

Senex Limited

Bloomsbury House

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 

Overall summary

This inspection took place on 14 September 2015 and was unannounced. At the last inspection carried out on 23 November 2013 we saw that the provider was not meeting the requirement in respect of management of medicines. The provider had made all the required improvements.

Bloomsbury House is registered to provide accommodation and personal care to up to 24 people.

The home specialises in the care of older people. At the time of our inspection we were told that there were 15 people living there.

Bloomsbury House is required to have 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 and associated Regulations about how the service is run. At the time of this inspection a registered manager was in post.

Summary of findings

People were protected from the risk of avoidable harm because systems and processes were in place to protect people. Staff understood the different types of abuse and knew what actions to take if they thought a person was at risk of harm.

There were sufficient numbers of staff that had received appropriate training so that they were able to meet people's needs.

People received their prescribed medicines as required and were supported to maintain some medicines themselves if appropriate.

Staff sought people's consent before providing care and support. Staff understood the requirements of the Mental Capacity act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People enjoyed their food and were supported to eat their meals when required and support to have additional drinks to boost their calorie intake where required.

People were treated with kindness, by staff who knew their needs . People were supported to receive medical attention when required so that their health care needs were met.

People's right to privacy, dignity and independence were promoted and encouraged.

People knew who the registered manager was and felt able to speak with her to raise any comments or concerns.

There were systems in place to monitor the quality of the service and the service was being developed to grow in size to provide a better environment for the people who lived there.

Summary of findings

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.

People were protected from abuse and avoidable harm because the provider had effective systems in place.

There were enough staff to support people safely. Staff understood how to keep people safe and people received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People were supported to have their needs met by staff that had the skills and knowledge to meet people's individual needs.

People's consent was sought before they were provided with care. Staff understood their responsibilities to protect people's rights so that they were not subject to unnecessary restrictions.

People enjoyed their meals and were supported to receive medical attention when needed.

Good



Is the service caring?

The service was caring.

People were supported by staff that knew them well. People were treated with kindness and respect and their independence promoted.

Good



Is the service responsive?

The service was responsive.

Care was delivered in a way that met people's individual needs and preferences.

People were supported to take part in activities that they enjoyed and to maintain contact with people that were important to them.

People knew who to speak with to raise any concerns they may have.

Good



Is the service well-led?

The service was well led.

People benefitted from an open and inclusive atmosphere and systems were in place to monitor the quality of the service and make the required improvements.

Good



Bloomsbury House

Detailed findings

Background to this inspection

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

This inspection took place on 14 September 2015 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection, we asked the provider to complete 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. The PIR was completed and returned to us as requested.

As part of our inspection we looked at the information we held about the service. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. Notifications are information the provider has to send to us by law about accidents, deaths and safeguarding concerns. We had received concerns that there were not always sufficient staff to meet people's needs.

During our inspection we spoke with six people that used the service, four relatives, three staff, the registered provider and manager and one visiting professional. We looked at the care records of three people, three care staff, the medicine management processes and at records related to the running and management of the service. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

Is the service safe?

Our findings

People who used the service told us that they felt safe with the staff that supported them. One person told us, “People are content.” Relatives spoken with told us they felt their family members were safe in the home.

People were protected from the risk of abuse because staff had been trained so that they were able to identify the possibility of abuse and take the appropriate actions to escalate concerns in the event or suspicion of abuse occurring. People and relatives spoken with told us they felt confident to raise any concerns they had. One relative told us, “I wouldn’t stand for anything going on.” All staff spoken with told us they had never witnessed any ill treatment of people in the home. They told us that they would report any concerns if they witnessed something that might cause harm to people living there. Staff were aware of the whistle blowing policy and knew how to report issues of poor practice. Whistle blowing means that staff can report issues of concern and their identity is protected. We saw that information was on display so that people and their relatives would know who to contact if they had any concerns. Records we hold and those seen during our visit showed that the provider had told us about any safeguarding incidents and had taken the appropriate action to ensure people were kept safe.

People were kept safe because recruitment procedures ensured that only appropriate people were employed to work in the home. Staff told us that police checks and information about their employment practices at previous places of employment had been undertaken. Records confirmed that these checks were carried out.

People that lived in the home were protected from injury because risks were identified and managed appropriately. One person told us, “I can walk around the home independently with my walking frames so that I don’t fall.” Our observations showed that walking frames were always left close to people that needed them so that they could move around safely. We saw that where needed people were sitting on pressure relieving cushions and sleeping on pressure relieving mattresses to prevent sore skin developing. Staff spoken with told us that risk assessments were available to them to refer to so that people were supported safely. Staff were knowledgeable about the actions to be taken in the event of emergencies such as a fire or accident.

Before our inspection we had received information that there was not always sufficient staff available to meet people’s needs safely. During our inspection we received a variety of opinions about the staffing levels however, during our inspection we saw that staff were available to attend to people’s needs. People that lived in the home, relatives and staff felt that there were generally enough staff to meet people’s needs. One person told us, “They are a bit short of staff sometimes. If two staff goes upstairs to assist someone there is no one left downstairs.” One relative told us that there were always staff around in the communal areas but another relative told us that there were times when there were no staff in one of the lounge areas. Another relative told us, “[Family member] has said there are not enough staff, staff are stretched and work hard hence, they can’t get out into the garden.” We saw that there were staff with a variety of skills available to meet people’s needs. For example, there were care staff and other staff that had specific duties including cooking, cleaning or providing social activities. One member of staff told us that ancillary staff had received training in supporting people so were available to supervise people if needed. The registered manager told us that an additional waking night staff would be brought on duty when the number of people living in the home had increased.

People received their medicines as prescribed. People told us and we saw that people were supported to take their medicines at the times required. One relative told us they had been involved in making decisions about the medicines their family member was taking. We saw that staff who had been trained to administer medicines took people’s medicines to where they were sitting, observed that the medicines had been taken and then recorded this in the records. We saw that some people were able to manage some medicines themselves such as inhalers to help them breathe and were able to choose how often to take pain killers. Medicines were stored safely in locked cupboards and at the correct temperatures apart from one medicine that was stored in the fridge rather than at room temperature. Systems were in place to ensure that unwanted medicines were safely disposed of. We saw that tablets received in boxes were counted regularly to ensure that people had received them as required.

Is the service effective?

Our findings

People received effective care from staff that knew their needs. One person told us, “Staff are lovely; they will do anything for you.” A relative told us, “We are confident enough with the care provided.”

People told us they had discussed their needs with staff and relatives told us they had been involved in providing information about how people liked to be cared for. One relative told us, “We shared information about things [person receiving a service] likes, for example, food.” Another relative told us, “Staff know and understand [person receiving a service] pretty well.” A member of staff told us, “People do tend to get set in their ways but we get to know their preferences.” Another relative told us they had been pleased they were able to bring some personal items to personalise their family member’s bedroom and make them feel at home.

People received care and support from regular staff that received training supervision and had access to the registered manager for advice when needed. We saw that the majority of staff had been employed in the home for several years. One relative told us, “There were some staff changes a couple of years ago but things have settled now.” This meant that people were supported by staff that were familiar to them. Staff confirmed that they had received training in all the specific areas that they needed training in such as moving people safely, administration of medicines and actions to take in the event of a fire. Staff told us that they felt supported in their roles and received regular appraisals and access to the registered manager for advice.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the Local Authority for authority to deprive someone of their liberty. The majority of people had capacity to be able to make day to day decisions for themselves. We saw that the staff were working in line with the MCA because they offered people choices wherever possible. For example, we saw a nurse had arrived to see an individual who was eating their breakfast. Staff told them the nurse had arrived but asked if they should ask the nurse to wait until they had finished their breakfast. This allowed the individual to decide whether to finish their breakfast or see the nurse straight

away. We saw people were offered choices when having drinks or choosing their meals. One person told us that they liked to have their meal with the other people living in the home but then preferred to go back to their bedroom for a lie down in the afternoon. The registered manager told us that there was no one whose liberty was restricted and so they had not made any applications under DoLS. A relative told us they knew they had to lock the front door for people’s safety. We saw that people’s capacity to consent to care or treatment had been assessed and recorded. Where people lacked capacity there was involvement from family members to ensure their needs were met. The registered manager told us that best interest decisions were made with the involvement of other relevant people if needed.

People were supported to have sufficient food and drink to remain healthy at times that met their needs. One person said, “Food is good. You can have something different if you don’t like it.” We saw that people had breakfast at a variety of times depending on when they woke up. Some people had breakfast in their bedrooms; others had it in the dining lounges. One relative told us, “Food is pretty good.” Another relative told us, “Food is great. [Relative] does eat their food and says it is lovely.”

We observed the midday meal time and saw that the meals were nicely presented and mealtimes were well organised and ensured that people had time to eat their meals at their own pace. People were given a choice of food and drink and received the support they needed from staff to eat safely. We saw that people were monitored to ensure that they were not gaining or losing too much weight and where there were any concerns people were referred to the appropriate professionals for advice. People were assessed to determine if they were at risk of not eating and drinking sufficient amounts and we saw that some people received supplement drinks to boost their calorie intake. People’s individual dietary needs were met through the provision of special diets such as low sugar diets and soft and pureed meals for people who were at risk of choking.

People told us that they saw a doctor when they needed to. One person told us, “You only have to have a finger ache and something is sorted.” One relative told us, “They [staff] immediately call the doctor if [relative] is ill.” Relatives told us they were generally kept updated about their family member’s health. Records showed that people were seen

Is the service effective?

by a variety of healthcare professionals. This included GP's, specialist health care teams and consultants. We spoke with one health care professional and we received very positive feedback about the home.

Is the service caring?

Our findings

People told us that they were able to make choices. One person told us, they liked to sit in the lounge during the morning and go back to their bedroom in the afternoon and were supported to do so.

All the people we spoke with told us that they received a service that was caring. One person told us, “Staff are lovely”. Another person said, “Staff will do anything for you.” Our observations showed that people were shown kindness. Staff were friendly and patient with people. All the relatives we spoke with told us that they believed the staff and the manager were kind and caring. A relative commented, “I give the home ten out of ten. It wins hands down for compassion. It’s organised but relaxed.” Another relative said, “We have nothing but praise for the staff and how they are always interested in people.”

People told us and we saw that their privacy, dignity and rights to independence was respected and promoted by staff. People were able to spend time alone in their bedroom and there were choices of communal areas where people could choose to sit. We saw that staff ensured that toilet and bathroom doors were closed when they were in use. We saw staff ask people discreetly if they wanted to be taken to the toilet. Staff spoken with gave us examples of how they maintained people’s privacy and

dignity. One staff said, “You can leave people in the toilet and wait outside, they might need help to get there but they can be left alone inside.” We saw that people were dressed in clean clothes and their hair combed, make up and jewellery worn as requested by the individual showing that people were supported to look well cared for promoting their dignity.

People were supported to be independent where possible. People were encouraged to eat independently but were provided with support when needed. We saw that people were able to move around the home with their walking aids and choose where they sat at different times in the day. One relative told that some people were involved in doing small tasks such as laying the table and wiping table mats after meals.

Some people at the home were living with dementia and could not tell us about their experience but our observations showed that staff supported people appropriately and their interactions were positive and people smiled and chatted with the staff.

We saw that people were involved in their own care and making decisions. Staff that we spoke with gave us examples about how they encouraged people to make decisions. Staff told us they encouraged people to make choices about food, drinks, clothing and how people wanted to spend their time.

Is the service responsive?

Our findings

One person told us that they had been asked some questions about what help they wanted when they moved in. One relative told us that felt confident that their family member's needs were being met because the staff had got to know them [person that received a service] and the person was able to ask for the help they wanted. Another relative told us, "There have not been any recent formal reviews. We did in the beginning, however we are confident enough with the care provided." However, another relative told us that their family member was not always responded to as there were often no staff in one of the lounge areas and felt that there was an odour because staff had not responded when people had had an accident. There were no odours during our inspection but we saw short periods of time when no staff were in the front lounge. This meant that some people were at a potential risk of becoming isolated in the front lounge.

People were provided with activities that they enjoyed. One person told us, "There are games in the morning but I like to spend the afternoon in my bedroom." We observed that there were games ongoing in the rear lounge and some people from the front lounge moved to the rear lounge to take part. We saw that the people taking part in the activity enjoyed it and there was some nice banter between people. People were supported to continue with individual interests including watching sports programmes on their television in their bedroom and attending a singing club. A relative told us that when they visited one day there was a birthday party going on and people were having cake and a glass of wine. The relative told us, "I have nothing but praise for the staff and how they are always interested in people."

One person told us they were waiting for their relative to visit them. When the relatives came the individual went out with them. We saw that another person had a visitor during the day. Visitors and relatives spoken with told that they were able to visit when they wanted and that if appropriate they were able to take their family member out for a while with them. One relative felt that the communication with relatives was generally good but could be improved. For example, relatives could be kept better informed about medical appointments.

We saw that people were dressed in styles that were individualised and people looked well cared for. We saw that people who liked to wear jewellery and make up were supported to do so. We saw that people had Zimmer frames to help them with their mobility and there was a passenger lift so that people were able to go upstairs to their bedrooms with ease.

There was a complaints procedure in place and a suggestions box in place but people and their relatives spoken with told us that they spoke with staff or the registered manager directly if they had any concerns. People told us that complaints were addressed quickly. One relative told us, "We feel able to raise issues. There was an issue with heating levels and this was addressed."

The registered manager told us and we saw that there had been one formal complaint since our last inspection. We saw that one concern that had been raised with us had been brought to the registered manager's attention and had been investigated. However, one relative told us that they didn't feel that comments that were made were taken well by the registered manager. Relatives told us that there were surveys undertaken where they could provide feedback about the service.

Is the service well-led?

Our findings

At our last inspection carried out on 23 November 2013 we saw that the registered provider was not meeting one regulation in relation to the management of medicines so that one person had been receiving too much medicine. The provider sent an action plan and told us they had taken immediate actions to address the issues identified.. At the time of this inspection the management of medicines ensured that people received their medicines as prescribed.

There was a registered manager in post as required by the conditions of registration. People and relatives knew who the registered manager was . People and relatives spoken with told us that they were able to speak with staff and the registered manager with any issues they had .People were generally positive about the service they received. One person told us, “[Registered manager] is a good person. Has a finger on the pulse.” One relative told us that the registered manager was generally available to discuss any matters they wanted to discuss however another relative felt that the registered manager was not always available and not receptive to comments they made.

Staff told us that the registered manager had an open door policy so that they go and speak with her at any time. Even when the registered manager was not in the home she could be contacted by telephone. We found that that staff understood their responsibilities to report any concerns about people’s care or wellbeing and knew how to do this. Staff enjoyed their work and worked well as a team. Staff spoken with felt supported and that they were confident that they could approach the manager and that they would

be listened to. One staff said, “It’s good to work here.” This showed that the management of the home was available and accessible to people to raise concerns and make comments.

We saw that there were systems in place to monitor the quality of the service and get the views of people using the service. One relative told us they were aware of the feedback forms that were available in the entrance area. We saw that questionnaires were sent out twice a year and could be completed anonymously if people wanted to. The surveys we looked at showed that the one issue raised had been addressed. Other people commented they were happy with the service, particularly the food.

There were quality audits in place to ensure that equipment was in working order and kept people safe. For example, nurse call, window restrictor and medication audits. Some improvements could be made to the audits. For example, we saw that there were no self-medication assessments for people using inhalers independently. In staff files we saw that it was not always clear what records had been looked at to determine new staffs identity or what was covered in the induction records so that the new Care Certificate standards were being achieved.

We saw that building works were being carried to improve facilities and increase the number of bedrooms available in the home. Actions were taken to cause minimal inconvenience to the people living in the home. The registered manager and provider were aware that there needed to be a general update throughout the home to ensure that the standard of the accommodation was comparable for everyone.