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Bluebells Care Home

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

This inspection took place on 23 March 2016 and was unannounced. Bluebells Care Home provides care for up to 16 older people requiring personal care. On the day of our inspection 13 people were living at the service.

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's safety was protected as risk assessments were in place which followed management plans. Accidents and incidents were investigated so the information could be used to reduce the risk to people's well-being. People received their medicines as prescribed. Medicines were stored and handled in a safe way.

People told us they felt safe living at the home. There were systems and processes in place to protect people from the risk of harm. People were supported by staff that had completed safeguarding training and understood their responsibilities in relation to keeping people safe.

There were sufficient levels of staff on duty to meet people's needs. The service followed safe recruitment processes to ensure that people were supported by staff of a suitable character. Staff received regular training and were knowledgeable and skilled to carry out their roles. Staff spoke positively about the support they received from the management. Staff told us the management was approachable and there was a good level of communication within the service.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 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.

People received a choice of food that they enjoyed. Their weight and nutritional needs were monitored and appropriate action was taken when necessary.

We observed staff supporting people in a caring, professional and friendly manner. People had their independence promoted as much as possible while staff were taking into consideration their abilities and any risks associated with their needs. People told us they were happy with the service and how their support was provided. Staff ensured they treated people with dignity when providing personal care and they

respected people's privacy.

People's needs had been assessed before they moved into the service to ensure the team at Bluebells was able to provide the support people required. People and their relatives had been involved in planning their care. Care records reflected people's needs, choices and preferences and there was evidence these were reviewed on regular basis. People were provided with the information they needed if they wished to make a complaint and the complaints policy was available and displayed in the entrance area of the home.

The service was led by a registered manager and a team of committed staff. There was a clear staffing structure in place and staff were aware of their roles and responsibilities. The manager and staff told us they wanted to provide good quality care for people.

There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the service.

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. People told us they felt safe.

Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures.

People were supported by an appropriate number of staff to meet their needs.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the training and knowledge to carry out their roles.

People were involved in making decisions about their care.

People had access to health and social care professionals who spoke highly of the quality of the care provided by the service.

Is the service caring?

Good

The service was caring.

People told us they felt well looked after and staff were caring.

Staff respected people's preferences and ensured their privacy and dignity were maintained.

People were treated with kindness by caring staff who knew them well.

Is the service responsive?

Good

The service was responsive.

People's care plans were person centred and reflected their needs.

People were given choice on activities and ways of spending their day.
The provider sought the views of people and their relatives.

People knew how to raise concerns and provider acted on people's feedback.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post.

There was a positive culture within the service.

Quality assurance audits had been completed by the registered manager to check that the service was meeting the standards.

Bluebells Care 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 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 23 March 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their PIR. The PIR 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. We also contacted the local authority commissioners of the service and two external professionals to obtain their views.

During our inspection, we observed how staff interacted with people using the service and how people were supported during meal times. We also observed the medicine administering process and other activities.

We spoke with eight people and three relatives. We talked with the registered manager, two care staff and two senior care staff. We also spoke with two external professionals who had been involved with the people living at the service.

We looked at records, which included four people's care records, the medicine administration records (MAR) for people living at the home and three staff files. We also looked at other information related to the running of and the quality of the service. This included audits, maintenance work schedules, staff training and support information, staffing rotas for the past four weeks, meeting minutes and the arrangements for managing complaints.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person said,: "Oh yes, I do feel safe". Another person also said that they felt safe at the service adding, "If it was otherwise I'd say take me somewhere else". The relatives we spoke with expressed no concerns about the safety of their family members.

People were protected as risks to their safety and health in relation to the premises were assessed and managed. Records confirmed checks to ensure the environment was safe were undertaken on regularly. For example, water temperatures and health and safety checks were carried out. We noted the moving handling equipment such as hoists had been serviced when required. All areas of the home appeared clean and well maintained.

People's individual risks assessments around their care needs were in place and staff followed these. Risk management plans detailing the support people required to keep them safe were in place. For example, one person was assessed as at risk of developing pressure areas. We noted they had a pressure relieving equipment in place and it was set accordingly to the person's weight. The care file contained information about the equipment and the records confirmed the person's weight was closely monitored. An external professional praised the staff at the home and added "Everyone's skin integrity here is really good."

We observed the process of administration of people's medicines and we noted medicine was given to people safely. Staff signed the records after the person had taken their medicine which was in line with the policy. People received medicines as per their prescriptions and medication was kept securely. The amount of medication in stock corresponded correctly to stock levels recorded. We noted there were no missing signatures on the Medicines Administration Records.

People were cared for by staff that were knowledgeable about how to recognise signs of potential abuse and they were aware of the reporting procedures. Staff had received training in safeguarding vulnerable adults. Staff were also aware how to report any concerns externally. One member of staff told us: "I would report to the manager first but if needed I'd go to social services, Care Quality Commission (CQC) or the police". The registered manager was aware of the local authority's procedures of safeguarding adults and we noted the up to date safeguarding information was available and displayed within the service.

We observed that when people needed assistance staff responded quickly. None of the staff we spoke with raised any concerns about the number of staff available to support people. The records we viewed confirmed the expected staffing levels were achieved. We observed people who remained in their rooms had call bells within their reach. One person explained to us how they operated their call bell, saying "I would press that" and pointing at the device.

People were protected against the employment of unsuitable staff as safe recruitment processes were followed consistently. Records we looked at confirmed that the necessary recruitment checks had taken place before staff were employed to work at the service. The staff files we viewed contained written applications, references from previous employers, copies of proof of identity and Disclosure and Barring

Service (DBS) checks. DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Accident and incident recording procedures were in place and showed appropriate action had been taken where necessary. We reviewed the provider's record of accidents. We noted where people had fallen and required medical attention, appropriate action had been taken, for example contacting the GP for advice. The registered manager monitored the forms regularly to ensure that any trends or patterns were identified.

Good

Is the service effective?

Our findings

People spoke positively about the way staff supported them. One person told us, "They're all ever so kind, all very kind, I will say that". Another person told us they knew who their key worker was and added, "Staff are very good, staff are well trained". The relatives praised staff. One relative told us that their family member had been in hospital but had since recovered well. The relative commented, "I attach all of that (the recovery) to here (Bluebells Care Home)". An external professional told us that staff were positive about learning. They said, "They'll always ask" and added that staff were "Open and willing to learn".

There was a process in place that ensured staff received an induction before they commenced work. The registered manager told us the induction was designed to give staff the skills they needed when they first started their role. The registered manager also informed us they were in a process of updating their training programme to meet the 'Care Certificate' requirements. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The registered manager ensured the induction met the needs of each member of staff. They informed us they arranged an additional, external, classroom based course for one of the new staff for whom English was not their first language. This was to ensure the member of staff was supported well and they received a thorough induction that suited their learning needs. The member of staff commented positively on their training. Staff told us and the records confirmed that they received training necessary for their roles. One person said "We get the mandatory training and updates". Staff told us they received various training including 'face to face' training in subjects such as fire safety and moving and handling.

Staff we spoke with said that they felt well supported by the management and senior colleagues. One person told us "We have lots of support, from all, including senior staff". Another person said "I receive supervision but not as often as I should, but I feel supported". We raised this with the registered manager who was aware there were some gaps on the supervision matrix and they told us they were developing a new observation tool that will be implemented as an additional form of staff supervision.

The manager had a clear understanding of the Mental Capacity Act 2005 (MCA). The MCA is a framework to ensure, where people lack the capacity to make decisions, any decisions made on the person's behalf are made in their best Interest. Care staff we spoke with had a general awareness of the Mental Capacity Act and had received training in this subject to help them understand how to protect people's rights. One person said "We need to be aware there is a human behind the dementia, the person must be given a choice". Another care worker said "We need to go with people (their wishes), not to agitate them, take time to explain and give choices, for example about food or clothes".

The registered manager had made referrals in relation to the Deprivation of Liberty Safeguards (DoLS). DoLS aim to protect people who lack mental capacity, but who need to be deprived of liberty so they can be given care and treatment in a hospital or care home. We saw that a Deprivation of Liberty Safeguarding (DoLS)

order had been applied for in respect of one person who was living with dementia. We saw a reference to the person being unable to make decisions that affect her life and well-being. We noted there was evidence that the assessment was made emphasising the care needed to be given to the person in their best interest. There was evidence that the person's family had been involved in discussions.

People were positive about the food they received in the home. One person said, "The food is lovely". Another person told us, "I have no complaints, I have a sandwich to take with me (the person was going out) and dinner will be ready for me when I am back". Care plans contained information about people's dietary requirements. We saw that people had drinks, which were offered regularly, available in their rooms. People were offered one to one support with meals where required. There was a list of people's requirements such as people's likes and dislikes, pureed foods and foods suitable for people with special requirements in the kitchen.

People were supported to access healthcare services. There was evidence that a range of professionals were involved in assessing and evaluating people's care and treatment. These included a GP, community nursing staff and a Speech and Language Therapist (SALT). A relative told us, "The doctor checks regularly and the district nurse does dressings". Another relative told us "There is a good relationship between Bluebells and the medical centre". A staff member told us that one person who had recently suffered a fracture was awaiting physiotherapy assessment. We spoke with two visiting professionals. One of them told us, "I enjoy coming here. Nothing's too much trouble". The other professional commented, "I would have no hesitation in recommending Bluebells".

Good

Is the service caring?

Our findings

People told us they were happy living at the home. Relatives also told us they thought staff supported their family members well and were kind and caring. One person said "They're all ever so kind, all very kind, I will say that". Another person told us they were "Looked after very well". Other comments included, "I'm very happy here. It's better than hospital!", "I'm quite settled here. Altogether it's quite a good place". A relative told us they were 'very happy with care' and they had 'never seen one of them (staff) miserable or complaining'. An external professional told us, "When I visit the home I always see carers spending quality and caring time with the residents who wish to have their company". Other comments received from visiting professionals included: "They're very caring and compassionate towards their service users, residents are always happy", "Visiting here is like going into someone's home", "I always found them really caring".

We saw staff were kind and caring in their approach to people. We observed examples of positive interactions between staff and people who use the service. For example, one member of staff expressed a concern about the person who was going out with their family and the person was distressed about their appointment. We observed staff escorting the person to the car park and reassuring them.

We observed that there was a positive rapport between the people and the staff. There was laughter and positive banter. We saw evidence of a very positive and genuine relationship. One person told that that they enjoyed spending time with staff and added "The staff are very good, we get along".

We observed that staff took time to explain to people what was going to happen before they provided support. For example we noted that staff demonstrated positive communication skills and engaged with people positively during the medication round. We saw that appropriate time was spent with each resident depending on their needs. Staff also demonstrated warm attitude and they were considerate towards people's individual needs. For example, they were observed asking how the person was and checking with them if they needed a pain relief.

We saw people were able to exercise their choices in where they wanted to spend their time. We noted some people chose to stay in their bedrooms while others sat in communal areas. One person was sat in the lounge waiting for their transport to their weekly outing. Visitors were coming and going as they wanted during our inspection visit. We saw people were consulted about the decision about their daily living. We noted that the minutes of the residents' meeting read the dining room was going to be repainted. As a result, it was going to be out of use for three days and we saw the people were asked where they preferred to have their lunch on those days.

People were treated with dignity and respect. We saw staff knocked on people's bedroom doors before entering. Staff were able to explain how they would ensure people's dignity. One member of staff said, "We don't see people as a room number; I treat them how I'd like my grandfather to be treated". People's confidentiality was respected; conversations about people's care were held privately and we noted care records were stored securely.

People's diversity was respected and promoted. A relative told us the registered manager had arranged for their family member have their television linked to the internet so the person was able to watch their favourite programmes in their native language.

Good

Is the service responsive?

Our findings

People had their needs assessed prior to the admission to the service in order to ensure the service had sufficient information and they were able to meet people's needs. We noted care files included information that related to continence, mobility, personal care, skin integrity and other areas. We also noted there were detailed life histories. Additional files were kept in people's bedrooms and these contained information such as fluid intake or output, personal care records or repositioning charts. The daily notes of care delivered were relevant and detailed. Care plans were reviewed and updated regularly.

People and their relatives were involved in the care planning process. We saw records that a person had been 'present when the care plan and assessment completed'. Another person's file read 'asked [person] how they felt about their care plan and if there were any changes they would like to be made'. One relative confirmed "We've had reviews with the care coordinator". An external professional commented "I carried out a number of reviews at Bluebells and found the staff knew people's needs well. They (staff) will find out more about people's conditions if needed. They always look to maximise the potential of the person".

The service was responsive to people's needs. For example, one person received a new piece of equipment recently and we saw this was already incorporated in their care plans and risks assessments. The registered manager told us they were experiencing difficulties in obtaining a specific type of incontinence products for one person. The particular type of product preferred by the person allowed them to be more independent. The manager showed us evidence how they made further enquiries to explore the possibility of receiving the items preferred by the person. We were also informed there was a delay in receiving one person's prescription. We saw evidence that the request had been sent the week before and we saw how the service had actively tried to resolve the issue.

The provider's complaints policy set out the formal procedure of how to investigate and respond to people's complaints was available and displayed at Bluebells. The service had received only one written complaint in the last year. We saw the complaint was responded to in a timely manner. The manager felt that frequent communication they had with people and their families allowed them to deal with concerns effectively before these escalated to a complaint. The manager had an open door policy and told us they encouraged families to approach them at any time. People told us they knew how to complain, one person said, if they had a concern "I would tell them." A relative told us the manager had changed their family member's key worker at their request. This indicated that the service was responsive and acted upon feedback received.

People's activities were provided by staff. The registered manager told us they were exploring options of employing an activity co-ordinator or delegating this role to a designated member of staff. Some examples of the activities provided included crafts, board games, ball games, hairdresser visits and some external entertainments such as a choir. On the day of our inspection we noted a number people were going out with families, one person was attending their weekly club and we noted some individual, one to one interactions. One person told us, "We've got some entertainment". Another person told us, "Staff play scrabble with me". We noted people were supported to contribute to daily living tasks which were a meaningful activity for them. One person told us, "I set up tables and clear table mats, it keeps me busy".

Good

Is the service well-led?

Our findings

People spoke positively about the registered manager. One person said, "I like the manager". A relative told us the manager was 'excellent' and had an 'excellent colleague' (referring to the care coordinator) who was 'hands on'. Another relative told us, "I would say the home was well managed". An external professional commented positively on the way they felt the home was run and added, "They are very engaging".

There was an open and supportive atmosphere. Staff told us they felt supported and they praised the culture of the service. One member of staff said, "We are a small team we work very well together". Another person praised the manager and said, "He goes over and above, he always goes that extra mile for clients". Another member of staff told us the manager was 'around all the time'.

The registered manager had introduced an innovative way how to actively involve staff, people who used the service and their relatives to provide feedback about running of the service. We saw that a 'mood board' had been introduced. The board is a display situated on the wall in the prominent area of the home. Everyone can write their comments on what the service does well, what not so well and which areas could be improved. The display was designed to reflect the five domains (safe, caring, effective, responsive and well-led) which the Care Quality Commission inspects providers against. We noted the display was filled with mostly positive and motivating comments, for example about good team work.

On the day of our inspection the home was well organised and run smoothly even though the manager arrived after we had entered the service. One of the senior care staff took time to introduce us to the people who were up. We saw the team of staff worked together well and people were responded to in a timely manner.

Staff were clear on their roles and responsibilities. We noted that the key worker system was in place and the staff had a clear guidance of areas the key workers were responsible for. A number of champions were in place there was an Infection Control champion, Moving and Handling champion and an End of Life champion who attended specialist training at the hospice.

The registered manager had systems in place to monitor the quality of the service. They undertook a range of effective audits including health and safety audits, accidents audits and others to further enhance the care provided.

There were systems in place which ensured any safeguarding issues were notified immediately and these were promptly acted upon. The staff were aware about whistleblowing procedures.

The registered manager was clear on their responsibilities to notify Care Quality Commission of any notifiable events and we had received these notifications in line with the Health and Social Care regulations. The registered manager had ensured that the CQC were notified of any issues that could affect the running of the service or people who used the service.