

Stonehaven (Healthcare) Ltd

Bluebell House

Inspection report

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Date of inspection visit:
11 September 2020

Date of publication:
01 October 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Bluebell House is a residential care home that provides personal care and support to 24 people aged 65 and over at the time of the inspection. Lounge and dining areas are available on two floors and bedrooms on three floors. These can be accessed by a passenger lift. Most people living at Bluebell house are living with dementia and/or conditions associated with frailty and old age.

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

People said they were comfortable and being well cared for. One person said, "It's not been fun with lockdown but the staff have been great and we are certainly well cared for."

At the last inspection we found medicines were not always managed safely. We issued a requirement in relation to this as people were at risk. We asked for and received an action plan which showed what the provider was doing and had implemented to ensure this requirement was met. At this inspection we found medicines management had improved since our previous inspection. People received their medicines safely and in the way prescribed for them.

At the last inspection we found risks to hot water outlets had not been risk assessed. We were made aware following the inspection that thermostatic valves had been fitted to all hot water outlets. At this inspection we saw these measures were being monitored monthly to ensure the valves were working and where temperature changes noted the valves were adjusted to keep people safe from the risk of scalds from hot water.

At the last inspection we found the provider quality assurance processes were not robust as they had failed to identify the risk areas we had highlighted during the comprehensive inspection. At this inspection we found regular and robust audits were being completed to keep people safe. These were being monitored by the providers quality assurance manager and by visits from the directors. During the pandemic some of this had been completed remotely, but in more recent month's visits to the home for quality monitoring had been resumed.

Most staff said there were always sufficient staff on duty for the number and needs of people they cared for. Two staff felt they would benefit from additional staff during the afternoons, but said people's needs were being met. One staff member said they sometimes struggled to keep people entertained throughout the day. They said they were aware the service had recently employed an activities person to work at the home and believed this would benefit people.

Since the last inspection there had been several safeguarding alerts raised. One was raised by the registered manager and was handled well to keep people safe. Two others had been raised by other agencies and were

reviewed with the local authorities safeguarding team. We discussed these with the registered manager and provider who were looking at lessons learnt and sharing with their other services where practice could be improved.

Recruitment processes ensured people were protected as only staff who had been assessed and checked as being suitable to work with people who may be vulnerable, were employed.

Infection control and measures to keep people safe from risk of the spread of Covid were reviewed during this inspection. Training and the right personal protective equipment (PPE) were in place. Measures for visitors to the service were in place. This included ensuring temperature checks were completed. Visitors were also asked to sign a health declaration and wear PPE. We made one recommendation in respect of ensuring staff were using surgical masks correctly at all times.

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 (Report published 1 May 2019)

We identified a breach of regulation 12 in regard to safe medicine practices. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We had also received several individual pieces of information of concern about people's healthcare needs not being met in a timely way and the attitude of the registered manager in one incident.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We found no evidence during this inspection that people were at risk of harm from these concerns. The provider completed a full investigation into each of the concerns and have shared any lessons learnt. Please see the safe and well led sections of this report.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Bluebell House

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.

This was a focused inspection to check whether the provider had met the requirements of the breach in relation to Regulation 12- Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations. We also wanted to seek assurances that people were receiving safe and timely care following CQC receiving some information of concern.

Inspection team

The inspection was completed by one inspector and a member from the CQC medicines team.

Service and service type

Bluebell House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 a manager 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

We gave a short period notice of the inspection because we needed to check the service had no active Covid and to discuss how and where they wished us to enter and put on the PPE. This was to ensure the safety of people, staff and the inspection team.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed all information the provider had sent us prior to the inspection. This included information we had requested in relation to some concerns raised. We also reviewed statutory notifications (key information providers are required to send us). We completed a chronology of concerns, whistleblowing and safeguarding concerns as well as positive feedback to see if there were any trends. We sought feedback from the local authority and other professionals who work with the service. We used all of this information to plan our inspection.

During the inspection-

On the first day the inspector spent time with the manager, deputy manager and director. We also spent a short time touring the building, observing staff to check they were wearing and using PPE correctly. We spoke with four people living at the service. To minimise time at the service we asked for and received some information. This included two care plans and risk assessments, daily records, staff rotas, staff training matrix.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

On the second day of inspection we checked 11 people's medicine administration records in detail. We checked storage arrangements, policies and procedures, medicines audits and records.

After the inspection –

We arranged video calls and spoke with five staff. We also contacted and received information from two healthcare professionals. We asked the provider to send two care plans and risk assessments along with electronic daily notes which we reviewed. They also sent staff rotas, training matrix and the provider's monthly report. These documents helped us to judge how well the service was being run and what areas were being reviewed in terms of quality audits.

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.

Using medicines safely

At the last comprehensive inspection completed in March 2019, we found improvements were needed to the way medicines were being managed. We issued a requirement and asked the provider to send us an action plan to show how they intended to meet this requirement. At this inspection we found there had been improvements to the way people's medicines were managed since our previous inspection and the breach was now met.

- We found medicines were managed and administered safely.
- People's medicine administration record (MAR) charts were completed when doses of medicines were given. These showed people received their medicines as prescribed for them.
- When medicines were prescribed to be given 'when required', protocols had been written to guide staff when it would be appropriate to give doses of these medicines.
- There were systems in place to record the application of creams and other external preparations. Directions and body maps were available to guide staff to make sure these preparations were applied as prescribed.
- Medicines were stored securely. Storage temperatures were recorded and monitored to make sure medicines would be safe and effective. Suitable arrangements were in place for medicines needing extra security.
- Staff who gave medicines received training and their competency was checked to make sure they gave medicines safely.
- Regular medicines audits were undertaken, and we saw that if any areas for improvement were identified, then appropriate actions were taken.

Assessing risk, safety monitoring and management

At the last inspection we found risks to hot water had not been fully risk assessed. We were made aware following the inspection that thermostatic valves had been fitted to all hot water outlets.

- At this inspection we saw these measures were being monitored monthly to ensure the valves were working and where temperature changes were noted, the valves were adjusted to keep people safe from the risk of scalds from hot water.
- Care plans had risk assessments for people relating to their health, risk of falls and risk of pressure damage.
- Where people had been assessed as being at risk of developing pressure damage, equipment was being used to reduce the risk. This included pressure relieving mattresses. We checked three of these and found they were set to the correct setting for the person in accordance with their weight.
- Turning charts were in situ in people's rooms and staff were recording on these when people had been assisted to move position to help with the prevention of pressure damage.
- Food and fluid charts were being kept where people were at risk of poor hydration or nutritional intake.

Risk of falls were assessed. Where a fall had occurred an incident form was completed and reviewed to see if further measures could be put in place to reduce the risk.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding policies and procedures in place and these were easily accessed by staff.
- Staff said they were confident in being able to highlight any concerns to the registered manager, deputy or senior staff. They said these would be investigated and shared with the right channels.
- Staff had annual training on safeguarding and protecting people's rights. The training matrix showed 28 staff had received this training and there was no outstanding needs for this to be updated for any staff.
- Since the last inspection there had been three safeguarding alerts made. One was from the service about potential abuse. The registered manager acted swiftly to ensure people were protected. One related to a person who was admitted for urgent respite care but became agitated. The registered manager was trying to seek urgent help to get the person assessed and moved to another more specialised service. The third related to a person who sustained an injury following a fall and a concern about whether the service sought medical intervention in a timely way. This had been reviewed by the local authority and closed with no actions.
- The registered manager and provider have engaged fully in the investigation process and assured us their view was that staff acted correctly at the time.

Staffing and recruitment

- There were sufficient staff available throughout the day and evening to meet people's needs. People told us staff were attentive and their needs were being met. One person said, "It's not been fun with lockdown but the staff have been great and we are certainly well cared for." Another said they wished staff could spend more time with them in their room, but understood other people needed their support.
- Most staff said there was always sufficient staff for the number and needs of people they cared for. Two felt they would benefit from additional staff during the afternoons, but said people's needs were being met. One staff member said they sometimes struggled to keep people entertained throughout the day. They said they were aware the service had recently employed an activities person to work at the home and believed this would benefit people.
- Recruitment processes ensured people were protected from the risk of unsuitable staff being employed.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. We did note one or two staff did not always have their mask fully covering their nose. This was when they were more than two meters away from others

We recommend the service reviews the PHE guidance for care homes and ensures all staff follow this at all times.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff, although they acknowledged there were national shortages of tests and some delays in getting results back.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Any accidents and incidents were recorded and highlighted to the manager. These were audited for themes to identify any trends or patterns so preventative action could be taken to prevent a reoccurrence.
- The regional quality assurance manager and providers had oversight of incidents within the service.
- Shared learning was discussed with managers from the other services owned by the provider.

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 the last comprehensive inspection we found quality audits had failed to identify risks we found such as medicine management and risk of hot water outlets
- At this inspection we found the necessary improvements had been made to the way risks and quality performance was monitored by both the registered manager and the provider. This included improved and more regular medicine audits and checks on staff competencies. It also included checks on hot water. These and other safety and quality audits were checked by the provider on a weekly and monthly basis.
- The provider had a representative who visited the home at least monthly (although this was done remotely during the initial Covid lockdown). Their reports included ensuring the views of staff, people who lived at the service and an environmental check was completed.
- Since the last inspection a new role of deputy manager had been implemented. Their role was to support the registered manager and work alongside the senior carers to ensure quality care and support was being delivered.

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

- People were encouraged to have a say in how the service was being run through regular residents' meetings and via one to one chat with the senior leaders and their key workers. One person said they felt the views were listened to "I just pop to the office and ask to speak with them."
- Involving the public has been difficult to achieve during the pandemic. However they had forged links with local schools and businesses and there was evidence of letters from local children displayed in the communal areas. Similarly maintaining contact with family and friends has been challenged through the pandemic. Staff ensured people maintained contact via facetime, phone calls and more recently planned and booked visits in a designated area.
- People's known diverse needs were recorded on care plans for staff to be aware of and respect when working with them. For example, people who preferred a high level of privacy balanced with a need to keep people safe and well cared for.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Plans were written in first person and detailed people's preferred routines, such as morning and evening. They included what and who is most important to the individual. This helped staff to deliver a person-centred approach.
- Staff worked hard to maintain a homely and inviting environment for people to feel secure and safe.
- Giving choice and allowing people time to engage was embedded into everyday practice. Staff said they would like more time to ensure everyone had quality time with staff. The registered manager said staffing levels were kept under review so if people's needs increased, additional staffing could be considered and implemented.

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

- The registered manager and provider understood their responsibilities in terms of duty of candour. They said they shared all learning from safeguarding and inspection processes. Where there was a need for an apology because things had gone wrong, this was part of actions agreed with the senior team.
- During recent safeguarding alerts the registered manager and provider had worked alongside the safeguarding team and CQC to ensure the right information and learning was shared. This included where another professional alerted them about the attitude and manner of the registered manager. This has been fully investigated and lessons learnt.

Continuous learning and improving care; Working in partnership with others

- Staff said that despite Covid restrictions, learning had continued and this was discussed as part of ongoing supervision and support.
- The service's training matrix showed there was a commitment to keeping staff skills updated to ensure safe and effective care and support.
- The service had worked in partnership with the care homes team to look at key areas of skills and learning. They were about to start training of senior staff on a new tool to help them recognise people's vital signs and when they may be deteriorating. This will further assist their joint working with other healthcare professionals such as GP's and community nurse teams.