

Oldfield Residential Care Ltd

Bluebrooke Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 22 November 2016 and was unannounced.

The home provides accommodation for a maximum of 46 people requiring nursing and personal care. There were 34 people living at the home when we visited. A manager was in post when we inspected the service who told us she had applied to become the registered 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 and associated Regulations about how the service is run.

People were comfortable and relaxed around staff working at the home. Staff supporting people understood what it meant to protect people from harm and to keep them safe. Staff received training on keeping people safe, and were encouraged to discuss any concerns with the registered manager. The registered manager understood their obligations and ensured concerns were recorded and relevant authorities notified where appropriate. People were supported by staff that understood the risks to people's health and the steps they needed to take to support their health and wellbeing.

Staff recruited to work as the home underwent employment background checks to ensure it was safe for them to work at the home. The registered provider had a system for ensuring all the necessary checks were completed prior to staff commencing work.

People were supported to receive their medicines and staff undertook regular checks to ensure people received their medicines appropriately. Staff also ensured they had access to sufficient stocks of medicines so people received the appropriate support.

People had confidence in the staff supporting them. Staff had access to supervision and training so that they understood their own personal development needs. Staff were able to access additional support and training if they required it.

The manager understood their legal obligation with respect to ensuring people's ability to make decisions was recorded appropriately and any necessary action taken to protect them. Staff understood which decisions people were not able to make for themselves and how to appropriately support them in their best interests.

People were offered choices in the meals and drinks they were offered. Where people required additional help from specialists, people had access to these. People were supported to see the dentist, chiropodist as well as other healthcare professionals.

People developed friendships and an understanding with the staff supporting them. People were encouraged to share ideas about how they would like to be supported by staff. People were visited by

friends and families at times that were convenient to them and had a consistent experience of the home, regardless of when they visited.

People were supported to take part in a variety of activities. Staff supporting people had knowledge of people's preferences. People's care was reviewed and updated based on people's individual circumstances. The registered manager was a new to the home and was working to improve systems at the home to meet the registered provider's expectations of care. Whilst improvements were noted, we could not yet test how rigorous the systems for reviewing the quality of care were.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were comfortable around care staff and staff understood what was required and expected of them to keep people safe. Staff understood the risks to people's health and how people should be supported. People were assisted to take their medications.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received supervision and training. People were supported to make decisions about their care. People were offered choices in the meals they were offered. People received further support from other professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff that they liked, had built friendships with and who knew their needs. Staff understood how to treat them with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People had the opportunity to participate in activities to occupy their time. People's care was adjusted to meet people's individual care requirements or changing needs. People understood how to complain if they needed to.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

People knew the manager and could speak with them when they needed to. People's care and the quality of their care was regularly reviewed and updated although information was not always detailed enough for staff to rely upon. The manager was working to embed new systems within the home and we could not yet assess how effective these were.

Bluebrooke Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 22 November 2016 and was unannounced. The inspection was carried out by two Inspectors and one specialist advisor who was a nurse.

Prior to the inspection we spoke with the Local Authority and requested information about the service from the Clinical Commissioning Group (CCG). They have responsibility for funding people who use the service and monitoring its quality. We also reviewed information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we spoke with five people living at the service. We also spoke with five relatives, two nursing staff, three care staff, the administrator and the manager.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed three care records, the complaints folder, recruitments processes as well as monthly checks the manager completed. We also reviewed applications submitted to deprive someone of their Liberty.

Is the service safe?

Our findings

During our previous inspection on 6 August 2015 we rated this question as Requires Improvement because the systems for ensuring people received their medicine as they should were not always effective. At this inspection we noted a number of improvements.

People living at the home told us they felt safe. One person told us, "Nobody is unkind here." A relative told us that staff were very "gentle".

Staff we spoke with understood what it meant to keep people safe, how to recognise the potential signs of abuse and about their responsibilities. One care staff member told us about potential abuse, "I would never let that sort of thing happen." Staff told us they had undertaken training on the Safeguarding people and that they could speak with the manager if they were unsure of anything. We reviewed how the manager recorded their concerns and saw that information had been shared with the local authority and Care Quality Commission where appropriate. The manager explained that if they required further guidance they could speak with the local authority Safeguarding team.

Staff we spoke with understood the risks to people's health that people lived with. Care staff could explain which people lived with diabetes or might be prone to seizures. They explained the action they would take and the triggers they needed to be aware of to keep people safe. We reviewed three care plans to see how risks to people's health were documented and reviewed to ensure people received the appropriate help. We saw information was detailed and available for staff to refer to. For example, where people required fluid charts, staff had these to refer to ensure people received the correct amount of fluid. We also saw care staff refer to nursing staff if they were required further guidance or clarification about a person's care needs.

People and relatives we spoke with told us they were enough staff to support people. One relative told, "There's always staff around." We saw that when people required help staff responded in a timely manner. We saw staff respond to people and support them. The manager explained that staffing levels had been reviewed recently and that extra nursing and care staff had been added to the rotas. Since then there had been a positive response from staff and relatives. One nurse told us, "Staffing levels are pretty good now."

We reviewed the registered provider's process for recruiting staff to work at the home. There was a system in place so that staff recruited had the necessary pre-employment checks to ensure they could work with people at the home. Two staff files we reviewed contained confirmation of the necessary pre-employment checks. We saw that references had been sought and that staff had completed Disclosure and Barring Service (DBS) checks before commencing work. The DBS is a national service that keeps records of criminal convictions. Staff we spoke with also described the same process to us and confirmed they completed the necessary checks before commencing work at the home.

We observed a medication administration round to review how people were supported to have their medicines. People were supported by nursing staff to take their medications and people appeared relaxed and at ease. Nursing staff were knowledgeable and confident in how they supported people and

people responded positively to the support given. We reviewed how medicines were stored and disposed of and saw that there were systems in place to dispose of them safely. Nursing staff we spoke with understood people's medications and followed the registered provider's process for ensuring people's stock of medicines was maintained correctly. Medications were reviewed regularly to ensure people received their medications correctly.

Is the service effective?

Our findings

During our previous inspection on 6 August 2015 we rated this question as Requires Improvement because procedures for acting in People's Best Interests had not been followed. At this inspection we saw there were improvements.

People and relatives spoke positively about care and nursing staff. People praised the staff for the support they received and had confidence in the way staff supported them. One person told us, "I find them all very good...they can't do enough for you."

Care staff we spoke with told us they accessed training and had regular supervision. One staff member that had recently joined the service told us they were supported with regular feedback on their performance. They told us that they undertook a mixture of shadowing other staff and training to prepare them to work independently with people. They told us they "Could always ask questions if you need to."

Nurses we spoke with confirmed they were supported to maintain their registration and keep their knowledge up to date. We reviewed four nursing staff files and saw that nursing staff were supported to undertake specialist training to better support people. For example, nurses had attended training on using specialist medical equipment. Nurses told us that where they had requested training, this had been positively received by management.

The Mental Capacity Act 2005 (MCA) 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 as least restrictive as 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff understood what it meant for a person when they were the subject of a DoL. Staff told us they had received training and received updates from the manager. Staff understood which people were subject to DoL and the restrictions in place. Staff told us if they were ever unsure of any aspects of people's care, they would seek clarification from the manager. Staff we spoke with understood why it was important that people understood how their care was being delivered and that they could make choices about things they were able to do so. For example, we saw staff support people to make decisions. For example, we saw a staff member support a person to make a choice about which activity they wanted to participate in by showing them the options.

People spoke positively about the food served at the home and the choices they were offered. One person

told us, "The food is very, very good." People were supported to choose from a selection of drinks and snacks throughout the day. We saw where people did not want the food on the menu they were offered an alternative. For example, we saw one person was offered sandwiches. We saw where people required support, they were offered this and where people preferred to eat independently staff respected this.

People told us they saw the GP regularly. One person told us, "If I don't feel well they get the doctor out for me." One relative told us their family member had been poorly and that the nurse had sought assistance from the GP. People told us they had been seen by health professionals such as the dentist and chiropodist when they required. We saw from the three care plans we reviewed that where other specialist advice was needed, this had been sought. For example, we saw that Dietician and Tissue Viability Nurses had been consulted.

Is the service caring?

Our findings

During our previous inspection on 6 August 2015 we rated this question as Requires Improvement because people were cared for by staff who did not always demonstrate best practice when caring for people living with dementia. At this inspection we saw that things had improved.

People we spoke with who lived at the home spoke told us they liked the home and the staff supporting them. One person told us, "I think it's a lovely place I do." One person told us about staff, "They care for me here."

People were supported by care staff that were familiar with them and who understood their needs. We saw staff acknowledge, stop and chat to people throughout the day. People responded warmly and positively to this. We saw staff speak to people about things that were important to them such as special occasions or a visit by a family member. Staff demonstrated a familiarity with people's needs by responding in a way that was specific to their needs. We saw one person was being assisted to transfer from one chair to another and the person was reassured when the staff member said to them "Come on, give us a smile." The person responded warmly to this.

People, along with their families told us they felt involved in planning their care. They told us since the new manager had been appointed they had felt more involved in helping to plan their family member's care and that they shared important information about the person that they wanted staff to have knowledge of. For example, one relative told us that since their family member had moved to the home, they had routinely spoken with staff to ensure staff understood their family member's behaviours and preferences and that staff had responded positively.

People we spoke with talked warmly about the staff supporting them and how they felt staff respected them. One person told, "The staff are exceptional." Another person told us, "I feel looked after here."

Staff we spoke with could explain to us, what it meant to support someone to maintain their dignity or to treat them with respect. We saw staff throughout the day support people where possible to maintain their independence. We saw a person struggle at first with their meal. When a staff member saw this, they asked the person if they preferred some help with cutting up their food. The staff member helped and the person continued to eat their meal independently. On another occasion, we saw a person try and walk a few steps and staff observed to ensure the person was monitored in case they fell but allowed the person time to try and walk independently.

We saw throughout the inspection a number of people's relatives visit them at the home. People told us their family members visited whenever they chose to. One relative told us they had wanted to visit their relative on Christmas day and have a meal with them and that this had been accommodated by the management of the home. Relatives told us they felt comfortable visiting at times that suited them and that whenever they visited; their experience at the home was consistent.

Is the service responsive?

Our findings

During our previous inspection on 6 August 2015 we rated this question as Requires Improvement because people's experience of participating in care and activities that reflected their interests was not consistent. At this inspection we saw progress had been made and noted improvements.

People living at the home were encouraged and supported to enjoy pastimes of their choice. We saw some people were supported to enjoy crafts and other activities such as jigsaws.

Relatives we spoke with told they shared important information with staff to help them support their family members. We saw one relative discuss birthday celebrations with staff in order to plan for the occasion. Another relative told us about how their relative had been supported to move to the home from another home and they had settled in well.

The manager told us they worked closely with staff to review and plan people's care. They told us they worked with other professionals to ensure people received the individual support they needed. For example, a person had required increased support with managing their skin condition. Staff we spoke with told us they understood the person's care needs and were in communication with nursing staff to ensure they had all the necessary information to best manage the person's care. We also saw that where people had required specialist equipment, this had been ordered. We saw that one person's need for care had changed and that the person required a specialised mattress and this had been ordered for the person to use.

People and their families that we spoke with understood the complaints process and how they could complain. One person told us, "If you have a complaint it would be dealt with – I haven't got one though." We reviewed the registered provider's complaints process and saw that there was a system in place. The manager told us they had encouraged people and their relatives to speak with her so that she could understand their expectations and work together to meet them.

One relative we spoke with during the inspection told us they had shared their concerns about some aspects of care at the home. They told us they had met with the manager and explained their concerns. They told us they were satisfied that the manager was dealing with the issues and they were given assurances about how the issues were being worked towards.

Staff we spoke with told us that they understood the registered provider's complaints process and understood that they needed to share with the registered provider information that was important about people's care.

Is the service well-led?

Our findings

During the previous inspection on 6 August 2015, we found that the provider was not meeting the law. At that inspection we found that the provider did not have effective systems in place to ensure high quality care was being delivered. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan to say how these matters would be addressed. At this inspection, we found that improvements had been made although it was not possible to determine whether the changes were sustainable because of the recent changes in management.

A new manager had been appointed who had been at the home for approximately four months at the time of this inspection and had applied to become the manager. The manager spoke confidently about people's individual care needs and could explain people's individual circumstances. The manager also told us about some of the changes in systems and staffing they had made in the home and about what was planned.

We saw that the manager had begun to implement a number of systems within the home to meet the registered provider's expectations of the quality of care being delivered. Care plans had been reviewed and updated to give staff more detailed background and care support information. However, we saw that sometimes it was not always clear what action had been taken by staff for the staff member taking over. For example, one of the three care plans we reviewed indicated a person had lost weight, but the time period was not clear and what action had been taken. When we spoke with the nurse, they understood the need to stipulate the time frame so that any risks to the person could be monitored. In another care plan we saw that a GP had asked for a person's blood sugar level to be monitored, but there were some occasions when this had not been recorded and we could not be certain the checks took place. We saw staff use thickeners for people, which were not specific to the person. We recognised that there was a risk that people could be placed at risk of choking if they did not receive the correct thickener. When we raised this with the nurse and manager, this was immediately addressed and staff ensured the correct, thickener specific to each person was used.

Although we had checked that regular monitoring of people's medicines and care records was taking place, we saw systems to embed the manager's checks were still being developed and therefore systems were not yet fully in place. We could not therefore be assured that the systems were effective. The manager accepted that work was ongoing to improve systems and that she would ensure the Clinical Lead, who was also new to the home, made the necessary changes.

Staff spoke warmly about the changes in management at the home and the change in culture. Staff described the manager as easily approachable and someone who was clear in their direction to staff. Staff told us that communication at the home had improved and that they felt staff concerns were being listened to by management. One care staff member, who worked at the home, described the home as being "The best it has been in a long time."

Staff told us they attended regular staff meetings and were able to seek guidance from senior staff at the home that included, nursing and senior staff, in addition to the manager. Staff were involved in planning

people's care by speaking with relatives and ensuring the manager was aware of any issues relatives wanted them to be aware of. The manager had met with relatives and actively involved in people's care planning through speaking to relatives and ensuring they raised any issues with her.

The manager undertook regular checks of people's care by initiating a "Resident of the day" system. We saw the checks included the person's care needs, dietary needs, equipment used, as well as any additional support the person may need. Once the person's care needs had been completely reviewed documentation was updated and changes communicated to staff. The manager was supported by the operations manager who regularly visited the home to assure themselves of the quality of care being delivered. The operations manager undertook their own checks and reported any improvements to the manager so that they manager could understand what needed to be completed. The manager told us they kept in constant contact with the operations manager by email and so the progress of actions could be monitored. The manager told us they also regularly met with managers from the registered provider's other services so that they could understand what was expected of them.

The manager told us she understood that this was a period of change for both staff and people living at the home but that she hoped that people and their families would be reassured by some of the positive changes they had already seen.