signing in book, and use of the computer based care plan system.

At our inspection in April 2016 the provider did not have effective recruitment processes to make the necessary checks before new staff members started work. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements in this area and met the requirements of the regulation. The provider had taken steps to make sure the necessary records of recruitment checks were in place.

The provider carried out the necessary checks before staff started work. The registered manager described a robust recruitment process which included an application form, interview, routine checks, compulsory training, induction and a probationary period before new staff were signed off by the manager and senior staff. Staff files contained evidence of proof of identity, a criminal record check, employment history, and good conduct in previous employment. Records were in place to show where gaps in employment history were investigated and explained. The registered manager told us they used interviews to identify and screen candidates who were not suitable to work in a care setting. They did not use agency staff and planned to develop a bank of temporary staff to provide a stable work force they could use in the event of sickness or other absence.

Records showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people. The provider had taken steps to make sure people were supported by sufficient numbers of suitable staff.

## Is the service effective?

### Our findings

When we inspected Bluewater Nursing Home in April 2016 we found concerns with arrangements to make sure people consented to their care and support. We were concerned that the provider did not always act in accordance with people's rights where they lacked capacity to consent. We found staff were not supported by effective training, supervision and appraisal. There were breaches of two of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in April 2016 the provider had failed to make sure there were appropriate processes in place to allow people to consent to their care and support. People were at risk of being deprived of their liberty without legal safeguards. There was a continuing breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had addressed the areas of consent and assessments of mental capacity. Improvements had been made in these areas, although the improvements were not sufficient fully to meet the requirements of the regulation.

Records showed people had consented to their care and support where they were able to. There were signed records of consent for "records, care, treatment and medication administration" and for "photographs and CCTV". Closed circuit television was in use in some shared areas of the home. It was used to record only, and there were no monitors to view the images "live". There were records of consent where people had moved rooms recently. The records included the option for people to move back to their previous room at some point in the future. Where people had capacity, staff showed a good understanding of issues around consent and the importance of supporting people to make their own decisions.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the Act, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The application of the Mental Capacity Act 2005 and its associated code of practice was not consistent. Mental capacity assessments were in place for people who were thought to lack capacity to consent to their care and support at the home. These followed the two-stage process required by the Act and assessed capacity using the four questions required. This was followed by a best interests checklist which was in line with the legal guidance.

However the Act also requires assessments to be specific to a single decision. We found one assessment where there was no single decision, but it stated, "[Name] requires support in making decisions in her best

interests. [Name] (Friend) has been consulted."

Other decisions had been made on behalf of people who lacked capacity with no records, or insufficient records, to show the legal processes had been followed. Records of consent to "photographs and CCTV" had been signed by the person's relation or friend with no accompanying record to show the person's capacity had been assessed in relation to this decision. One relation had noted on the consent form that they had lasting power of attorney (LPOA), but there were no records on file to show this had been legally approved. The registered manager was aware of this, and had asked the relation concerned for a copy of the relevant forms, but these had not been provided.

In two cases people had signed the consent form for "photographs and CCTV" in May 2016, but there was a second form signed by a relation in September 2016. There was no explanation why the person's capacity to consent had changed with respect to this decision. Where these consent forms were signed by relations, the registered manager had written on them that the best interests of the person were taken into account. For example, one form had "Daughter applying for court of protection and best interests meeting." Another had "all decisions are made in [Name]'s best interests." This was not sufficient to conform with the Mental Capacity Act 2005 Code of Practice which requires records of best interests decisions to include how the decision was made, the reasons for the decision, who was consulted and the factors taken into account.

Failure to act in accordance with the 2005 Act was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people were at risk of being deprived of their liberty, the provider had applied for authorisation under the Deprivation of Liberty Safeguards. The registered manager had a tracking system to flag when a person's authorisation was due for renewal. Where conditions had been attached to a person's authorisation, steps had been taken to comply with the condition. People were now protected by the legal safeguards where they were at risk of being deprived of their liberty.

At our inspection in April 2016 the provider had failed to support staff with appropriate training, supervision and appraisal. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had undertaken a programme of staff training and supervisions. Improvements had been made in these areas and the provider now met the requirements of the regulation where it applies to supporting staff.

People living at the home and their visitors were confident staff had the skills and knowledge to support them according to their needs. People's comments included "The carers are very nice", "The home is excellent, They look after me very well", and "The staff are very good, senior staff in particular are first rate." A relation had commented in their quality survey return, "Overall most impressed with all the staff."

Staff were satisfied they received appropriate and timely training and had regular supervision meetings with a senior staff member. They told us they had induction training which prepared them to support people according to their needs. There was regular refresher training in subjects the provider considered mandatory. One care worker said, "There is lots of training." Another said, "I am really supported here."

Training records showed staff members had completed or were in the process of completing their induction training. The registered manager told us induction training was based on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff were encouraged to obtain a

recognised qualification in social care.

The registered manager had an effective system for monitoring staff training. Records showed clearly where staff had completed training, where it was due and where it was in progress or planned. "Core training" was refreshed annually, and included fire safety, moving and handling, infection control and safeguarding adults. "Other training" was refreshed every two or three years, and included first aid, health and safety, food hygiene and medication. Courses were also completed in mental capacity, dementia, hand hygiene and control of substances hazardous to health (COSHH). Certificates of completion were kept in individual staff members' files. These showed staff had received training in the core and other areas between April and October 2016.

The records for a senior staff member showed they had also received training in specialist areas such as stroke awareness, Parkinson's disease and epilepsy. Other staff had received training in pressure injuries and continence products. There was an email on file from a community matron confirming they had given guidance in basic diabetes care. The registered manager had identified other areas where new or additional training would be beneficial and was actively arranging it.

There were similar records to track and record staff supervisions and appraisals. These showed people had regular supervision. The registered manager told us new staff during their probation period had monthly supervisions. Most staff had received their annual appraisal in June 2016, with the remainder planned for October.

People were supported to maintain a healthy diet and to eat and drink enough. People were offered a menu which contained choices and which repeated after four weeks. If they did not like any of the lunchtime menu items, the cook prepared an alternative hot meal. When the cook was not on duty people could request other items such as snacks and sandwiches. Staff told us they had recently prepared poached eggs on toast when requested.

People were appreciative of the food, and found it appetising. They said meal times were friendly and sociable, which encouraged them to eat and drink. We saw one person being supported to eat in a sensitive, discrete way. Another person declined assistance when offered, and their wishes were respected. A third person was able to eat and drink independently because their meal was presented in a way that took their needs into account.

Staff were aware of people's preferences, allergies and other dietary requirements. There were records of these in the kitchen. Staff were aware where people required a soft or diabetic diet. One person had difficulty eating their normal diet because of illness. Staff arranged for them to have softer food while they were ill. Another person received fortified drinks and thickener in their liquids. Six people in total were identified as being at risk of poor nutrition, and their daily intake was recorded and monitored. There were no specific requirements arising from people's cultural or religious background, but one person preferred to avoid fish on Fridays, and their wishes were accommodated.

Records showed people were supported to access external healthcare services if necessary. These included people's GPs, the district nurse, a dietician, occupational therapy, and speech and language therapy. One person's relations told us they appreciated the support from staff to enable the person to attend hospital out-patient appointments. When people had appointments, staff prepared a package of records for them to take which contained information that external healthcare providers might need.

# Is the service caring?

## Our findings

At our inspection in April 2016 the provider had failed to make sure staff treated people with respect and dignity. The provider did not ensure people's privacy. This was a continuing breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made in these areas and the provider had met the requirements of the regulation.

Staff spoke about people respectfully and gave examples of knowing them and their preferences well. Staff gave us examples of how they respected people's privacy and preserved their dignity, such as making sure people were covered while they were supported with personal care. During our inspection we saw that staff put the principles of privacy and dignity into practice. There were chairs and stools of different sizes in the dining room to allow staff to support people at a suitable height during meals. People's care plans included guidance how staff could support people in a dignified and professional way. Records showed some staff had completed training in dignity and respect. The registered manager told us they were in the process of arranging refresher training to bring everybody to the same level.

The provider had taken steps to explain to people the benefits and risks of closed circuit television (CCTV). They had followed processes to record the consent of people or their representative to the use of CCTV in the home.

Staff told us none of the people living in the home at the time of our inspection had particular needs arising from their religious or cultural background. The care assessment process was designed to identify if the person had relevant needs or preferences in this area. One person's care plan stated, "[Name] is a Methodist, but has no special needs to fulfil this."

There were caring relationships between people and staff who supported them. One person said, "We have a lot of fun here, really." Other people described staff as "caring and friendly" and "a nice bunch". Another person said of the staff, "They respond if you mention things." They described how they discussed with a staff member their favourite chocolates. The next time the staff member was on shift, they brought the person some of those chocolates as a gift. Another person's relation had commented in their quality survey feedback, "Very appreciative of the care and attention given to [Name] and impressed by the resource devoted to her. Staff are thoughtful, professional and gentle."

Staff demonstrated a caring attitude towards people they supported. One staff member said, "You get to know people and they become part of your family." Another staff member commented, "People like to see smiling faces. Who wants to be looked after by someone miserable?" and "I look after people the way I would want someone to care for my dad."

We saw examples of positive interactions between staff and people they supported. Staff spoke clearly, made sure people understood and gave them time to reply. They took time to chat with people while they went about their duties. We saw people laughing and sharing a joke with staff. One staff member told us they always tried to make sure they spent time with people who tended to be quieter so they were not

forgotten. Another staff member noticed a person had not drunk their tea, so they offered it again in a different style of cup. When the person was offered a softer meal as they had found it difficult to eat their normal meal the previous day, we heard them say, "Thank you. You always think of me."

People told us they were able to express their views and were involved in decisions about their care and support. One person said they were happy to "give instructions" about how they preferred to be supported and that staff responded to their instructions. We saw that staff engaged with people to give them choices about their day to day support. This was supported by people's care plans which guided staff to do this. One person's plan stated, "[Name] is always included in his decision making and given the opportunity to express himself." Other records showed that people and their families were involved in reviews of their care plans.



## Is the service responsive?

### Our findings

At our inspection in April 2016 the provider had failed to make sure that care planning resulted in care and support that met people's needs and took into consideration their preferences. We were concerned that people were not supported to take part in leisure activities which reflected their interests and choices. There was a continuing breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made for some people, but the provider continued to be in breach of this regulation.

A computer based system of care planning which had been introduced in February 2016 was now fully in use. People's care planning was organised according to aspects of their personal care needs such as communication, continence, emotional support, medical, mental state, mobility, and personal care. Each individual care plan contained an assessment of the person's current situation, their care needs, objectives and actions to help them meet their objectives. Staff had hand-held devices they used to update care records with the care and support people received. The provider told us efficiencies resulting from the use of this system allowed staff to spend more time with people. The system alerted the registered manager when care plan reviews were due. It flagged in date reviews as green, those needing attention within seven days as amber, and those needing attention within three days were red.

Care plans contained detailed and individual information about people's care needs, their conditions, symptoms and the impact on people. If people were living with diagnosed conditions, there were instructions for staff to look out for signs of change in the person's condition, and appropriate actions to take. Where staff used equipment to support people there were detailed instructions about the equipment and how to use it safely. Information included where people were able to be independent or make their own choices. The plans specified where staff needed to spend more time with a person to help them communicate their choices.

People we spoke with said they received the care and support they needed. One person said, "[The care] is very good. All the girls are nice and friendly. You can have a chat with them." Other people confirmed they were supported to maintain their preferred routine. For instance, one person liked to get up early to get ready for the day, and they were supported to do this. Staff recorded the care provided, the time, and any relevant notes on the computer system. If a person's care plan specified two members of staff were needed to support them, both staff members recorded the support on the system. These records were audited by the registered manager.

Although most people received care and support in line with their plans and assessments, we found one person where the care planning system had failed to result in appropriate care that met their needs. Their care assessment dated 23 September 2016 stated they should have their blood pressure monitored weekly due to a diagnosed heart condition. Their care plan had been reviewed on 30 September 2016. There were no records on the system to show their blood pressure had been monitored weekly. We checked with the registered manager who was not able to confirm that these checks had been made. They made immediate arrangements for daily checks to be made for the rest of the week and for the results to be discussed with a



district nurse after three days. The provider sent us records after the inspection to show this had been done, but it was a cause of concern that routine checks had not identified the omission in the person's care.

Failure to make sure people received care and support that was appropriate and met their needs was a continuing breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People could take part in a variety of activities and entertainments according to their interests and wishes. Two people told us they were happy to spend time in their rooms reading, watching TV or listening to music. One of them said, "The rooms are lovely and I can stay in here when I want, but I do like to go down for lunch." Another person told us they had enjoyed performances by visiting singers and musicians. During our inspection there was a church service and an exercise session for those who wanted to join in. Other items on the activities programme included arts and crafts, cake decorating, films, songs, and a quiz. There were date related activities at Christmas, Halloween and Bonfire Night. Staff supported people to take part in national events, such as charity coffee mornings. During the summer there were excursions to the seafront, parks and other local attractions.

There was now a part time volunteer activities coordinator in post who was working on "my story" books with people both to encourage them to reminisce and to allow their care plans to take into account their life history. The products of arts and crafts sessions were displayed in a shared area of the home. The provider had made arrangements for people with limited mobility to maintain their interests. There was a "mobile garden" which consisted of container grown plants on a trolley which could be moved into people's rooms, an indoor herb garden, and pet doves in a mobile aviary. There was also a mobile shop which staff took to people whose mobility was limited.

The provider had arranged for plants and objects of interest in the internal courtyard garden to be visible from all floors of the home. These included model animals and fairground related memorabilia which were illuminated at night. The provider told us people living at the home had helped to choose them. There were toys for visiting children so that visits could be enjoyable for everyone.

The provider had a complaints procedure which was made available to people in their "residents guide". People were confident any concerns they raised would be dealt with promptly and effectively. One person said, "I am very forthcoming about things. I will always say when something is wrong. I've said something before and it was dealt with immediately." Another person's relation had commented on their quality survey, "[The home] always act on any concerns etc."

The registered manager told us they picked up on minor complaints directly from people and from meetings where concerns were discussed. They had made improvements to the laundry service as a result of these. There were records of two formal complaints in 2016 in the complaints file. It was logged that both had been dealt with to the satisfaction of the person making the complaint.

## Is the service well-led?

### Our findings

At our inspection in April 2016 the provider did not have effective systems to monitor the quality of service provided. The provider did not maintain accurate and up to date records of people's care.. There was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made, but the provider continued to be in breach of this regulation. The provider had made changes to how the service was managed, including appointing a new registered manager. The new manager had introduced changes to management systems but these were not yet fully embedded and had not brought about all the intended improvements. People were more positive about the atmosphere and culture of the home.

People's care records were not always complete, up to date and consistent. The registered manager and staff knew the people they supported and their preferences well, but this knowledge was not always reproduced in people's care plans. The manager had recognised this and the volunteer activities coordinator was actively working to record personal information about people in their "my story" books.

There were examples of inconsistent information in people's computer based care plans. One person was living with dementia, but this was not mentioned in their medical history. Another person's summary of care stated, "[Name] is very independent and will only require some prompting." However, in their medical needs it stated, "[Name] needs continual supervision and regular prompts when undertaking some tasks that are not routine." We pointed this out to the registered manager who corrected the summary of care.

There were paper files which provided a backup version of the computer files. We looked at two of these and found they had incorrect information about whether the person had authorisations under the Deprivation of Liberty Safeguards and agreements not to attempt resuscitation in the event of heart failure in place. People were at risk of incorrect or inappropriate care because their records were incorrect or out of date.

Failure to maintain accurate, up to date records was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems were now in place to monitor and improve the quality of service provided. The registered manager had started work in April 2016 just after our previous inspection. They had developed an "operational improvement plan". Of 16 actions, seven were marked as complete and others had been moved into regular monthly activities, such as the monitoring of applications under the Deprivation of Liberty Safeguards.

The registered manager gave a weekly report to the owner. This included tracking of GP and district nurse visits, hospital admissions, notifications to us, and trips, slips and falls. These reports showed the number of district nurse visits for pressure injuries had reduced to none. There was an accident log which recorded accidents and incidents and remedial action taken.

The registered manager had introduced a system of monthly internal audits. These covered use of the dependency tool, maintenance, staff training, laundry, care profiles, catering, controlled drugs, cleaning and

infection control, safeguarding, and medication. The manager drew up an action plan following each audit. Actions included developing a picture based menu to help people make food choices, purchasing new laundry baskets and drawing up a new cleaning rota.

The registered manager's own audits had been supplemented by four independent reviews and audits undertaken by consultants since our last inspection. These highlighted areas where improvements had been made, but did not identify or address all the concerns we found. For instance the August audit recommended daily and weekly checks on the computer based care system. Records showed these checks had identified some examples where actions in people's care plans had been missed and followed up by the registered manager. However the checks had not brought to light all areas where people were not receiving appropriate care or where records were inconsistent.

The provider had carried out satisfaction surveys among people living at the home, their families, staff and visiting professionals. The survey of people living at the home from May 2016 covered a number of areas of care including overall satisfaction, care, staff training and professionalism, rights and choices, food and activities. People's responses had been analysed in a report and all areas had a satisfaction percentage of 90-99%. The survey of visiting professionals covered broadly similar areas, with a percentage satisfaction between 84-94%.

The surveys of families and staff had not been analysed in the same way. We reviewed the individual returns from the June 2016 staff survey. Comments made by staff members showed they felt empowered to report any concerns and felt listened to. They were complimentary about the people they supported and their colleagues, and referred to changes for the better at the home. Although the feedback from these surveys was generally positive, the registered manager told us there were still improvements that could be made based on them, and that these would feed into their improvement plan.

The registered manager had been in post six months at the time of our inspection. Their registration with us had completed two weeks before the inspection. The provider had been waiting for the manager's registration to complete before they attempted to resolve other issues with their registration. The location's name was registered as "Bluewater Nursing Home" whereas it was marketed as "Bluewater Care Home" or "Bluewater Care and Retirement Home". The registration with us included the provision of nursing care, although nursing was not offered at the time of the inspection. The owner and registered manager told us it was not their intention to provide nursing care at this location. We plan to address these registration issues with the provider outside the inspection process.

People we spoke with were positive about the home. One person said, "The manager is really hands on. He delivers on his commitments." Another person's relation said, "It is a lovely home, we are very happy with it." Staff members told us it was a "happy place to work" and, "I love the whole place, the people, the residents, I love to help people. People appreciate you. I get on with all the managers. They are really encouraging."

The registered manager told us the ethos of the home was "proud to care". This motto was discussed at a staff meeting in terms of dignity, respect, communication, happiness at work and "going above and beyond". The manager told us they believed morale of staff was good, and that there was a good, balanced team to support people.

There was a new management system in place since our previous inspection. The registered manager was supported by a team of independent specialist consultants, with a management team consisting of the registered manager, a head of care and a facilities manager who were employees of the provider. The owner and the registered provider were also actively involved in the running of the home. The registered manager

told us this management system was effective for the number of people resident at the time of our inspection, but would need to be reviewed in the light of the provider's ambitions to expand.

There was a system of meetings which were recorded in minutes with actions followed up. We saw minutes of meetings with people living at the home in January and June 2016. There had been staff meetings in April, May, June and September 2016. No actions were recorded as arising from these meetings. There were records of daily "ten at ten" meetings, which covered concerns, complaints, training, supervision, admissions, care, housekeeping, catering and maintenance. There were no recent records of these meetings. The registered manager told us he still met informally each day with the lead care worker, administration, housekeeping and catering teams, but records of these daily meetings were no longer kept.

At our inspection in April 2016 the provider had failed to display their ratings appropriately on their website. Providers are required to do this because the public has a right to know how adult care services are performing. This was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the time of this inspection the ratings were displayed appropriately and the provider was no longer in breach of this regulation.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The care and treatment of service users was not always appropriate and did not always meet their needs. Regulation 9(1)(a) and (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The registered person did not always act in accordance with the Mental Capacity Act 2005. Regulation 11(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person did not maintain accurate, complete and contemporaneous records in respect of each service user. Regulation 17(1) and (2)(c)