

Anchor Carehomes Limited

Bloomfield Court

Inspection report

27 Central Avenue
Tipton
West Midlands
DY4 9RR

Tel: 01215215747
Website: www.anchor.org.uk

Date of inspection visit:
10 October 2019

Date of publication:
20 November 2019

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?

Good ●

Summary of findings

Overall summary

About the service

Bloomfield Court is a care home and provides care and accommodation for up to 47 people. At the time of our inspection visit, 28 people lived at the home, some of who were living with dementia. Bloomfield Court is adapted to meet people's needs and has three floors within the building.

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

People felt safe and were supported by a group of staff who knew them well. Staff were aware of the types of abuse people were at risk of and their responsibilities to report and act on any concerns. Staff were aware of the potential risks of harm and injury to people on a daily basis and took actions to minimise those risks. People's care plans were updated to reflect changes in their needs.

People were supported by a group of safely recruited staff. Staffing levels had been assessed in line with people's dependency needs and people were responded to in a timely manner. People were supported to receive their medicines as prescribed. Accidents and incidents were reported and acted on appropriately and analysed for any lessons to be learnt, so future risks were minimised.

Staff were complimentary of the service and the manager and felt supported and well trained. New staff were provided with an induction that prepared them for their role. New staff felt supported and welcomed by both their colleagues and the manager.

People were supported to access healthcare services. Healthcare agencies visited the home and worked alongside staff to help maintain people's good health and prevent, where possible, admission to hospital. People were supported to maintain a healthy diet and had access to drinks and snacks throughout the day.

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.

Staff were seen as kind, caring and compassionate. Staff had developed positive relationships with the people they supported. Families felt welcomed and listened to and spoke positively about the care their loved ones received. People were treated with dignity and respect by staff who knew them well.

People and families were involved in the planning, development and review of their care. People's opinions of the service were sought on a regular basis, through conversations, surveys and meetings. People had no complaints but were confident that if they did raise an issue it would be dealt with appropriately.

People were encouraged to take part in a variety of activities that were of interest to them. All care staff were involved in ensuring group and individual activities took place throughout the day.

Staff, people and visitors were all highly complimentary of the manager and the changes she had brought to the service. Staff felt supported and listened to and were actively engaged in developing and improving the service.

The manager had a vision for the service which was shared with staff. There were a variety of audits in place to help drive improvement and the manager had introduced a number of systems and processes to provide her with complete oversight of the service.

Rating at last inspection

The last rating for this service was requires improvement (report published 31 October 2018).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

Bloomfield Court

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 one inspector, a specialist nurse advisor and an 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.

Service and service type

Bloomfield Court 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 in post who had applied to become registered with the Care Quality Commission. This means that once registered, 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. However, we did receive a completed return the day after the 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.

During the inspection

We spoke with four people who used the service and eight relatives about their experience of the care provided. We also spoke with a visiting healthcare professional, eight members of care staff, the manager and the director for care.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication 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 minutes of meetings, quality assurance audits, complaints management and policies and procedures were reviewed.

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 now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were supported by staff who had received training in how to safeguard people from the risk of abuse. A relative told us, "Yes, [did feel person was safe]. I know they have had a few falls, but they phone us up and lets us know and [person] was fine. That was back in April/May time. They just reassure you, so we didn't need come in."
- Where safeguarding concerns had been raised, they had been investigated and acted on appropriately and analysed for any lessons to be learnt. The manager understood their legal responsibilities in sharing information with us and the Local Authority when required.

Assessing risk, safety monitoring and management

- People were supported by a group of staff who were aware of the risks to them and how to support them safely. Staff described how they supported people safely. For example, a member of staff told us, "[Person] is at risk of falling and we have to monitor them closely as they prefer to spend time in their room. They have sensor alarm mat, and if it goes off, we get straight down there."
- Individual risks had been assessed and risk management plans were in place. These included moving and handling and nutritional risk plans, which were reviewed when needed. This ensured staff had the information they needed to keep people safe.
- Staff dealt effectively with accidents when they occurred. We observed one person suffer a fall during the inspection. Staff responded appropriately and quickly to the incident, providing reassurance to the person, who had suffered no injuries. Nevertheless, staff acted calmly and professionally and then sat with the person to keep an eye on them. The incident was recorded appropriately, and the manager was made aware of the actions taken.

Staffing and recruitment

- There were sufficient staff on shift. People told us their calls for assistance were responded to in a timely manner and a relative commented that staff responded quickly if sensors were activated on alarm mats. They told us, "There are a few residents when they stand up the alarm goes off and the staff are there straightaway. Staff are constantly watching and because people have dementia, they shout out and the staff go over to them to find out what they want." We observed this practice throughout the inspection.
- People's dependency levels were regularly reviewed by the manager and the information was used to establish staffing levels in the home. A relative told us, "When we come in the day there are always quite a few [staff] here. There is always somebody in there, they are never left alone." A visiting healthcare professional told us, "There is always someone in the lounge and you can always get hold of someone."
- Staff had been safely recruited through a series of checks to ensure staff suitability and two current vacancies were being covered by existing staff. This meant people continued to receive care from a

consistent group of staff who knew them well. A member of staff said, "Staffing levels are ok. Everyone is coping and helping each other. Staff step in and cover for each other."

Using medicines safely

- People were supported to take their medicines by staff who had been trained to give medicines safely and had their competencies regularly assessed. A relative told us, "Yes, I've noticed [person's] knees are looking good, they are not so swollen now. Whatever they are doing they are doing well."
- We undertook a stock check of medication and found all medicines that had been signed for, tallied with what was left in stock. Daily medication audits took place to ensure that any errors were highlighted quickly so that any necessary action could be taken immediately.
- Systems were in place to ensure medicines were stored correctly and disposed of safely.
- Some people had 'when required' medicines such as paracetamol for pain relief. Protocols were in place to guide staff when these should be administered to ensure consistency.

Preventing and controlling infection

- The home was clean and odour free. Staff had received infection control training and were observed wearing appropriate personal protective equipment when supporting people.

Learning lessons when things go wrong

- Accidents and incidents were reported, recorded and individual lessons were learnt when things went wrong.
- The manager had a comprehensive knowledge of the people who lived at the service. They were aware of the risks to each individual and of any accidents or incidents they had been involved in. Each incident recorded was promptly reviewed by the manager to ensure the correct follow up actions were taken including notifying relatives, updating care records and risk assessments and making referrals to the falls team, where appropriate.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to offering support, people's needs were assessed to ensure the service could support the person effectively. We found the protected characteristics under the Equality Act had been considered when planning people's care, including who was important in their lives and how they wished to be supported.

Staff support: induction, training, skills and experience

- New staff were provided with an induction which included shadowing more experienced colleagues, reading care records and being given the opportunity to get to know people prior to supporting them. A new member of staff told us, "After two weeks the manager asked how I was finding things and if I was comfortable to do a shift, and staff have been checking on me every day, my team are amazing."
- Staff enjoyed their work, felt supported and considered themselves to be well trained. One member of staff said, "[Manager's name] is the most approachable person I've met. She checks up on staff and if we need help, she comes and helps us. We've never had that before."
- The manager advised training had been sourced and arranged for staff in relation to supporting people with their oral hygiene and signs staff should be aware of which may indicate medical should be sought.
- A training matrix was in place to provide the manager with oversight of current staff training needs. Staff told us if they showed an interest in a particular aspect of care they were encouraged to take part in extra training.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met. People told us they enjoyed their food and had choices about what they ate and drank. Staff promoted choice by showing people plated food options and alternatives were available if needed. We observed people enjoyed the food that was on offer. At mealtimes, people were either asked what they would like to eat and offered two choices, or for those who required a visual prompt, were shown two 'show plates' of meals that had been plated up. We observed for those people who did not like what was of offer, alternatives were provided.
- Staff went to great lengths to encourage and prompt people at mealtimes and for those who needed assistance, this was provided. We observed many positive interactions at lunchtime, where staff supported people with kindness, respect and patience.
- Drinks and snacks were readily available throughout the day for people to access and we observed this. One person told us, "Yes I can have a drink or snack when I want one. I just ask the girls and they get something."

Staff working with other agencies to provide consistent, effective, timely care / Supporting people to live healthier lives, access healthcare services and support

- A healthcare professional described how they worked closely with the manager and staff group, in order to reduce the number of admissions to hospital. They told us, "They are so receptive. I visit weekly to do a 'ward round' and they have everything ready for me. They know their 'red flags' and how to escalate a query." They went on to describe how a particular person at the home had suddenly become very unwell, how staff had recognised the signs and called paramedics and the positive impact this timely intervention had on the person.
- People were supported to maintain good health by accessing a variety of healthcare services such as GPs, dentists, opticians and Speech and Language Therapists [SALT]. A relative told us, "[Person] has the doctor that comes into the home. They called me last week to ask if they could have the flu jab and the chiroprapist comes every 3 months. If we can't take [person] to their appointments, they will take him. They are very helpful."
- Relatives told us communication within the home was good and they were kept informed of all events that affected their loved ones. A relative told us that staff had contacted them to say their mother had had a coughing fit at breakfast. They told us, "They were going to get someone out to assess her which they did, and it turned out she was just eating too quickly. They phoned but it was the fact they noticed it and acted on it just in case. The hardest thing I have had to do is put my mom in a care home when you hear such bad things, but she is well looked after."
- People's oral hygiene was included as part of their care plan with specific detail to enable staff to support people to clean their teeth and/or dentures and maintain good dental health.

Adapting service, design, decoration to meet people's needs

- There was clear signage around the home to help orientate people to their surroundings.
- People had been involved in making decisions about the communal areas including choosing wallpaper and decorations in individual lounges.
- Each floor had a communal lounge which had been decorated and arranged to represent a 'homely feel'. Space was maximised and used creatively. Two quiet lounges had also been decorated to provide alternative spaces for people and or their relatives to sit and chat. A 'café' area had been developed on one floor and a 'bar' area on another. Each space was used to create social events for people.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff obtained their consent prior to supporting them and we observed this.
- Staff had received training in MCA and Dols and were aware of what this meant for people on a daily basis. One member of staff told us, "If someone doesn't want their personal care then you respect that. We keep going back and try and catch them at the right time." They provided an example of how they did that with a

particular individual and chatted with them about things that were of interest to them, to take their mind off what was happening."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring and we observed many examples of this. Staff offered reassurance, took time and listened and supported people by holding their hands and reassuring them when needed. A visiting healthcare professional told us, "Staff are always making conversation with people, care is not task orientated, I have no concerns at all."
- One person told us, "Staff like these are alright with me [pointing to the three staff members present]." We observed staff speaking to people throughout the day, and not just when providing care and support. We saw many interactions where people hugged and kissed staff and told them they loved them, and staff reciprocated these actions, much to people's pleasure. There were lots of 'thank yous' and 'your welcomes' between people and staff, showing a mutual respect for each other.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make their own decisions about their care and what they wanted to do during the day and we observed this. One person told us, "Yes, I do what I want to do." We observed staff offering people choices or suggestions as to how they may wish to spend their time and respected the decisions people made.
- Staff told us where people were not able to give verbal consent, they were able to read people's body language or facial expressions.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. We observed staff to be discreet when people needed assistance. At mealtimes people were routinely asked if they would like to wear a tabard to protect their clothes and their decisions regarding this were respected.
- Where staff needed to share information with each other regarding people, they did this quietly, ensuring confidential information was not divulged to others.
- For those people who required the support of an advocate, arrangements were put in place.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in the planning and review of their care. One relative said, "Yes I did ask questions" and another said, "Yes, I think so yes. They definitely know [person's] ways, I think they like it when they have the singers, I think they like things like this."
- People were supported by a consistent group of staff of knew them well. A relative told us, "Since the new manager has been here staff are allocated a floor they work on and I like that because it's familiarity for the residents."
- Staff knew people well and were able to describe to us what was important to people, including their likes, dislikes, personal history and who was important in their lives. Care records held detailed information regarding people's history and personal preferences and what staff told us, was reflected in these records.
- A relative told us, "They always have music playing which is good for dementia residents. The new manager has made a difference, it's just noticeable. Money has been spent on lamps and ornaments and a jukebox. It's the little things that make the place more homely."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported by staff who were aware of their communication needs and communication care plans provided staff with guidance on how to converse effectively with people.
- Staff spoke clearly to people, maintaining eye contact and listening and acknowledging people's responses.
- The manager was aware of the AIS and ensured people's accessibility needs were identified prior to admission.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were able to take part in activities they enjoyed and were of interest to them. A variety of activities took place during the day, including visiting a café which was set up in the home for tea and cake. We saw people reading the paper or books and magazines that were of interest to them.
- The day prior to the inspection people had been invited to make decorations for Halloween, which were then displayed around the home. We observed staff ask people if they'd like to watch a film and then hold conversations with the person about what was happening in the film. We saw staff sit and chat with people,

hold their hands and offer comfort. One person told us, "If you look in the lift, there is always something going on every day." We saw posters around the home displaying activities that were taking place. Staff had cards with pictures of activities on to help people choose what they would like to do.

- We observed a person having a hug with a staff member which made them happy as they were smiling. Another staff member was having a cup of tea and a cake and chat with another person. We observed staff interacted well with people, there was a calm atmosphere, and something was always going on across all three floors.

- There was no longer a dedicated activity co-ordinator in the home as staff were encouraged to take responsibility and engage in activities with people. One member of staff said, "Activities; it's just second nature now, we have loads of things we do with people. I am proud of our team and we are making it into a good home."

Improving care quality in response to complaints or concerns

- There was a system in place to record and act on any complaints received. Where complaints had been received, they were reported, recorded and acted on appropriately. One person told us they had made a complaint and were happy with the outcome.

- We saw a number of compliments had been received regarding the service and cards were displayed around the home thanking staff for the care and support provided. People had taken the time to post a number of positive messages on a website regarding the service. For example, one person wrote, 'Our mom has been in Bloomfield Court for two and a half years. We are extremely satisfied with the care that mom receives. The home is very welcoming and very clean and tidy. The staff and management are very professional, well done to all. Mom is very well cared for and the staff really do care.'

End of life care and support

- At the time of the inspection, there was no one receiving end of life care at the service. The manager told us they would endeavour to meet people's end of life wishes to be cared for at the home, with external healthcare professional support.

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 now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager of the service had been in post since April 2019 and both she, staff and relatives acknowledged that when she first arrived at the home, there was a lot of work to be done. The manager told us, "I know management put a lot of faith in me and staff have worked so hard and put the hours in to get the home where it is. It is a family effort." The manager's philosophy was, "happy staff, happy customers" and had worked hard to support her staff group and ensure they enjoyed their work. Staff were on board with the manager's vision and told us they felt well supported and listened to and were proud to work at the home.
- People told us they enjoyed living at Bloomfield Court. One person said, "Living here is lovely, I'd rather stop here than go anywhere else." One relative told us, "The atmosphere of the home is a happy place" and another said, "The staff are very friendly, there is a warm atmosphere and the way it is set out is very homely."
- Relatives were highly complimentary of the service and told us they would not hesitate to recommend it. One relative said, "Now we recommend this place, we have said to the manager you have good staff and she has said, 'yes I know I have a good staff team.' The manager is always on the floor helping out." Another relative reflected on the positive atmosphere and told us "What you are seeing with the staff now; that is what happens, every day."

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

- People, relatives and visitors were complimentary of the manager and told us they had no concerns regarding her ability to listen and act on anything they may raise. A relative told us, "Yes, I feel she is very approachable."
- We observed the manager to have a visible presence in the home, she knew people well and they knew her. The manager had her own office but preferred to base herself on the ground floor so that she could greet visitors as they arrived and discuss any issues or concerns they may have and offer reassurance.
- Where safeguarding concerns arose, or accidents or incidents took place, the manager was open and honest and ensured thorough investigations took place. Individual lessons were learnt and action taken where appropriate.

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

- There was a clear staffing structure in place and staff were aware of their roles and responsibilities. Staff reported that communication was good, they worked well as a team and felt supported by their manager and colleagues.
- Staff received regular supervision and were able to contribute to regular staff meetings, where their opinions and ideas were sought. One member of staff told us, "We always give suggestions at staff meetings and [manager's name] is open to them as she likes new ideas. We are currently thinking of a theme for the ground floor and asking people what they would like."
- The latest CQC inspection report rating was on display in the reception area of the home and on the provider's website. The manager had routinely notified CQC of events that they are required to inform us of, as part of their regulatory responsibilities.

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

- People's views of the service were sought, and regular meetings were arranged for people and families to attend. A relative told us, "Yes, we've been to meetings but not the last couple, they know we are happy with the care mom is getting. We don't need a meeting for that."
- People confirmed communication in the home between management and relatives was much improved. People and relatives had been kept informed of changes that were taking place in the home to address a number of issues and these meetings were described as 'open and honest'. A relative told us, "Yes, I attended meetings, especially when things were not running well" and another commented, "The communication has been much better."
- We saw staff surveys had also been sent out to provide staff with another opportunity to raise any issues or concerns they may have.

Continuous learning and improving care

- Relatives spoken with commented that since the last inspection improvements had been made. A member of staff told us, "[Manager's name] is the most approachable person I've met. She is very concerned about people living here, they are always first, and staff are a priority as well and that's a rarity" and another said, "Things have got a hundred times better, managers gave a lot of reassurance everything will be ok."
- Throughout the inspection the management team were supportive of the manager and open to the findings of the inspection.
- There were a variety of audits in place to provide the manager with oversight of the service and help drive improvement. Information gathered from audits was analysed for any lessons to be learnt or actions to be taken.

Working in partnership with others

- Staff told us, and we saw, they worked alongside other professionals, such as GPs, district nurses, the falls team and SALT [speech and language therapists] in order to ensure people's care needs were met.
- The manager worked closely with healthcare professionals to help reduce the number of admissions to hospital and ensure people received appropriate care and support in a timely manner.