

Barchester Healthcare Homes Limited

Bluebell Park

Inspection report

Royal Glen Park
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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?	Good 
Is the service well-led?	Good 

Overall summary

This inspection took place on 15 & 16 April 2015 and was unannounced.

Bluebell Park is a care home with nursing for up to 64 older people, which specialises in supporting people whom are living with dementia. There are three communities, Memory Lane, Woodland View and Bramble Way which are over three floors.

At the time of our inspection there were 63 people in residence.

At the time of the inspection the registered manager for the service had transferred to another service provision within Barchester Healthcare Homes Limited. The post was being covered by the Deputy Manager. 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.

Summary of findings

At our previous inspection in October 2013, the service was meeting the regulations that we checked.

People told us that they felt safe at the service.

Some people using the service and staff felt that the current staffing levels did not ensure that there were sufficient staff available to meet people's individual needs. The recruitment practices were satisfactory to ensure the risks to people's safety were minimised.

People received their medication as prescribed and their medication was stored safely. Staff were appropriately trained in medicines management and their competency assessed to ensure people's medicines were managed properly to maintain their health and wellbeing.

People had access to health care support to meet their needs in a timely manner.

People told us the care staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. They were involved in the planning of their care and support.

People told us they enjoyed their food. However we saw that during meal times they were not always assisted to in a sensitive manner.

People told us they enjoyed using the service and received the right support. Relatives we spoke with told us that staff were caring and reliable. People were supported to take part in activities which suited their interest and hobbies.

People were confident to raise any issues, concerns or to make complaints, which would be listened to and acted on appropriately. Records showed complaints received had been documented and included the outcome and response to the complainant.

Quality assurance checks were in place to monitor and improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

Some relatives and staff felt that there were not sufficient numbers of staff available to keep people safe.

Medication was administered safely.

Requires Improvement



Is the service effective?

The service was not always effective.

People were supported to access health professionals. However the service did not always manage wound care effectively, to reduce the risk of any further deterioration.

Care plans were not always clear, in instructing staff on the level of support people required.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the service was meeting the requirements of these safeguards.

People received the support they required in relation to eating and drinking

Requires Improvement



Is the service caring?

The service was caring

People were treated with kindness and compassion.

Staff supported people to maintain their privacy and dignity.

People were supported to maintain relationships which were important to them.

Good



Is the service responsive?

The service was responsive.

People and their relatives had been involved in the development and reviews of their care.

Good



Summary of findings

People were provided with opportunities to participate in hobbies and interests, to meet their social needs.

The provider's complaints policy was accessible to people who lived at the service and their relatives.

Is the service well-led?

The service was well-led.

People that used the service were positive about the current management of the home. However some staff felt that management did not always communicate effectively and they did not feel supported by the management.

The provider had systems in place to monitor the quality of the service.

Staff were clear about their roles and responsibilities.

Good



Bluebell Park

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 15 & 16 April 2015 and was unannounced.

On the first day of the inspection, the team consisted of two Inspectors 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. On day two of the inspection, there was one Inspector.

Before the inspection, we asked the provider to complete 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.

Prior to our inspection, we reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about. We contacted the local authority's contract monitoring team and asked them for their views about the service.

We used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people using the service and six relatives. We also spoke with the deputy manager who was managing the day to day running of the service, the regional director and ten staff which included care staff, nursing staff, kitchen assistant and the activities co-ordinator.

We looked at six people's care records, three staff recruitment records and a sample of training records. We viewed other records which related to the management of the service including the quality assurance systems, policies and procedures.

Is the service safe?

Our findings

People told us they felt safe at the service. One person told us that they had been in another home where they had not felt safe and felt that they were safe at Bluebell Park. A relative stated “I feel my family members are very safe here and that the physical environment is ideal and in particular areas like bathrooms have been designed well with safety in mind.”

Staff told us they had completed training in safeguarding. They gave examples of types of abuse and told us they would report any concerns to the manager and a referral would be made to the local safeguarding team. They told us they were confident the acting manager would take action but if they didn't they would use the whistleblowing process and the number was available throughout the home.

Risks to people's health and wellbeing were assessed by the manager. Where risks were identified the care plan described how care staff should minimise the identified risk. We saw risk assessments were in place for things such as bed rails, falls and moving and handling. However one person's risk assessment identified that the person mobilised with a walking stick however this was not recorded on the safe systems of work which gave an overview of the equipment and staffing level required. Care staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely.

We were told by the management that a system had been developed to analyse accidents and incidents, which would enable any patterns to be identified and action taken to minimise the risks of further re-occurrence.

The acting manager told us that arrangements were in place to respond to emergencies, for example personal emergency evacuation plans (PEEP's) provided guidance to staff on how to support people in an event of a fire or any other incident that required the service to be evacuated. The acting manager told us that these were updated weekly or as changes were identified. We saw that the plans identified the equipment required and number of staff needed to evacuate people. One person's plan

contained conflicting information on the level of support the person required. We discussed this with the acting manager, who confirmed that they were currently updating the PEEP's.

We observed a call bell ring during lunch time a member of staff checked for the location. The member of staff responded promptly and went to see the person ensuring they were safe.

We saw that a person in their room had a sensor mat by the door. This was connected by a cable to a plug socket in the room, which presented as a trip hazard. We raised this with the acting manager and regional manager, who told us that they would address this issue.

One person told us that staff were always busy; they said “It's not about the care; it's about getting the attention.” Some relatives felt that there were not always enough staff to meet people's needs. One relative stated that the staff all worked very hard and said “Like most places they could do with more staff.” Another relative told us that they felt there were not enough staff available at meal times and that this appeared to be a constant problem.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs to keep them safe. Most of the staff we spoke with felt that staffing levels were not adequate. One member of staff said “Due to the type of care some people required the assistance of two carers; I feel we need more staff particularly in the morning.” Another member of staff said “There is loads to get done and we don't get a minute. We don't have chance to sit and talk to people.” Another member of staff told us “Our work is very task orientated.” They expressed concern about the staffing levels and stated that it impacted on the carer's ability to repositioning people within the identified timescales and they felt this is why people were getting pressure sores. They told us that it was difficult to cover staff that rang in sick. We discussed this with the acting manager, who stated that senior management were aware of this. The acting manager told us that the business manager had been to the service to assess the staffing levels required to support the people currently at Bluebell Park. At the time of the inspection the service were awaiting the results of this assessment, which we were told would determine staffing levels.

The provider checked staff's suitability to deliver personal care before they started work. Staff we spoke with

Is the service safe?

confirmed that they did not commence work until the required checks had been completed by the manager. The four staff files we looked at had all the required documentation in place. However one person's recruitment records showed that a full employment history had not been obtained.

We found that suitable arrangements were in place to ensure staff supported people to take their medicines safely. People told us that they received their medicines when they needed them. We looked at a sample of medication administration records and found these had been completed correctly without any signature gaps or omissions. A nurse told us that competency checks were undertaken annually for staff administering medicines. The

nurse told us that they had done online medicine training when they first started but had not done anything since then. They confirmed they received any updates related to medicine and that the pharmacy visited the home to carry out an audit. Medicines were safely managed and securely stored in appropriate conditions. One person who had recently been admitted to the service was receiving their medication covertly it was not clear how this was being administered. This was brought to the attention of the acting manager who confirmed that they had contacted the GP to ensure that the medicines for this person were being administered safely. This demonstrated that people were supported by the safe administration of medication.

Is the service effective?

Our findings

People told us they liked the staff. One person said “The staff are very good they take the time to talk to you and there is always someone to talk to.” A relative said “The staff are all very kind.”

Most of the relatives told us that they felt the staff were well trained and able to deliver the necessary care. However one relative of a person using the service did not think that the staff knew enough about dementia to support people.

We saw that staff communicated effectively with people using the service. One person’s communication care plan instructed staff to speak slowly and clearly using short sentences and visual prompts. For example showing plates of food options so that the person could pick the option they liked. We also observed that staff effectively reassured people who were distressed.

Staff told us that they had an induction period when they first started working at the home. This involved completing essential training relevant to their roles and ‘shadowing’ of more experienced staff. Some staff we spoke to all told us that they had received adequate training to support the people using the service. One member of staff told us that they had not received training dementia. Whilst another member of staff felt that the dementia training needed to be more detailed to enhance their understanding of people living with dementia.

Some staff told us that they did not feel supported and did not feel they were listened to specifically in relation to staffing levels. They also told us that they had not received regular supervision or appraisal.

The Mental Capacity Act 2005 (MCA) is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. The Deprivation of Liberty Safeguards (DoLS) are a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe. Some records we looked at showed people’s capacity to make decisions had been assessed and there was information in relation to specific decisions such as medicines and personal care. However one person’s records showed that there was no capacity assessment for the use of bed rails.

Some people who used the service were assessed as being deprived of their liberty. The provider had taken steps to ensure that people were not subjected to restrictions which may be unlawfully placed on them, by making appropriate applications to the supervisory body. The acting manager told us that 29 people currently using the service had DoLS authorisations.

Staff we spoke with understood the basic principles of the MCA. They gave examples of how they offered choices to people and ensured their consent before providing support. We looked at a sample of training records which confirmed staff had undertaken training in the MCA and DoLS. However a couple of staff we spoke to told us that the course content was not comprehensive.

We saw that nutritional assessments had been completed, which identified people’s dietary needs together with their likes and dislikes. For example one person’s care plan identified that they were at risk of dehydration and that another person had lost weight. We saw that staff had had recorded people’s fluid and food intake. Records had been completed at the required interval, which showed that people’s dietary needs were being monitored appropriately. We saw evidence that where there were concerns about people’s nutritional needs, referrals had been made to relevant professionals such as a dietician or a speech and language therapist (SALT). However one person’s records showed that there was conflicting information regarding the level of support they required during meal times. The report from the SALT stated that the person required full assistance, but the person’s nutrition plan stated that they required minimal assistance. We discussed this with the acting manager, who stated that this person’s records would be reviewed.

We saw that supportive equipment was available for people who required this such as adaptive cutlery, plate guards and beakers which enabled people to enjoy their meal independently or with minimal assistance. This showed that people had access to equipment to allow them to eat and drink safely wherever needed.

People we spoke with said they enjoyed the food and were happy with the quality and variety of the food provided. One person told us, “I prefer less fancy food without all the sauces and the staff will do something for me which I have specifically asked for.” A relative told us that their family member had a specialist diet. They were involved in discussions with staff about the food and how it should be

Is the service effective?

presented. The relative said that they were happy with the care that had been taken to do this. The kitchen staff we spoke with had an understanding of people's nutritional needs and specialist diets.

We observed the lunch time meal on the ground floor, where people with residential and nursing needs were supported. On the first floor people living with dementia were supported. The lunch time meal on the ground was a relaxed and sociable experience. We saw that staff supported people at a pace that was appropriate for them and encouraged a person to eat.

Our observation of the lunch time meal on the first floor showed that people were not always appropriately supported to eat. For example we saw that one member of staff was assisting three people with their meal on one table. The member of staff was observed giving one person a couple of spoonful of food and then got up to get a drink for another person without telling the person they had been supporting where they were going. The member of staff returned to these people and then shortly got up again, without any communication. We also saw one person who was wandering around and eventually sat at a table. We discussed this with the management they told us that improvements to people's dining experiences had been made and they would immediately address this issue.

We saw that wound assessments had been completed. One person had a wound assessment which identified the

frequency the dressing was to be changed. However records we looked at showed that the person's wound plan had either not been followed or that accurate records had not been maintained. For example the communication diary on 12 April 2015 stated that the dressing needed to be changed, we saw no evidence that this had been done. We also saw no evidence that the dressing had been changed on 14 April 2015. This did not provide assurance that the service managed wound care effectively, to reduce the risk of any further deterioration. The acting manager told us that they were in the process of re-launching "Mi skin" training, to raise staff awareness around the risk of people developing pressure areas. We were told by management that once the trainer had completed the refresher training in this area, this will then be rolled out to other staff.

We saw one person's care plan identified that they should be repositioned every three to four hours. We saw they had been repositioned within the identified timescales.

People's records we viewed recorded a range of health care professionals involved in people's care, which included doctors and dieticians. People told us they saw a doctor, dentist and chiropodist when required. One person told us, "I can ask to see a doctor if I wanted to. Since being at the service I have had my eyes tested." A visiting relative said "I am delighted that the GP surgery is next door, they seem to come fairly quickly if a visit is requested."

Is the service caring?

Our findings

All the people and relatives we spoke with told us that staff were very kind and caring. A visiting relative said “The staff are friendly, we can’t fault them. They respect people’s dignity by knocking on the doors and they try to get people to be independent and do things for themselves if they can. It takes the worry off my shoulders.”

Staff we spoke with gave examples of how they respected people’s privacy and dignity. These included, using towels to cover people, giving people the opportunity to do things for themselves and asking people what they would like help with.

We observed staff interacting with people in a respectful manner. People who became distressed due to their conditions were given reassurance and support by care staff. Care staff were able to divert people who became upset. For example we saw a person had become distressed as they had difficulty breathing. Staff supported the person to sit down and an oxygen machine was bought to them to help aid their breathing. Whilst the oxygen was being administered the staff verbally re-assured the person by telling them they will be ok and not to worry.

People living at the service told us that staff were welcoming of their visitors; so that people were supported to maintain relationships important to them. Relatives we spoke with also confirmed this.

The acting manager stated that advocacy services were available to support people in the decision making process. The acting manager told us of a person who had previously used an advocate for decisions about serious medical treatment. We saw that information on advocacy services were displayed in the service. This demonstrated that the people were able to receive support in making decisions about their care when they required support to do so.

The provider demonstrated that they took into account the preferences of those who used the service. For example, we saw that people’s preferred names and the preferred gender of care staff was recorded as well as people’s like and dislikes.

The acting manager told us that the service they had implemented the 50 point checklist for dementia care, to ensure person centred care. We found in the unit for people living with dementia visual aids such as signs and memorabilia were in place. Items such as scarfs and wool were present in a lounge area that people could handle and remove.

Is the service responsive?

Our findings

People told us that they received the support they needed. They were aware of the choices about their care, and told us that staff helped them to develop and maintain their daily living skills and welfare.

People's care records showed that their needs were assessed prior to admission to the service; these showed that people and their relatives had been involved in the process. One relative said "We are always informed of any changes." Care plans we looked at contained details on people's individual preferences. For example one person's care plan stated that they liked to go to bed usually about 9.00pm and only wished to be supported by female cares. A nurse confirmed the person's wishes were respected. A member of staff told us that people's families were also involved in care plan reviews. We saw that personal life history documents were available, which documented people's life history and interests

Our observations throughout the inspection showed that relationships between the people using the service and staff were positive. We saw staff interacting with people, asking them about their likes and dislikes in order to provide care and support in the ways that people preferred. People we spoke with told us that they were able to spend their time as they wished, they could use the communal areas and if they preferred stay in their rooms.

People were provided with opportunities to participate in hobbies and interests. People using the service told us that religious services were held at the home, which they enjoyed. We saw the activities co-ordinator with their pet dog on the ground floor, which people appeared to enjoy. A relative told us that "They [staff] take [Name] into the garden and will support [Name] to hospital if family cannot go." On day one of the inspection we saw that some people

took part in a quiz in the garden area, which the activities co-ordinator had organised. People told us that they had enjoyed this. However a member of staff we spoke with said "On Memory lane, there needs to be more interaction."

People we spoke with told us that they were able to maintain relationships with family and friends. We observed people having visitors over the two days

People using the service and their relatives told us they knew how to complain and would speak to the staff or manager if they needed to. One relative told us that when they had complained to the manager about what they thought was a lack of staff at meal times. They felt the manager was apologetic and seemed to accept the situation.

Staff told us that if people or their relatives wanted to complain they would usually go to the manager. They also told us if anyone raised a concern with them, they would share this with the acting manager. One staff member said "If a person raised concerns with me, I would tell the deputy manager to speak with the person."

The PIR stated that any complaints received were taken seriously and responded to in a timely manner. It also stated that the manager at the service operated a door policy and was available to people to discuss any concerns they had.

The provider had systems in place for handling and managing complaints. We saw that there was complaints policy was on display at the service for people to access. The provider's complaints procedure was provided to people when they first started to use the service. However the procedure did not contain details of the Local Government Ombudsman where the complainant could escalate their complaint if in an event they were dissatisfied with the outcome of their complaint by the provider. We looked at complaints records and saw these were comprehensive and gave a full response to the complainant.

Is the service well-led?

Our findings

People we spoke with told us they liked the staff and knew who the manager was.

The acting manager told us that people using the service were asked for their opinions about the service provided through surveys. We were shown the outcome from the survey which took place during 2012. This showed people were mostly satisfied with the service they received, 83% said that they would recommend the service. We were told by the acting manager, that meetings for people using the service took place where they could freely share their views on the service.

Staff told us they liked working at the service as they enjoyed looking after the people they cared for. Staff told us they worked well as a team. Our observation showed that staff worked well together.

The provider had a whistle-blowing policy. Staff we spoke with told us that they felt able to raise any concerns without the fear of any form of repercussion. One member of staff stated "There is whistle blowing information around the building, if I have any concerns I would raise them with the acting manager who is approachable." This provided assurance that the provider encouraged an open culture. However a member of staff told us "I have no fear in reporting concerns, but I cannot be confident that confidentiality would be maintained."

Staff confirmed that staff meetings had taken place and minutes were available if they had not attended. One member of staff said "We do have staff meetings, where you can raise things if you want to." Another member of staff told us that they had not been consulted about any ideas to improve the service and people's quality of life.

Staff had mixed opinions on the management at the service. Some staff were complimentary of the management and felt supported. One member of staff said "I enjoy working at Bluebell Park; the support from

management is fine." However some staff told us that they felt that management were not supportive and were not kept informed of the changes in management. Comments included "It them and us," I wasn't aware that the registered manager was leaving, until another member of staff mentioned it" and "There is a divide between the management and the staff." All the staff we spoke with were aware of the current management arrangements at the service.

There was no registered manager at the service since 6 April 2015. The Regional Director told us that interviews were taking place to appoint a manager into this position. In the interim the deputy manager was in charge of the day to day management of the service.

The provider had systems in place for the maintenance of the building and equipment. A sample of records we looked at showed that regular servicing of equipment and health and safety checks were carried out. A maintenance person was employed at the service to manage repairs and checks such as room water temperature so that people's health, welfare and safety was protected.

The provider had systems in place to monitor and improve the service provided. We saw there were regular audits of key areas such as medication and care records. These identified key issues and we saw any actions required had been undertaken. For example, a recent audit of care plans showed that some care plans needed updating, which the acting manager had identified and was in the process of updating. The providers representatives were responsible for various audits which took place to in terms of monitoring the quality and safety of the service. This included a clinical governance audit which looked at different areas such as accidents and incidents. A nurse specialist liaises with the service, if further information is required.

We saw that appropriate systems were in place to ensure people's confidential records were kept securely and that they were not accessible to unauthorised individuals.