

Housing & Care 21

Housing & Care 21 - Bluebell Gardens

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?	Good ●

Summary of findings

Overall summary

The inspection took place on 22 June 2016. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

Housing & Care 21 Bluebell Garden Extra Care provides personal care and support to older people who occupy or own their own flats located within the premises at Bluebell Garden. There are 68 flats in total and at the time of our visit 38 people were receiving support with personal care.

At the last inspection of the service on 21 May 2014 we found the service was meeting the regulations.

There was a registered manager in post. 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.

People told us their visits were provided on time and there were sufficient staff available to provide all planned care visits.

People looked comfortable and relaxed at Bluebell Gardens. We saw people enjoyed the company of their staff who they approached for support and conversation without hesitation.

People enjoyed spending time in the service's communal lounge chatting to staff and other people.

People we spoke with told us they felt safe and well looked after at Bluebell Gardens. People's comments included, "I feel safe with staff". They look after me very well",

People had pendants (a wireless life line system) available throughout the service to enable them to summon help from staff when required. Everyone told us staff responded promptly to their request for support and one person said "They come right away as soon as I press my pendant".

Training records showed staff had received all the necessary training which had been updated regularly. In addition staff told us they were well supported, and records showed regular supervision and spot checks on staff performance had been completed.

The service's systems for the induction of new members of staff were effective and fully complied with the requirements of the Care Certificate. Recently recruited staff told us they had felt well supported during their induction training and commented that they had gained confidence before supporting people independently. The registered manager asked for feedback on my initial performance from people.

People received care and support from staff who they knew well and who understood their care and support

needs. Staff respected people's privacy and supported their independence. Everyone was able to lock their own front doors and staff always knocked and waited for a response before entering people's rooms. Each person's care plan included an access agreement which set out the circumstances in which people were happy for staff to enter their rooms, if they failed to respond when staff knocked on their door.

People's care plans were detailed, personalised and provided staff with sufficient information to enable them to meet people's care needs. All of the care plans we reviewed were up to date and accurately reflected people's individual needs and wishes.

People's feedback was valued by the registered manager. Surveys were used to monitor the service's performance and residents meetings were held regularly. The minutes of these meetings showed people's suggestions and concerns had been acted upon and resolved. The complaints received had been resolved to the complainant's satisfaction. People told us, "I've got nothing to complain whatsoever" and. "I am very happy".

People told us they were regularly asked by the manager for feedback on the performance of new members of staff.

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.

There were sufficient staff available to meet people's assessed care needs and provide support overnight if required.

Recruitment procedures were safe and staff understood both the providers and local authority's procedures for the reporting of suspected abuse.

The risks management procedures were robust and there were appropriate procedures in place to support people with their medicines.

Is the service effective?

Good ●

The service was effective.

Staff were well trained and well supported by their manager.

There were appropriate procedures in place for the induction of new members of staff.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and understood their individual care and support needs.

People's privacy and independence were respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were detailed and personalised. These documents contained sufficient information to enable staff to

meet their identified care needs.

People were actively encouraged and supported to engage in variety of recreational activities to reduce social isolation.

Is the service well-led?

Good ●

The service was well led.

The registered manager had provided staff with appropriate leadership and support and the staff we spoke with were well motivated.

Quality assurance systems were appropriate and accidents and incidents had been effectively investigated.

The service was open and worked collaboratively with other professionals to ensure people's care and support needs were met.

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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 was 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.

We undertook an announced inspection of Colliers Gardens Extra Care on 23 June 2016. The inspection team consisted of one inspector 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, and their expertise was in the care of disabled people.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our review of this information prior to our inspection enabled us to ensure that we were aware of, and could address any potential areas of concern with providers.

We visited and met three people who used the service in their own flats. We spoke with five staff members, the team leader and the registered manager and an administrator.

We reviewed a range of documents and records including five care records for people who used the service and records relating to the employment of staff, complaints, accidents and incidents and the management of the service.

In addition, we spoke with two social care professionals and one relative on the phone after the inspection to gather their views of the service.

Is the service safe?

Our findings

People told us they felt safe and well looked after at Bluebell Gardens. People's comments included; It's like home from home. The staff are all nice people, I feel safe they look after me very well", "They know what to do to keep me safe" and, "There is an intercom system here so they ring through to make sure you are ok and the girls won't let you down." Staff said, "I will say that our residents are safe here. Our residents are very well looked after. The team is quite supportive here"

Staff fully understood their role in protecting people from avoidable harm and abuse. Staff were able to explain how they would respond to any incident of suspected abuse and records showed all staff had received training on the safeguarding of adults. The team leader told us that posters detailing both the provider's and the local authority's safeguarding procedures were displayed in the staff room. Staff told us they would report any concerns to the team leader or the registered manager and felt confident any issues they reported would be dealt with appropriately. One staff member told us, "I am confident with reporting any safeguarding and I have supported staff to make alerts in the past." Records showed the service had made appropriate referrals to the local authority and the Care Quality Commission to ensure people's safety.

People's care plans included risk assessment documentation. These assessments had been completed as part of the care planning process and identified risks to both people who used the service and staff during care visits. For each identified risk staff had been provided with clear guidance on the actions they must take to protect both themselves and the person they were supporting. In addition, staff had received health and safety training that included information on how to assess and manage risks while providing people with care and support. For example when preparing meals or bathing.

The service had emergency plans in place and these plans would work effectively if there was an incident at Bluebell Gardens. We found all firefighting equipment in the services communal areas had been serviced. There were also individual fire evacuation plans in the care files we reviewed.

Where accidents or incidents had occurred these had been documented, investigated and reported to the provider. All accidents and incidents had been fully investigated by the registered manager and regular audits had been completed to identify any trends or areas of increased risk within the service. Where necessary the procedures and people's individual risk assessment had been reviewed and updated to reduce the likelihood of similar types of incidents reoccurring. For example, one person's risk assessment had been reviewed following recent falls.

We reviewed the service's visits schedule and staffing rota and found there were sufficient staff available to provide all planned care visits. Staff told us; "The team leader would cover leave or if we are short of staff or someone goes off sick." The registered manager told us they had not had any agency staff in the past one year as "it reduces consistency and we are working very hard to keep it that way".

People who lived and received care and support at Bluebell Gardens used pendant (a wireless lifeline

system) to summon help from their care staff in an emergency. We saw that people chose to wear these pendants within their own flats and people told us they also wore the device while attending group activities or socialising in the communal area. People we spoke with told us that staff always responded quickly if they called for help using the pendants. People's comments included, "They come right away as soon as I press my pendant. Most of the time I want them to help me get off bed to use the toilet so I press my pendant and they come immediately. It makes me feel safe and that I am not on my own". We saw there were arrangements in place to ensure staff were able to promptly respond to requests for support throughout the night. For example, the staff member could contact the on call person or ring the emergency services (999).

Records showed that staff normally arrived on time for planned care visits. People told us, "They come at the same time each day", "They are normally on time I have no problems." Another comment was "They are a bit late sometimes but they have a 15 minutes window which I am aware of and they will always let me know if they are going to be late anyway".

Records showed staff provided visits of the correct length and people told us their staff were not rushed and spent time chatting to them during each care visit. One person told us "they always have time to sit down and chat to me. It is so nice when they can do that. I like it".

Other comments included; "They always do what they have to do and still have time to chat to you" The registered manager told us "If someone has an appointment we can try and change the visit time to earlier to help them but we let the people who require support at the same time know and make sure they agree with the adjustment for that day. None of the people we spoke with had experienced a missed care visit and one person commented, "I have never missed a visit. No never"

Staff recruitment processes were safe and robust. The identities of prospective staff members were confirmed and necessary Disclosure and Barring Service (DBS) checks had been completed before new members of staff were appointed. This is check for any criminal convictions to help employers make suitable recruitment decisions. Other recruitment processes included references, health checks, interview notes and records of identity.

Staff had received training on how to support people to manage their medicines. The service generally supported people with medicines by reminding people to take their medicines. Where staff administered people's medicines this was done from blister packs prepared by a pharmacist. Where medicines were administered staff completed Medication Administration Record (MAR) charts. We reviewed MAR charts in the care plans we inspected and during visits to people's flats and found they had been correctly completed.

There were systems in place to help people to manage their finances. The service did not store money and bank cards for people. Detailed records were kept of the support staff provided in relation to people's finances (shopping) and we found these records were accurate. Audits were undertaken of the financial record forms to ensure that people's finances were not mismanaged.

Is the service effective?

Our findings

People and relatives told us staff were knowledgeable and had the skills needed to support people. One person said, "Staff know exactly what they're doing." Another person told us, "the staff are well trained. I am very happy with them". "Another person said "they are very good. When they finish their jobs they sit down and chat to me. They know what I need." A relative said that they believed staff had appropriate training and skills to meet the needs of their family member. "They are absolutely brilliant".

Records showed staff had received regular supervision during their probationary period. The performance and progress of new staff members had been regularly reviewed, assessed and documented by the team leader or the registered manager

New staff received training in accordance with the requirements of the care certificate. This is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. Recently recruited staff told us they felt well supported and commented, "I had two weeks of training. I also had three shadow shifts with one of the seniors until I felt confident to work on my own. During that period I was introduced to the people who we supported and getting to know the resident was important to me" People who used the service confirmed that the service asked for feedback on the performance of a new staff member".

There were systems in place to manage the training needs of the staff team. Staff files and the agency's training record demonstrated staff had received regular training in different topics including; infection control, fire awareness, food hygiene, safe handling of medication, manual handling and first aid." Staff told us "All my training is up to date", "The training is good here" and, "We can ask for extra training if we need it". The registered manager told us staff were encouraged to complete additional training in topics they were interested in. For example, the team leader and the registered manager had recently undertaken 'train the trainer' course with provider organisation to make it easier to train new staff, keep up to date with essential and refresher training. They told us that it would also help to ensure staff received appropriate training for their role.

Staff told us and records showed staff received regular support and supervision. Staff comments included; "We have a team meeting every month and they do spot checks as well" and "The manager is very supportive and approachable and always ready to help you." Staff told us they had formal supervision meeting or a quality assurance "spot check". During this session the team leader or the manager observed the staff member providing care and support. Staff also told us that the supervision sessions provided them with an opportunity to give and receive feedback about their performance, as well as discuss any concerns they may have. Records showed that supervisions took place regularly, and were planned. In addition we saw evidence that regular spot checks took place, to help monitor staff performance and identify areas for development.

Team meetings were held regularly. The minutes of these meetings showed the registered manager had provided all staff with an opportunity to share information about people's care needs and discuss any

changes within the organisation. Staff feedback was valued by the manager and staff suggestions made during recent team meetings had been acted upon. For example the staff rota has recently been reviewed.

There were systems in place to support people to access services from a variety of health professionals when needed. Staff told us, "People can arrange their own GP visits and we encourage people to be as independent as possible but we can help people arrange a visit if they ask us to depending on the circumstances". One person who used the service told us "The doctor comes to see me when I am not feeling well. Sometimes I can call the doctor myself other times I ask the staff to do it for me" Records showed staff consistently followed guidance provided by health professionals. For example, staff followed the instruction from the occupational therapist on how to support a person with mobility problem.

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 found that staff and the registered manager had received training on the requirements of the act and recognised the importance of any decisions being made in the best interests of people who lacked capacity.

CQC is required by law to monitor the operation on the deprivation of liberty safeguards (DoLS) and to report on what we find. Records showed that all staff had received DoLS training. The registered manager and the staff we spoke with knew of their responsibilities regarding DoLS. They knew that regarding extra care services any DoLS referral would have to be made to and approved by the court of protection. This demonstrated that the provider had taken action to ensure that people did not have their right to freedom and movement unlawfully restricted.

People had been involved in both the development and review of their care plans. They signed these documents to formally record their consent to the care as described. People told us they felt in control while their staff were providing care and that staff respected their choices. People's comments included, "They don't undermine me they do exactly I ask them to do" and, "They always check everything is done and I am happy before they leave."

Staff told us they always respected people's choices and described how they responded when people declined care. Staff comments included, "We respect people choices and staff would encourage the person but if they refuse or decline we record it and flag it up if it becomes regular and a problem" and, "Someone has refused care before I recognised it is their choice and I recorded it". Another staff told us "One person who does not like their clothes changed sometimes, I give them a choice to do what they want to do. However we still have a duty of care to support them to be safe and clean".

People's care plans included guidance for staff on the support each person needed in relation to food and drinks. Staff prepared meals for some people while others were supported to cook their own meals. One person told us, "They do help me to make lunch sometimes." In addition people used restaurant at Blue Gardens when it was open and offered a selection of both hot and cold meals.

Is the service caring?

Our findings

Everyone we spoke with told us they were well cared for by a compassionate staff team at Bluebell Gardens. People's comments included; "they are very good girls. I am very happy with my care. The girls will never let you down ". "They are all very kind and caring I am happy with my care. You couldn't get a better place to be cared for." Another person told us "The staff are kind and caring. There is nothing they won't do for you. They give me the respect I need they can only do one job at a time". One relative told us "We are happy with my family member's care. The carers are exceptional. We had a recent bereavement and they were remarkable. I don't know what we would have done without them. We are grateful".

People received care and support from staff who they knew well and who understood their care and support needs. People told us; "The carers have gotten to know me and know what I like" and "Every carer that comes in here is brilliant. They are all good." There was a positive atmosphere between staff and people who used the service. For example, we observed staff interacting with one person who came in to the office to chat with staff in a kind and caring manner. The person looked happy and relaxed.

Staff knew people well and spoke confidently about their ability to meet peoples' care and support needs. Staff told us; "What makes the difference here is that staff go out of their way to do extra things for our residents", and, "People are lovely, we have plenty of time to chat with people." Health and social care professionals told us, "They are absolutely brilliant" and "They are very good with people and are helpful".

People were comfortable both in their own flats and the service's communal areas. People and the care staff got on well together. We saw that staff greeted people in communal areas as friends and that some people enjoyed spending time and chatting with staff in the service's reception area. We noted people were comfortable requesting support from staff in communal area and did so without hesitation. Staff consistently responded to people's requests. Staff told us, and we saw people regularly left the service to visit local shops and their friends.

Staff supported people to maintain contact with their friends and family and people told us their visitors were always made to feel welcome at Bluebell Gardens. People told us that they had Wi Fi internet access at Bluebell Gardens and that this provides people with additional options for maintaining contact with their friends and family. One person told us "I have a free Wi fi internet access". One person told us "My family visit me during the week and weekends. I am really very lucky. One relative told us "I visit my family member regularly and there are no restrictions."

We saw people's privacy and dignity was respected by staff. Everyone was able to lock their own front doors and some had other security measures and were used to enable staff to access people's flats in an emergency. We saw staff knocked on people's door and waited to be invited in before they entered people's flat. One person told us "staff give me the privacy of getting undressed when they are supporting me. They stick to what I ask them to do. They respect me and never put me in an awkward position or intrude on me. I call them back when I am ready and there is a lot of respect for me". I don't dread having a shower. I am very happy with my care".

Each person's care plan included a formal access agreement which set out the circumstances in which staff were permitted to enter people's flats if they failed to respond to care staff. Some people had chosen to allow staff to enter at any time while others had decided that if they failed to answer the door carers should seek consent from a designated relative before entering their home. One person told us "I have given them permission to enter my flat at any time just in case I am on the floor so they can come in and help me". This is to further respect privacy.

We saw in the care files we reviewed that people had indicated their preferences for care at the end of their lives. For example there was a Do not attempt cardio pulmonary resuscitation in one of the care files we reviewed. One person had made an advanced decision in regard to their end of life plan.

Is the service responsive?

Our findings

All of the care plans we inspected were detailed and personalised. These documents provided staff with clear guidance on how to meet each person's individual care needs with details of their specific preferences in relation to how care and support was provided. The care plans included information about their life history (Pen Picture), likes and preferences as well as details of the person's medical history. This information helped staff to understand how people's background effected who they are today. One staff told us "It helps us to know what people's interest were so staff will have good knowledge of the person" while people told us, "The staff know me and my needs very well. They know when I am not well" The care plans including details of people's desired outcomes from the care they received and specific guidance for staff on the care to be provided during each planned visit.

People's care plans had been developed from information supplied by both the person and the funders of their care during the services initial assessment process. People were encouraged to visit Bluebell Gardens to meet the staff and other people living there before deciding whether or not they wished to move in. One person told us "I came here with my family to have a look before I moved in. Senior carers were responsible for reviewing and updating people's care plans. All of the care plans we inspected were up to date and had been regularly reviewed and updated to reflect any changes to people's care needs.

People told us they had been involved in their review of the care plans and commented, "The staff have come to talk to me about my care plan to make sure everything is still ok" and a relative told us "The come and review m relatives care plan from time to time. They are really good at doing that"

Daily care records were completed by staff at the end of each care visit. These recorded the arrival and departure times of each member of staff and included details of the care provided food and drinks the person had consumed. Information about any observed changes to the persons care needs was also recorded. In addition staff completed detailed hand over records at the end of each care shift. These records included details of any advice provided by professionals and information about any observed changes to people's care and support needs.

Bluebell Gardens provided recreational and relaxing activities in the communal area on the ground floor for people who wished to participate. This helped to prevent social isolation. Activities people told us they enjoyed included arts and craft and coffee mornings and games .In addition there was a hair salon on the ground floor of the service which was staffed by professional stylists two days a week. People told us they enjoyed visiting the salon and having their hair done.

We found there was a positive community atmosphere within Bluebell Gardens and one person we spoke with told us they visited their neighbours and helped each other out wherever possible. One person told us "I have a neighbour across we go to places together".

People told us staff respected their choices and decisions. People said; "Staff do what I want them to do" and, " Staff are very sensitive to my needs and my choices. They are very respectful of what I choose to do."

They let me do what I want, they are really caring."

There were procedures in place for the investigation of any complaints received. We saw that complaints the agency received had been addressed and resolved to the complainant's satisfaction. People knew how to make complaints about the service and commented; "I have no complaints whatsoever " and "I made a complaint with the old management and it was not sorted but as soon as the new manager came she sorted it. I am happy."

Is the service well-led?

Our findings

People we spoke with were highly complementary of Bluebell Gardens. One person told us "I am very happy here it is a great place to live in. We really liked the place from the first time we visited and we have been here since it opened" Another person told us, "The environment is very friendly.

The staff team were well motivated and consistently told us that they enjoyed working at Bluebell Gardens Care. Staff comments included; We all work very well and we get on well. It is like a little family. I know all the residents." It has been good, it's a good team to be part of", "and I enjoy what I do. I have not been told that people are unhappy". "and, "The team here are supportive. Every one of us wants to make sure that people are looked after well and that's what people like".

People knew the registered manager and told us, "The manager is good I trust her, they are honest. I feel I could see her with any problem. I admire how they manage the service." While staff said, "The manager is very supportive and approachable." I can talk to them about any concerns. They are easy to talk to. One person who used the service told us" the management they have now is better than what we had before" and, "The current manager is good they act on things quickly and I appreciate the way she does things"

Social care professionals we spoke with recognised that the current manager was providing effective leadership to the staff team. One professional told us "the manager is very good. They are absolutely brilliant."

The registered manager told us they enjoyed their role, felt well supported and had a good working relation with senior managers within the organisation. The registered manager told us that 'things are much better now. Sometimes they don't realise that every location is different but I am very proud of my team at Bluebell Gardens and what we have achieved."

There were effective processes to monitor the quality of the service provided and understand the experiences of people. This was through regular communication with people and regular quality audits of the service. Checks carried out included accidents and incidents audits, monitoring of care records and people's finances. This was to make sure they were accurate; staff were following the provider's policies and procedures. Other checks included medicine management and health and safety checks of the building. This meant the on-going quality of service and the safety of people who lived at Bluebell Gardens was maintained.

We also saw quality monitoring audits which were undertaken on an annual basis by the provider's representative. The latest audit had been completed on 14 and 15 March 2016. Actions had been identified with dates set for completion. They included ensuring that all care staff had an updated ID badge, review of all staff records to ensure that full and appropriate records of induction were maintained. The audit document had columns for detail in relation to progress against targets to be added at the next audit.

Surveys of people's experiences of care and support were conducted annually. We saw the 2015/2016 survey

and the results of surveys showed overall satisfaction of 100%. Comments from the tenants "Feel safe, like the staff as friendly and helpful" and " what a lovely happy caring place to live". This showed that this was a well-run service.

We saw that the service also received compliments from people who used the service, relatives and visitors. Comments included "At Bluebell gardens. For us all as residents, it is the best it has ever been due to (Names). They are friendly and approachable. (Name) greets everybody with a beaming smile"

People told us, "We do have residents meetings here" and we saw regular residents meetings took place at Bluebell Gardens. The minutes of these meetings showed that people's feedback was valued and acted upon. For example, one person told us people had asked for a tea making machine in the communal area and the manager ordered it straight away. They keep us informed.

We spoke with two social care professionals about Bluebell gardens. They told us people had no concerns about the service. One comment included "they are very helpful. Communication is very good. I have no concerns whatsoever". Another comment was "I have no concerns about the service. I had a person who needed a different environment, they were cooperative and patient and supported this person and held everything together until we found a place for the person. The manager was very good. They were absolutely brilliant."

The registered manager told us that "The overall aim and values is to ensure the wellbeing of the residents by promoting their independence with the support that they need and agreed with well trained staff who are given the support and pillars to provide a quality service by continual development." One staff told us our aim is to offer high standards of care and promote person centred care".

The management team understood their responsibilities and had made sure they had submitted statutory notifications to us and completed the Provider Information Return (PIR) as required by the Regulations. We found the information in the PIR was an accurate assessment of how the service operated.