

A F Ebrahimjee

Bluebells Care Home

Inspection report

152 Moredon Road
Swindon
Wiltshire
SN25 3EP

Tel: 01793611014
Website: www.bluebells-care.co.uk

Date of inspection visit:
12 June 2019

Date of publication:
22 July 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bluebells Care Home is a residential care home providing personal care, but not nursing care, to nine people aged 65 and over at the time of the inspection. The service can support up to 13 people in one bungalow.

People's experience of using this service and what we found

At the October 2018 inspection we found audits and checks did not effectively identify issues or record action taken to make changes and drive improvements. At this inspection we found some improvements had been made, however the quality checks had not identified the issues we found at this inspection.

Improvements had been made to how medicines were managed and audited. However, we identified areas for improvement which had not been identified through the providers own quality assurance systems. For example, clear guidance for staff to inform them when to give people their 'as required' medicines.

We have made a recommendation about the management of some medicines.

People's care plans, risk assessments and guidance on how to support people highlighted the majority of their needs and some information was person-centred. However, improvements were needed to ensure all information was detailed, accurate and complete to inform staff on how to safely support people.

People told us they felt safe living in the home and were protected from abuse and avoidable harm. The provider had reported any concerns or allegations to the local authority and to the Care Quality Commission when it was identified.

Systems were in place to ensure people were protected from the risk of infection.

People were supported by a consistent team of staff who knew them well. There were enough staff working in the home and staff had gone through recruitment checks.

Incidents and accidents were recorded so that any trends could be easily identified and improvements could then be made.

The management team promoted staff development and staff told us they all worked well as a team. Staff worked in partnership with other agencies. Feedback from healthcare professionals was positive informing us that staff understood people's needs well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 November 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvements had been made in some areas, however, the service remains rated requires improvement and the provider was still in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bluebells Care Home on our website at www.cqc.org.uk.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Bluebells Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector, an inspection manager and an Expert by Experience (E by E). An E by E is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bluebells care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection.

We used this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with three members of staff including, the registered manager, home manager, a trainee senior care worker, one care worker, the visiting hairdresser and the cook.

We reviewed a range of records. This included two people's care records and two people's medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance checks were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought feedback from the local authority and professionals who work with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed. We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Using medicines safely

- During the October 2018 inspection we found problems with the management of medicines. There had been ineffective systems in place to check, 'as required' medicines and the quantity of medicines had not been checked on a regular basis to ensure any issues were quickly picked up.
- At this inspection we found improvements had been made and action had been taken to carry out weekly medicine audits and counts and this had minimised recording and administration errors.
- There was some information in people's care records about the medicines they were prescribed. However, there was no clear guidance for staff to know when to give a person 'as required' medicines.
- The provider responded immediately after the inspection confirming that every person prescribed 'as required' medicines now had clear guidance in place to inform staff when to give people their medicines.

We recommend the provider seeks national guidance from a reputable source on medicine management in relation to 'as required' medicines.

- Staff understood how different people communicated if they were in pain and told us, "You can see in his face if he's in pain."
- People were safely receiving their medicines. Observations and checks were carried out on staff to ensure they were competent to carry out medicine duties.

Assessing risk, safety monitoring and management

- Not all individual risks that had been assessed, had clear guidance for staff. For example, we saw information for skin integrity but there was a lack of detail as to whether the person should be repositioned and what setting the pressure relieving equipment should be set to. There was some information on the risk of choking and aspiration, however, the care plan did not include other guidance from the Speech and Language Therapist. For example, the person should drink from an open beaker, not use a straw and that food should be pureed to level four thickness.
- Staff were supporting people to eat safely, although not all staff were aware of international guidance around diet consistency. The registered manager was aware of the International Dysphagia Diet Standardisation Initiative (IDDSI) and confirmed they would inform all staff, including the cook, of this guidance to safely support those people with swallowing difficulties and at risk of choking or aspiration.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated

The provider responded after the inspection and confirmed they had reviewed and updated the records, for this particular person.

- Healthcare professionals told us they had no concerns about how people were being supported and staff understood how people should be supported to reduce the risk of avoidable harm.
- Three people told us they were at risk of falling. They confirmed, "The staff keep a supervisory eye on me, they watch me with the walking frame, but they don't do things for me if I can manage" and "I've not fallen since I came here, the staff know what they're doing, and when I walk with the frame I need somebody behind me all the time."
- A relative spoke about how staff managed risk. They said, "They [staff] seem to encourage [person's] independence but keep an eye on when walking."
- Health and safety checks were carried out. Records showed there had been some issues with the fire doors not always fully closing if a window was closed. The registered manager was seeking to address this by rolling out a programme of updating the mechanical systems which closed the doors. Following the inspection the registered manager confirmed via email that all fire doors closed appropriately. They had contacted the fire service to ensure they were complying with fire regulations.

Staffing and recruitment

- People and the relative said that staff numbers and availability were generally good and they also felt that staff had time for them. One person said there were agency staff at times, but this hadn't impacted negatively on their care. One person said, "The staff are very good, they come quickly, including at night. I think there are enough staff because I've never had a problem when I've needed someone, I've been able to get them."
- During lunchtime, we observed staff quickly respond when two people went to stand up and required their walking frames. Staff supported people to safely walk away from the table. This demonstrated there were enough staff available at mealtimes and they were vigilant and aware of people's individual needs.
- The provider continued to have recruitment checks in place. Staff confirmed they had attended an interview and provided details of their employment to enable references to be sought.

Systems and processes to safeguard people from the risk of abuse

- At the previous inspection the registered manager did not have their own safeguarding policy and procedures. We saw this was now in place. Safeguarding records were also much clearer with evidence of action taken.
- People told us they felt safe living in the home. Comments included, "I feel safe, I've never felt worried, and if I did, I'd speak to the manager as she's always around on duty, and I know I could talk to her" and "I feel absolutely safe, when you're in your room somebody always comes in to see if you're alright, and it's always closed up securely at night, so there's nothing to worry about."
- The visiting hairdresser spoke of the confidence she had with the care staff. They commented, "I interact with [senior staff], so if I'm a bit concerned about a person, I can tell them and often they've agreed with me and called the doctor. I feel confident that things are acted on."
- Staff knew the different types of abuse that people might experience and said if they had any concerns, they would, "Intervene to make sure the person is safe. Would go to the manager."

Preventing and controlling infection

- The service was clean and free from malodours. There were systems in place to monitor the cleanliness of the service. Staff had completed infection control training and used personal protective equipment to

protect people from infection.

- The registered manager had been researching guidance from various sources on infection control. We saw they had various documents in place for staff to access to ensure they followed best practice.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported. Records showed appropriate action was taken to minimise the risk of reoccurrence. There were systems in place that enabled the registered and home manager to monitor accidents and incidents for trends and patterns.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant the service management and leadership was inconsistent. We could not improve the rating for well led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to have effective quality checks and audits to identify any issues and drive improvement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection further improvements were required and the provider was still in breach of regulation 17.

- Although there had been a change with medicines and the pharmacy used which had helped staff carry out checks and counts more easily, we still found areas that needed to be improved. The audits on medicines and records was a signature on the medicine administration records (MAR), which did not show what the audit had identified and what action was taken or improvements made.
- Staff did not have clear guidance for people prescribed 'as required' medicines. This could place people at risk of not receiving their 'as required' medicines when they needed it.
- The provider carried out a monthly audit, but this had not picked up any issues with the information in people's care records. We had found improvements were needed to the two people's records that we had viewed.
- There was some person-centred information in people's care plans, however, the reviews carried out by staff on people's care records failed to identify where improvements needed to be made to ensure staff had accurate written details on how to effectively support people.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate that effective quality assurance processes were in place which would identify issues and make improvements.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. They confirmed they had updated people's records to accurately inform staff how to safely support people. They had also introduced a separate medicines audit form and guidance for staff regarding those people who were prescribed 'as required' medicines.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they liked living in the service as it was small and the management team were "accessible." A relative said that communication was very good and they felt informed and involved in any changes.
- Staff spoke positively about working in the home. One staff member told us "There is good teamwork with good communication." Staff also confirmed the management team were "approachable."
- We observed staff interacted with people in a caring way. Staff we spoke with knew people's needs and could describe how they supported people which promoted a person-centred culture.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered and home managers promoted an open and transparent culture where people, relatives and staff were encouraged to have their say about how the service was run.
- The registered manager understood their duty to respond to incidents, accidents and complaints and provide written explanations where this was required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were a range of opportunities to ensure people and relatives were engaged in the development of the service. Meetings were held with people to engage with them and keep them updated with new information. Recently people had been told of the changes at their local GP practice and had requested to be moved elsewhere, which was being looked at.
- People, relatives and staff were encouraged to contribute their views on the service through completing satisfaction surveys and day to day conversations.
- Staff were able to build positive relationships with people and relatives. Due to the small size of the service one staff member commented, "It is so much nicer to be able to spend time with people."

Continuous learning and improving care; Working in partnership with others

- The registered and home manager had worked in the home for many years and had enrolled on a leadership and management course to increase their skills and knowledge. They received updates from various professional bodies, such as Skills For Care, a national organisation for people working in social care and Care Quality Commission.
- The registered manager had started to advertise offering a range of support to people, which included, providing a day service for people who might be isolated living in the community, require help with a bath, need a hot meal or just wanting to spend time with other people. This had yet to commence but the registered manager was confident there was a need for this type of extra support to older people.
- Staff received ongoing training to ensure they had the most up to date information when supporting people. Staff were supported to consider promotions and move roles as and when it was identified that they could work in a different job or in a more senior role.
- Staff worked in partnership with external professionals. Feedback from healthcare professionals highlighted that staff listened to their advice and were keen to learn. One commented that staff encouraged people to drink plenty of fluids and were creative in how they supported the person.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always establish and operate effective systems to assess, monitor and improve the quality and safety of the services provided.</p> <p>The registered person did not always assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>The registered person did not always maintain an accurate and complete record in respect of each service user.</p> <p>Regulation 17 (1)(2)(a)(b)(c)</p>