

Bluebell Place Limited

# Bluebell Nursing & Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Bluebell Nursing and Residential Home provides accommodation and personal care for up to 80 people who require nursing care and people living with dementia. The service is situated over three floors and includes a residential unit on the ground floor, a nursing unit on the middle floor and a dementia unit on the top floor.

The inspection was completed on the 26 and 27 April 2017 and was unannounced. At the time of the inspection there were 73 people using the service.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The arrangements for the effective management of medicines required improvement as not all people who used the service received their prescribed medication and staff's practice relating to the administration and recording of medication was not safe.

Although quality assurance systems were in place to assess and monitor the quality of the service provided, improvements were required to ensure that where issues were highlighted and required addressing, action plans were devised and completed to show that these were acted upon in a timely manner. Whilst people were positive about the management arrangements at the service, suitable arrangements were required to ensure that 'on call' systems and the day-to-day management of the service when the registered manager is on annual leave or has an extended period of leave is clear and roles and responsibilities of people in charge defined and not ambiguous.

People told us the service was safe and relatives told us they had no concerns about their member of family's safety. Staff were able to demonstrate a good understanding and knowledge of a person's specific support needs, so as to ensure their and others' safety. Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow.

People told us there were sufficient staff available to meet their needs. Suitable arrangements were in place to ensure that the numbers and skills of the staff team were effective in meeting the needs of the people they supported. Appropriate arrangements were in place to recruit staff safely so as to ensure they were suitable to work with and support people in their care.

People benefitted from a staff team that were trained to meet the needs of people using the service. We saw from their interactions, facial expressions and mannerisms that people were content, comfortable and relaxed in staffs company. Staff were seen to be warm and caring towards the people they supported and were treated with compassion. People confirmed they were also treated with respect and had their privacy

and dignity upheld at all times.

Care plans were sufficiently detailed and provided an accurate description of people's care and support needs. Risks to people's health and wellbeing were assessed, managed and revised where appropriate. Suitable assessments had been carried out where people living at the service were not able to make decisions for themselves and to help ensure their rights were protected.

People were supported to be able to eat and drink sufficient amounts to meet their needs. The dining experience was positive. People's healthcare needs were supported and people had access to a range of healthcare services and professionals as required.

There was an effective system in place to respond to comments and complaints.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

The management of medicines did not ensure that people received their prescribed medication as they should and improvements were required.

People were protected and safeguarded from abuse as robust procedures were being followed so as to ensure their safety.

Risks were appropriately managed and mitigated so as to ensure people's safety and wellbeing.

Steps were in place to ensure that the deployment of staff was appropriate to support people safely and to meet their needs.

### Is the service effective?

**Good** 

The service was effective.

Staff received training so as to meet people's needs. Staff felt supported and received regular supervision and an annual appraisal.

The service was compliant with legislation relating to the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS].

The dining experience for people was positive and people were supported to have adequate food and drink so as to meet their nutritional and hydration needs.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services when required.

### Is the service caring?

**Good** 

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. Staff were friendly, kind

and caring towards the people they supported.

Staff interactions were person centred and not task and routine led.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity and where possible to enable people to maintain their independence.

### Is the service responsive?

**Good** ●

The service was responsive.

People's care plans were sufficiently detailed and accurate in relation to their care and support needs and how this was to be delivered by staff.

People were supported to participate in a programme of social activities.

Complaints management was robust and people using the service and those acting on their behalf felt confident and able to raise concerns.

### Is the service well-led?

**Requires Improvement** ●

The service was not consistently well-led.

Quality assurance checks and audits carried out by the provider and registered manager were in place but improvements were required so as to ensure shortfalls identified were addressed.

Systems were in place to seek the views of relatives and others for people using the service.

# Bluebell Nursing & Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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 26 and 27 April 2017 and was unannounced. The inspection team consisted of two inspectors on both days of the inspection.

Before our inspection we reviewed the Provider's Information Report (PIR) which was submitted on 25 January 2017. This is information we have asked the provider to send us to evidence how they are meeting our regulatory requirements. We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

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 spoke with 10 people who used the service, six relatives, four members of care staff, two senior care staff, one team leader, and a member of staff who was responsible for the laundry and a staff member responsible for maintenance at the service. Additionally, we spoke with the registered manager and the assistant to the registered manager.

We reviewed 10 people's care plans and care records. We looked at the service's staff support records for 12 members of staff. The latter related to staff newly employed at the service and staff employed longer than 12 months. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

# Is the service safe?

## Our findings

Although people told us they received their medication as they should and at the times they needed them, the provider's arrangements for the safe management of medicines were not consistently applied within the service and improvements were required. This referred specifically to not all people who used the service receiving their prescribed medication, discrepancies found in relation to medication records and poor staff practice relating to the administration of medication.

One person's transdermal patch which was prescribed to aid their severe chronic pain symptoms was not applied by staff in line with the prescriber's instructions on two consecutive occasions. Records showed their transdermal patch was administered on 20 April 2017, 24 April 2017 and 26 April 2017. This showed that the medication was administered by staff one day later than it should have between 20 April 2017 and 24 April 2017 and one day earlier between 24 April 2017 and 26 April 2017. This is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream over a long period of time. Neither the nurse nor senior member of staff on duty was able to provide a rationale for these discrepancies. Additionally, the Medication Administration Record [MAR] for the same person showed they had not received three doses of the above medication between 11 April 2017 and 17 April 2017 inclusive. The reverse of the MAR form stated 'waiting for stock'. The communication book stated that a facsimile had been sent to the GP surgery on 11 April 2017 but it was unclear if further attempts had been made by staff to source this important medication. Although the daily care records provided no evidence to suggest that the person was in pain, this meant that the person using the service had missed three sequential doses of their medication to treat and abate any chronic pain symptoms experienced. Although the registered manager was on annual leave at the time, they were not aware of our findings until it was brought to their attention at the time of our inspection.

We were not assured that all people who used the service received their medication as they should. For example, the MAR form for one person recorded them as requiring a medicated ointment to be administered to specific areas of their body every four hours for a period of five days. The MAR form only recorded 'applied by carers'. Neither the MAR form nor the person's daily care notes provided any evidence to show this medication had been administered in line with the prescriber's instructions. Staff were unable to provide a rationale as to why the MAR form was not completed, particularly as the medication was to be administered by a nurse or a senior member of staff only.

Staff's practices relating to the administration and recording of medication required improvement as their practice was not safe. For example, on two separate occasions, staff were observed to leave medication with a person using the service and to walk away without ensuring that either person had taken it. This meant there was a potential risk that the person may not have taken their prescribed medication, saved it for later and not taken it at the right time or someone not authorised to have access could have taken the medication which was not prescribed for them. Additionally, both members of staff were observed to not ensure a record of the administration of medication was completed as soon as possible before moving onto the next person. One member of staff told us that the latter was common practice amongst staff.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People confirmed to us that staff looked after them well, that their safety was maintained and they had no concerns. One person told us, "Yes, I feel safe. I have no worries or concerns." Another person told us, "I think I am safe, yes definitely I am." Relatives told us they had no concerns about their member of family's safety at the service. One relative stated, "I do feel they [name of person using the service] are safe here." Another relative told us, "Absolutely, they [person using the service] are kept safe, the staff are amazing. I do not worry or feel concerned when I leave the care home."

The staff training information provided to us showed the majority of staff employed at the service had up-to-date safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required. Staff confirmed they would do this without hesitation in order to promote people's safety and wellbeing. Staff told us they were confident if safeguarding concerns were brought to the registered manager's attention that these would be dealt with in a timely manner.

Staff knew the people they supported and were aware of people's individual risks and how this could impact on a person's health and wellbeing. Where risks were identified, suitable control measures had been considered and put in place to mitigate the risk or potential risk of harm for people using the service. These assessments covered a range of risks, such as the risk of poor nutrition and hydration, poor mobility and falls, the risk of developing pressure ulcers and moisture lesions, the risk of choking and how to support people's management and experience of pain. Environmental risks, for example, those relating to the service's fire arrangements were in place and this included specific information relating to their individual Personal Emergency Evacuation Plans (PEEP).

People's and relative's comments about staffing levels at the service were positive. One relative told us, "There appears to be sufficient staff and they [staff] are all excellent but work very hard and always so busy." A second relative told us, "Yes, I think there is enough staff here." The registered manager confirmed that two people who used the service required additional one-to-one staffing support as they were at high risk of falls and their safety was compromised. Our observations on both days of inspection showed that the deployment of staff was suitable to meet people's needs and people's care and support needs were met by staff in a timely manner.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for staff appointed within the last six months showed that the registered manager had operated a thorough recruitment procedure in line with the provider's policy and procedure. The recruitment procedure included processing prospective staff member's employment application, conducting interviews, seeking professional and personal references and undertaking a Disclosure and Barring Service [DBS] check. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with the people they supported. Staff confirmed that these checks were undertaken prior to them being employed and commencing work at the service. Additionally, employment profiles had been sought for agency staff utilised at the service on an 'ad-hoc' basis. The profiles confirmed that appropriate employment checks had been undertaken and completed by the agency.



## Is the service effective?

### Our findings

Staff were trained and this enabled them to deliver appropriate care to the people they supported. Staff confirmed that they received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff told us that this ensured that their knowledge was current and up-to-date. Records confirmed what staff told us and showed that their mandatory training was up-to-date.

The registered manager ensured that all newly employed members of staff received a comprehensive induction which was relevant to their workplace, their role and experience. This related to both an 'in-house' orientation induction and completion of the Skills for Care 'Care Certificate' or an equivalent. Staff told us that in addition to the above they were given the opportunity to 'shadow' and work alongside more experienced members of staff. The registered manager and staff confirmed that this could be flexible according to their previous experience, level of competence and whether or not they had successfully attained a National Vocational Qualification [NVQ] or a qualification undertaken via the Qualification and Credit Framework [QCF]. Staff told us they had found the induction provided to be useful and helpful for their role.

Staff told us they were supported by the registered manager. One staff member told us, "I feel very well supported and listened to by the registered manager. They are always available if you need to speak to them." A second member of staff told us, "Yes, I do feel valued and supported. I get positive praise and thanks from both the registered manager and my team leader. Advice and support is readily available." Staff confirmed and records showed that staff employed at the service had received formal supervision at regular intervals and received an annual appraisal of their overall performance for the preceding 12 months. However, as part of good practice procedures, improvements were required to evidence where subjects and topics were raised as part of supervision as these had not always been followed up to demonstrate actions taken. Additionally, we found that aims and objectives had not always been set as part of individual staff's appraisal practices.

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. 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 were being met.

People can only be deprived of their liberty so that they can 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).

Staff told us they had received MCA and DoLS training and records confirmed this as accurate. Staff were able to demonstrate a good understanding of MCA and DoLS and knew how it applied to the people they

supported. They knew how to support people with decision-making about everyday tasks and were confident that they would know if a person was being deprived of their liberty and freedom. Records showed that where appropriate people who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been assessed and recorded. Appropriate Deprivation of Liberty applications had been made to the Local Authority for their consideration and authorisation, however the registered manager had not notified the Care Quality Commission as required to inform us where these applications had been agreed and approved. The rationale provided was that the registered manager was not aware of the requirement to notify us but confirmed this would be addressed in the future.

People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, what items of clothing they wished to wear, where they ate their meals and whether or not they participated in social activities.

Observation of the dining experience for people over both days of the inspection was noted to be relaxed, friendly and unhurried; with staff conversing with people using the service so as to make this a sociable occasion. People were supported to make daily choices from the menu provided and received food in sufficient quantities. Where people required assistance and support to eat and drink this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and where appropriate verbal encouragement and support was provided to aid people's enjoyment of their meal. The nutritional needs of people were identified and where people who used the service were considered to be at nutritional risk, referrals to a healthcare professional such as GP, Speech and Language Therapist and/or dietician had been made. Where instructions recorded that people should be weighed at regular intervals, such as, weekly or monthly, this had been followed by staff.

People told us that their healthcare needs were well managed. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital appointments and to see their GP. Relatives confirmed that they were kept informed of their member of family's healthcare needs and the outcome of healthcare appointments. Healthcare professionals were complimentary about the care and support provided by staff employed at the service. They told us that advice and guidance provided by them or other members of their team to staff at the service was always followed. In addition staff were responsive and proactive to people's care and support needs and referrals were provided at the earliest opportunity.

## Is the service caring?

### Our findings

People were satisfied and happy with the care and support they received. One visitor told us, "[Name of person using the service] has been here a short while now and I visit at least once weekly. I know that [Name of person using the service] is settled and happy. The staff are all excellent. They [staff] are very kind and speak to them nicely. They [staff] love them." A relative told us when asked about the quality of care provided for their loved one, "They [Person using the service] receive brilliant care and they seem very happy. The staff do an excellent job in difficult circumstances." Other relatives spoken with confirmed they were happy with the care and support provided for their member of family and had no concerns about the care and support provided by staff.

Where staff interactions were observed, we found these to be positive and the atmosphere within the service was seen to be calm and friendly. Staff were noted to have a good rapport with the people they supported and there was good humoured banter which people appeared to enjoy and found stimulating. Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family and key events. People were actively encouraged to make day-to-day choices and where appropriate people's independence was promoted and encouraged according to their capabilities and abilities. Our observations showed that several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed that they were able to manage some aspects of their personal care with limited staff support.

Staff were able to verbally give good examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing explanations to people about the care and support to be provided. Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes that they liked, that suited their individual needs, were colour co-ordinated, included jewellery and were appropriate to the occasion and time of year. One relative told us that staff helped their member of family apply their makeup each day, which was important to the individual person. Staff were noted to speak to people respectfully and to listen to what they had to say. The latter ensured that people were offered 'time to talk', and a chance to voice any concerns or simply have a chat.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives confirmed there were no restrictions when they visited and they were always made to feel welcome. Visitors told us that they always felt welcomed when they visited the service and could stay as long as they wanted.

## Is the service responsive?

### Our findings

People and their relatives or those acting on their behalf told us they received personalised care that was responsive to their individual needs. Our observations showed that staff were aware of how each person wished their care to be provided and we saw that people were treated as an individual and received care and support relevant to their specific needs and in line with information recorded within their care plan.

Appropriate arrangements were in place to assess the needs of people prior to admission. This ensured that the service were able to meet the person's needs. Evidence showed that where able, people and those acting on their behalf had been involved in this initial process and with the development and review of their care plan at periodic intervals.

People's care plans included information relating to their specific care needs and how they were to be supported by staff. Care plans were regularly reviewed and where a person's needs had changed these had been updated to reflect the new information. Relatives confirmed they had been actively involved in providing information to inform their member of family's care plan. Staff told us that they were made aware of changes in people's needs through regular handover meetings and discussions with senior members of staff. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

Staff told us that some people could become anxious or distressed. Clear guidance and instructions for staff on the best ways to support the person were recorded and these were noted to be detailed. Staff were able to demonstrate a good understanding and awareness of the support to be provided so as to ensure the individual's, staffs and others safety and wellbeing at these times.

Where life histories were recorded, there was evidence to show that, where appropriate, these had been completed with the person's relatives or those acting on their behalf. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing.

People told us they were supported to take part in social activities. Although relatives confirmed there was a programme of social activities available, some felt there should be more social activities and equally more staff available to help deliver these. Despite this, people using the service and relatives told us that the staff member responsible for providing social activities was very good. People told us there was a programme of activities scheduled throughout the week, which they could choose to participate in or not. Some people told us that they preferred to stay in their room during the day so as to listen to their radio or to watch the television, whilst others told us they regularly enjoyed the social activities made available. People confirmed that these arrangements suited them. We discussed the above with the registered manager and were advised that an additional activities person was being advertised and sought.

People spoken with knew how to make a complaint and who to complain to. People and their relatives told

us that if they had any concerns they would discuss these with the management team or staff on duty. The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. The complaints log was well maintained and included a record of all issues raised, action taken and the outcome. A record of compliments was also maintained so as to capture the service's achievements.

## Is the service well-led?

### Our findings

The registered manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the management team monitored the quality of the service through the completion of a number of audits, for example medication, health and safety, infection control and clinical audits relating to pressure ulcers and skin tears, falls and people's weight loss and gain. Additionally, the provider completed a monthly audit. Although the latter covered a number of areas, there was no evidence available to show that the provider spoke with people using the service, their relatives or those acting on their behalf or staff employed at the service as part of their quality assurance process.

Although these systems were in place, the provider's and registered manager's arrangements had not identified the issues we found during this inspection. For example, the quality assurance systems in place had not identified where improvements were required in relation to the service's medication practices and procedures. This meant that because of poor medication practices some people did not experience positive care outcomes and were placed at potential risk of harm.

People using the service, people acting on their behalf and staff had many positive comments about the overall management of the service. People confirmed they knew who the registered manager was and in their opinion felt that the service was well run and managed. Staff told us they were clear about the registered manager's and provider's expectations of them and confirmed they were well supported and their views respected and they were able to express their opinions freely. Staff felt that the overall culture across the service was open and inclusive and that communication and staff morale was generally good. This meant the provider and management team of the service promoted a positive culture that was person centred, open and inclusive.

However, improvements were needed to ensure that clear roles relating to who deputised and managed the service when the registered manager was on annual leave or absent for a significant period of time was needed. We found there was some ambiguity following the registered manager's recent period of annual leave. Following discussions with staff it was unclear as to who had been in day-to-day charge of the service during this time and who had overall responsibility for the service when the registered manager was not at the care home. We discussed this with the provider at the time of the inspection and they provided an assurance that this and 'on-call' arrangements would be reviewed for the future and the Care Quality Commission subsequently notified in writing.

The registered manager confirmed the views of people who used the service and those acting on their behalf were sought for 2016. The registered manager confirmed that where appropriate questionnaires were given directly to people using the service for them to complete. Where people did not have capacity questionnaires were sent to their relatives or those acting on their behalf so as to gain their views about the quality of the service for their member of family or loved one. An analysis of the findings was collated and a report compiled by the assistant to the registered manager. However, the analysis of the information did not

fully tally with the data collated and therefore provided an inaccurate report of the findings. We discussed this with the assistant to the registered manager and they confirmed that the above report would be re-examined and a new report compiled with the correct data. In general comments provided by people using the service or their relatives were positive, nonetheless emerging themes were recorded that required further investigation. These related to people's laundry arrangements and a request for more social activities. No action plan had been completed detailing how these were to be addressed and improvements made. Staff confirmed they had been given the opportunity to complete a questionnaire but to date had not received evidence of the results and information relating to the latter was not available for us to view.

Staff told us that regular staff meetings were held at the service to enable the management team and staff to discuss topics relating to the service or to discuss care related matters. Records were available to confirm this but where actions were required, action plans detailing how these were to be monitored and achieved had not been completed. Additionally, the registered manager told us that meetings were held for people using the service and those acting on their behalf. This showed that people using the service and those acting on their behalf were encouraged to have a 'voice' and to express their views about the service. However, where actions were required, action plans detailing how these were to be monitored and achieved had not been completed so as to show that all topics raised had been acted on.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider's arrangements for the management of medication were not always safe and staff's practice in relation to the administration of medication required improvement.