

A F Ebrahimjee

Bluebells Care Home

Inspection report

152 Moredon Road
Swindon
Wiltshire
SN25 3EP

Tel: 01793611014

Website: www.bluebells-care.co.uk

Date of inspection visit:
28 October 2019

Date of publication:
19 November 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

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

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

At the June 2019 focused inspection we found audits and checks had improved in some areas but had not fully identified where there were issues with information in people's records and medicine records. At this inspection, we could see changes had been made to drive up improvements and provide a caring and safe place for people to live in.

Care records clearly outlined people's needs and personal preferences. Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely and people received their medicines as prescribed.

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

People living at Bluebells Care Home received safe care from skilled and caring staff. Staff understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Complaints were handled and responded to in line with the provider's complaints policy. People and their relatives could give their views on the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 22 July 2019). We carried out a focused inspection in June 2019 and prior to this a comprehensive inspection in October 2018 (where the service was first rated requires improvement). The provider completed action plans after the two inspections to show what they would do and by when to improve. At this inspection improvements had been made and the provider was no longer in breach of a regulation.

Why we inspected

This was a planned inspection based on the previous rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Bluebells Care Home on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Bluebells Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and one assistant inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care

provided. We spoke with one of the registered managers, the cook and one care worker. We carried out general observations throughout the inspection.

We reviewed a range of records. This included three people's care records and four people's medicines and associated records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training data and quality assurance records. We received feedback on the service, via email from one relative and a health care professional. A second relative completed a 'Share your experience'. This is a CQC form that people can access from the CQC website to provide their views on a service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to have effective quality audits to ensure people's records were up to date. This had been a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

Assessing risk, safety monitoring and management

- Individual risks had been assessed, and there was clear guidance for staff to follow to support people who required repositioning to ensure their skin remained intact. Improvements had been made with the records noting the setting the pressure relieving equipment should be set to. Staff knew why it was important to check that the mattress was working effectively.
- Improvements had been made to people's records if they were at risk of choking and aspiration. There was detailed guidance on the International Dysphagia Diet Standardisation Initiative (IDDSI) framework, which informs staff on how to provide safe and consistent support to people. All staff were now aware of this guidance and had received training on this subject.
- Equipment used in the service had all been serviced and checked to ensure the environment was safe to live and work in.

Using medicines safely

At our last inspection we recommended the provider considered reviewing current guidance on medicine management in relation to 'as required' medicines. The provider had made improvements.

- Regular checks and audits on medicines and medicine administration records (MARS) were carried out.
- People received their medicines as prescribed. Where people were prescribed 'as required' medicines there were now protocols in place to guide staff when the person may require their medicines.
- The registered managers had worked hard to drive up improvements with medicines management within the service. A health care professional, who had been working alongside the two registered managers, to look at the medicines management arrangements, confirmed improvements had been made. They told us, "They [registered managers] have worked tirelessly to get it right for their residents."

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe.
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff told us, "I haven't had any concerns, if that was the case I feel sure she [registered manager] would act on it."

Information on who to report concerns to were available for all staff.

- The provider had safeguarding policies in place and the registered managers worked with the local authorities' safeguarding teams and reported any concerns promptly. Records were kept of any reported concerns to ensure there was a clear audit trail of action taken.

Staffing and recruitment

- The provider had enough staff on duty with the right skill mix to keep people safe. Staff told us there were enough staff working at any one time. One staff member said, "I feel that you have time to do activities, spend a lot of time with people. I feel there is a right amount of staff on."
- We observed staff had time to talk with people and support them when they asked for assistance. A relative confirmed, "There is always someone [staff] keeping a close eye on everyone and if someone rings their buzzer, they receive attention pretty promptly." A second relative commented, "We are always introduced to any new members of staff and because it is a relatively small home, you soon get to know everyone."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Preventing and controlling infection

- Staff were trained in infection control and had access to protective personal equipment such as gloves and aprons.
- We saw staff cleaning during the inspection. One relative commented, "The rooms are always immaculate."

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported. The registered managers reviewed all incident and accident forms, so they were fully aware of what had occurred in the service.
- The registered managers were open to reflect on practices and look at areas working well and where changes needed to be made. They had updated records, policies and procedures and worked well with other professionals to provide a safe service for people.

Is the service effective?

Our findings

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

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

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

- People's needs were assessed before they were supported by staff to ensure those needs could be met and individual care plans put in place.
- Assessments took account of current guidance. This included information relating to National Institute for Health and Care Excellence guidance.
- Care and support was regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
- People and relatives confirmed they were involved in the planning and delivery of care.

Staff support: induction, training, skills and experience

- New staff went through an induction and probationary period which prepared them for their roles.
- People were supported by skilled staff that had ongoing training relevant to their roles. This included specialist training by external professionals on dysphagia (swallowing difficulties) and oral health promotion.
- Staff were supported through regular staff meetings and supervisions. Records showed that staff had the opportunity to discuss any concerns.

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

- The new cook was well informed on how to provide suitable meals for people. They told us how people needed their food to be presented and were aware of likes and dislikes. One person confirmed, "They [staff] all know what I like and what I don't."
- Staff sat with people so they could support them with eating their meal. One staff member explained to the person, using the description of a clock. This enabled the person to visualise where which piece of food was, for example, "Mash is at one o'clock."
- At mealtimes people could chose to have meals in their rooms and staff respected that. A small group of people sat together at lunchtime. This was a quiet event, with people visibly enjoying their meals and only talking at the end when they had finished.

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

- People were supported to see a range of health and social care professionals. Appointments were recorded so staff could monitor any changes to people's health needs.
- Relatives confirmed they were informed of any changes to the person's needs. One relative described how

"brilliantly" staff had helped a person when they were unwell, liaising with doctors and other health care professionals. A second relative said, "The other day [person using the service] had a sore mouth. I knew I only need to speak to [registered manager] and she get things done. I came in today and [person using the service] mouth is better already."

- Good communication between staff and relatives had been key to ensuring people felt supported when there was a medical emergency. One relative described how twice they were quickly informed of their family member being sent to hospital. This enabled the relative to get to the hospital to support the person.

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

- There were two main communal sitting areas for people to use so they could have space, whilst still being with other people. There was plenty of room for people to freely move around.
- There was continuous improvements being made to the building, internally and externally. We saw the front of the house had been plastered and painted which made it welcoming and this was happening along the side of the house facing the garden.
- People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff respected people's choices and decisions. We observed staff seeking people's permission to support them and respecting their wishes.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act.
- Staff were clear that their role was to offer daily choices to people and to listen to their responses. We observed staff offering people options on what to do, for example, we saw one person deliberating where to sit and staff encouraged the person to think about where they wanted to spend time that would make them happy.

Is the service caring?

Our findings

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

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

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

- People were positive about the care they received and told us staff were caring. One person said, "They [staff] are all very nice." Another person told us, "When my children were looking for a home for me they came here and as the door opened they heard laughter and they decided it's going to be a good home. I am happy here."
- Relatives were complimentary about the care people received and how staff also were kind to them when they visited. One relative commented, "You are always made welcome and the residents look comfy and warm."
- We observed staff talking to people in a polite and respectful manner. The atmosphere was jovial when bingo was taking place. Staff interacted with people in a cheerful way.
- People's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices.

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

- People's preferences on who supported them when they received personal care support was recorded. This included, gender care preferences and in one person's records it clearly noted they wanted only female staff to support them.
- Staff understood when people needed help from their relatives and others important to them when making decisions about their care and support. They did so in a way that was sensitive to each person's needs. Staff did all they could to encourage relatives support and involvement in all aspects of the person's life.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. People's appearance demonstrated they received appropriate support around dressing and grooming. People said their privacy was respected.
- People were encouraged to be independent with their daily living tasks. It was noted in people's care plans if they could do something for themselves.
- We observed people being encouraged to eat their meal independently so they could eat without staff needing to sit next to them.

Is the service responsive?

Our findings

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

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

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

- Staff understood people's needs well, in particular as the service was small. This enabled staff to help and care for all the people who lived in the service on a daily basis. One relative told us, "They [staff] go above and beyond for their residents and they truly make the lives of the residents families far happier."
- Staff supported people in a professional and person-centred way. One relative described how the person's needs and moods were changing over time. The relative commented that when they recently visited, staff quickly helped the person feel calmer when they were upset. This helped both the person and the relatives who found the event distressing.
- People's care records noted ways staff needed to support the person to ensure staff followed people's preferences. For example, in one person's records it noted how the person liked sensory activities, such as hand and nail care activities.
- People's needs, and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and staff meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

Meeting people's communication needs

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

- People's communication needs were assessed. For example, for one person, when they want to express their feelings to staff they might shout and grab at staff. Their records stated, 'Do not rush me' for another person it was noted they used facial expressions to communicate with staff.
- Documents could be adapted to be more accessible. They could be provided in a larger font or translated into a different language.

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

- Activities were progressing to more person centred and this was work in progress. The registered manager was considering the best way to offer activities and encourage all staff to be involved in providing activities, as there was not a designated staff member in charge of providing activities.
- The registered manager described how they were setting up memory boxes for each person and were asking relatives to bring in photographs or objects that might be meaningful to a person. They had also arranged for children from a local school to visit which had been a good experience for people.

- We saw some people were engaged in bingo during the inspection and this helped people socialise with each other and staff and appeared to be an activity people enjoyed taking part in.
- People regularly saw their relatives and one person received a phone call on their own phone with a relative arranging to visit them. Relatives could freely visit and take people out if they so wished.

Improving care quality in response to complaints or concerns

- People and relatives knew who to raise any concerns with. One person said, "If I have any concerns, I can go to [registered manager]."
- The provider had effective systems to manage complaints and records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy.

End of life care and support

- There were no people receiving end of life support at the time of our inspection. Staff occasionally supported people with end of life care and they would work closely with other professionals to ensure people had dignified and pain free death.
- Staff received end of life training so they felt confident and able to support people with their end of life care wishes.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to have effective quality checks and audits to identify any issues and drive improvement. This had been a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The provider had improved the quality assurance systems to assess and monitor the quality of service provision. For example, there were care plan audits to ensure these records were person centred and informative and included more details than at previous inspections.
- Other audits were in place on areas such as medicines and health and safety to identify what was working well and if there were changes to be made which would benefit people living in the service.
- The service was being run effectively by the two registered managers. They worked well together focusing on different aspects of the service to ensure improvements were made. There was a clear leadership structure which aided in the smooth running of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives told us the service was well run. They were fully aware of the two registered managers and confirmed they were visible in the service. They were also happy with the level of communication from the registered managers.
- Staff were happy with the support they received. One staff member said, "They [registered managers] are all really approachable."
- Legislation sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about any incidents, providing reasonable support, providing truthful information and an apology when things go wrong. The registered managers were aware of their responsibilities in relation to this requirement.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered managers were aware of their

responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- Staff engaged with people on a daily basis and meetings were also held for people so they could hear news about the service and give their views. Satisfaction surveys were given to people and relatives and the registered manager had introduced a comments book so that views could be regularly given.
- Staff had daily contact with the registered managers and good communication was key to ensuring people were well supported. One staff member said, "I feel I can ask her [registered manager] anything and she would react to it. I can change this or change that. I feel I can talk to her."
- Over the past two inspections the registered managers had worked hard to reflect on what was working well and where alterations needed to be made. This was all with the help of the staff team who had embraced the changes, in particular with the new audits and the management of medicines.

Continuous learning and improving care

- Staff were always looking at ways to improve care. Feedback was complimentary from relatives about the care people received. One relative said, "Whenever I visit I always find them [staff] to be working hard and I have never seen anyone's needs being ignored."
- The management team ensured they kept updated with the current practices and attended local manager's meetings to share experiences and talk through any new guidance.
- The registered manager's ensured staff were kept up to date with current practice, this included the recent Care Quality Commission report, 'Smiling Matters' on oral health provision for people living in care homes.

Working in partnership with others

- The registered managers and staff team worked in partnership with external professionals. Feedback over the past two inspections from external professionals had always been positive, One health care professional commented, "They [Bluebells Care Home] are the only home that we visit that have no residents on nutritional supplements and I believe this has been the case for some time. This in itself we believe validates the care they provide."