

Bluebell Residential Home Limited

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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

About the service:

Bluebell Residential home provides residential care for up to 40 people, at the time of the inspection there were 39 people living at Bluebell.

People's experience of using this service:

People and their relatives told us they were happy with the care provided. All staff demonstrated a commitment to providing person-centred care. People had developed positive relationships with staff who had a good understanding of their individual needs.

People were supported to maintain their independence and positive risk taking was encouraged. Systems were in place to support and monitor people's safety.

People were protected from possible harm. Staff had a good understanding of how to safeguard people and were confident to raise any concerns they identified. Medicines were managed and administered safely. Records confirmed people had received their medicines as prescribed.

People's assessments were detailed and reviewed consistently. Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Minor recording issues were identified throughout the inspection these were addressed immediately and had no impact to people.

Staff completed regular training to support them to fulfil their role. Staff felt supported and received regular supervisions, team meetings and competency checks.

Staff were friendly and polite. Staff took time to get to know people. We observed staff consistently sat chatting with people about their lives, hobbies and interests.

Care plans were person centred and were reviewed on a regular basis. People and their relatives told us they were confident if they had any complaints the registered manager would address them appropriately.

People knew the registered manager and told us they trusted them. Staff told us the registered manager was supportive and approachable.

Rating at last inspection: Good (report published 05 May 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through the information we receive until we return to

visit as per our re-inspection programme. If any concerning information is received 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 effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Bluebell Residential Home Limited

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection team consisted of two inspectors on the first day and one inspector on the second day.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (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: This inspection was unannounced.

What we did: We reviewed information we held about the service, such as notifications we had received from the provider, information from the local authorities that commissioned services and Healthwatch, England. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. Healthwatch, England is an independent service which exists to speak up and publicise the views of local people in health and social care settings. Before the inspection, we reviewed the Provider Information Return (PIR) that the provider completed. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with four people who used the service, the registered manager, deputy manager, care manager and two carers. In addition, we spoke with a healthcare professional. We reviewed a range of records. This included four people's care records and medication records. We also looked at records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes.

- Staff we spoke with had a good understanding of safeguarding people. Staff could explain the action to take to ensure people were safe and protected from harm and abuse.
- The provider had a safeguarding policy in place. Safeguarding concerns had been reported and acted upon, involving all the relevant professionals when appropriate.
- People and their relatives told us they felt the service was safe, comments included, "I am safe here, well fed, well looked after and very happy", "I feel very safe, I have my own room and it is lovely" and "I am very happy with the care my relative receives."

Assessing risk, safety monitoring and management.

- Staff understood the required support people needed to reduce the risk of avoidable harm. However, the records used to monitor those risks such as hydration, nutrition, pressure care and bed rail safety were not completed or reviewed to provide information to staff on potential risk. The registered manager informed us this would be amended straight away.
- The environment and equipment were safe and well maintained.
- Each person had an up to date personal emergency evacuation plan that would be used in the event of an emergency such as a fire.

Staffing levels.

- We observed sufficient numbers of staff on shift to support people safely. Staff said there were enough staff to meet people's needs safely and they didn't feel rushed or under pressure.
- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people.

Using medicines safely.

- Medications were managed safely. Records confirmed people had received their medicines as prescribed.
- There were regular checks of the medicines in stock and any discrepancies identified were explored and resolved.
- Staff responsible for supporting people with medicines completed annual training and received regular competency checks.

Preventing and controlling infection.

- Staff were observed using good infection control and prevention practices.
- Personal protective equipment (PPE) was available for staff, such as disposable gloves to use to help prevent the spread of infection.
- The environment was clean and cleaning schedules were in place to maintain this.

Learning lessons when things go wrong.

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.

Is the service effective?

Our findings

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

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 assessments were detailed and reviewed consistently.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- Staff completed training in equality and diversity and the staff team were committed to ensuring people's diverse needs were met.

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 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 with appropriate legal authority. 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure this was lawful.
- Staff understanding of MCA was limited. The registered manager addressed this straight away and arranged further training for staff.
- There were no records completed where decisions had been made in people's best interests. The deputy manager informed us that meeting were not always recorded. Following the inspection, we received evidence of best interest meetings being completed in line with best practice.

Staff skills, knowledge and experience

- Staff completed regular training to support them to fulfil their role.
- Staff told us they were supported by the registered manager who completed regular supervisions, team meetings and competency checks.
- The service provided tailored training to staff to meet the specific needs of people. For example, staff attended visual aid training to support people with sensory impairments.

Supporting people to eat and drink enough with choice in a balanced diet

- Care plans contained people's food preferences and specific instructions around their diets. Our observations were that some of the detail within the care plans was incorrect and had not been reviewed. This was completed on the second day of our visit.

- People were involved in meal choices and supported to maintain a balanced diet. One person told us, "Staff always ask me what I would like to eat, we have a Chinese night which is really good, I really enjoyed that."

Staff providing consistent, effective, timely care within and across organisations

- Records showed people had hospital passports in place. Hospital passports are communication tools to inform other health services and professionals of people's health needs. These were written in detail and provided information on how to care for people in a person-centred way.
- A health professional told us, "The staff are very good and they listen to our advice."
- Records of professional visits were recorded and outcomes of these visits were reflected in people's care plans.
- People told us, "If I need to see a health professional they arrange it straight away, staff are very good."

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

- The environment was relaxed, and people told us they felt comfortable both in the communal areas and their own rooms.
- Signs around the home supported people to remain orientated in their surroundings, this continued in the outside area, where people were able to access a sensory garden.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- Staff were friendly and polite. Interactions between staff and people were natural and showed positive relationships had been developed.
- Staff took time to get to know people's preferences and used this knowledge to care for them in the way they liked. We observed staff consistently sat chatting with people about their lives, hobbies and interests.
- Staff knew people well and supported them with a calm and friendly approach.

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

- Regular meetings were held with people and relatives to involve them in planning all areas of care delivery.
- People's diverse needs were recorded in detail and staff we spoke with demonstrated a good knowledge of people's personalities and individual needs, and what was important to them.
- Staff positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- Staff knew what was important to people and supported them to take positive risk to maintain their independence. For example, one person was able to maintain relationships with family outside the service because staff had supported this person to access information from the Driver Vehicle Licensing Authority (DVLA) to enable them to drive again.
- Staff respected people's right to privacy and confidentiality. People told us, "Staff always knock before they enter my room."
- Relatives told us they felt welcomed and comfortable when they visited the service. Comments included, "I am here all the time, the staff are very good to me as well as my relative", "I am always made to feel so welcome" and "Staff always have time for a chat and always offer me a drink."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care.

- Care plans were person centred and were reviewed on a regular basis.
- Some of the care plans we looked required further detail around people's specific needs. For example, one care plan stated that the person was occasionally able to weight bear, other areas of the plan indicated that the person was non-weight bearing. Discussions with the registered manager informed us that depending on the persons wellbeing that day would depend on their ability to weight bear. We advised this needed to be reflected in the care plan. This was completed straight away by the deputy manager.
- Life histories were recorded in detail to support staff to provide non-discriminatory care and support to people.
- The service provided a range of activities and entertainment for people which was planned and facilitated mainly by staff. People told us there were always something happening, comments included, "We do quizzes, singing and jigsaws", "We go out when its warm and do lots in the garden" and "We have some really good entertainment here."
- Staff knew people and their needs well. Staff spent time with people and their relatives to find out what was important to them.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard.

Improving care quality in response to complaints or concerns.

- The service had a complaints procedure displayed in the service for people and visitors to refer to in an accessible format.
- People and their relatives told us they were confident if they had any complaints the registered manager would address them appropriately.
- Where complaints had been made, they were responded to in line with provider's policy.

End of life care and support.

- People's end of life care preferences were written in detail in their care plan. This provided staff with information to ensure people would receive dignified, comfortable and pain free care at the end of their life if required.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- The registered manager demonstrated a positive culture and promoted a high standard of person centred care and support for people.
- The provider and registered manager had a visible presence in the home. They knew people, their needs and their relatives well.
- People and their relatives spoke positively about the management of the service. Comments included, "They are brilliant, they are always around to talk to", "They have really helped me to get better" and "They are wonderful, I know my relative is well looked after here."
- Staff said they felt supported by the registered manager and received regular supervisions and staff meetings to promote their development.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The registered manager understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare; records showed they had done so accordingly.
- Systems and process were in place to oversee the service and governance systems drove improvements in the quality of the service.
- The registered manager completed comprehensive quality assurance checks. This enabled them to collate information on a daily basis to show how the service was performing.
- Effective communication between the registered manager and staff team supported a well organised service for people.

Engaging and involving people using the service, the public and staff.

- Links with outside services and key organisations in the local community were well maintained to promote independence and wellbeing for people.
- People, relatives and visiting professionals had completed surveys of their views and their feedback had been used to continuously improve the service.

Continuous learning and improving care.

- Staff were focused in developing their skills. Supervisions contained clear objectives to support staff with their continuous learning.
- Systems were in place to ensure the service was consistently monitored and quality assurance was maintained.

