Bluebell Place Limited

Bluebell Nursing & Residential Home

Inspection report

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Grays,
Essex
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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?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

The inspection was completed on 29 and 30 April 2015 and there were 72 people living at the service when we inspected.

Bluebell Nursing and Residential Home provides accommodation and personal care for up to 80 older people, people who require nursing care and people living with dementia. The service is situated over three floors and includes a residential unit on the ground floor, a nursing unit on the middle floor and a memory unit on the top floor.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

The service was newly registered with the Care Quality Commission in October 2014.

Care plans did not accurately reflect people's care and support needs and improvements were required to ensure that all people who used the service received the opportunities to participate in social activities.

Improvements had been made to ensure that the management of medicines within the service was safe. This meant that people received their prescribed medicines as they should and in a safe way.

People and their relatives told us the service was a safe place to live. There were sufficient staff available to meet their needs. Appropriate arrangements were in place to recruit staff safely. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure their and others' safety.

Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed and improvements had been made to ensure that risk assessments were accurately completed.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

The dining experience for people was positive and people were complimentary about the quality of meals provided. People who used the service and their relatives were involved in making decisions about their care and support. People told us that their healthcare needs were well managed.

Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests. The manager was up-to-date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the local authority to make sure people's legal rights were being protected.

People and their relatives told us that if they had any concerns they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

There was a failure to have an effective system in place to monitor people's care records and people's activities. The manager was able to demonstrate how they measured and analysed the care provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People and their relatives told us the service was a safe place to live.

There were sufficient numbers of staff available to support people.

The provider had systems in place to manage safeguarding matters and ensure that people's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained and supported.

The dining experience for people was positive and people were supported to have adequate food and drinks.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Where a person lacked capacity, Mental Capacity Act (MCA) 2005 best interest decisions had been made. The Deprivation of Liberty Safeguards (DoLS) were understood by the management team and appropriately implemented.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. Our observations demonstrated that staff were friendly, kind and caring towards the people they supported.

People and their relatives told us they were involved in making decisions about their care and these were respected.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People's care plans were not fully reflective or accurate of their care needs.

Although a programme of activities was provided each day, improvements were required to ensure that all people who lived at the service received the opportunity to participate.

The service had appropriate arrangements in place to deal with comments and complaints. People told us that their comments and complaints were listened to and acted on.

Summary of findings

Is the service well-led?

Good

The service was well-led.

Appropriate arrangements were in place to ensure that the service was well-run.

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the manager and senior members of staff.

Bluebell Nursing & Residential 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 29 and 30 April 2015 and was unannounced.

The inspection team consisted of two inspectors each day.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

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.

We spoke with 15 people who used the service, six relatives, 14 members of staff, the manager, and the registered provider. We spoke with three healthcare professionals to obtain their views about the quality of the service provided.

We reviewed 14 people's care plans and care records. We looked at six staff support records. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Good

Is the service safe?

Our findings

People told us that they felt safe and secure. One person told us, "I feel totally safe living here and have no concerns or worries." Another person told us, "I never feel worried." Two relatives spoken with told us that they were confident that their member of family was safe. One relative told us, "I have total piece of mind that my relative is kept safe at all times."

People were protected from the risk of abuse. Staff had received safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or a member of the management team. One member of staff told us, "If I have any concerns at all about any of the people who live here I will tell the senior on duty or the manager." Staff were confident that the manager would act appropriately on people's behalf. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if required.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing such as the risk of poor nutrition and mobility, staff were aware of people's individual risks. For example, staff were able to tell us who was at risk of falls or poor nutrition and the arrangements in place to help them to manage this safely. In addition risk assessments were in place to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe.

People told us that there were sufficient numbers of staff available and their care and support needs were met in a timely manner. One relative told us, "There always seems to be staff close by and I feel that my relative's needs are met." In general staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. Staff told us that they could meet people's day-to-day needs but did not always have the time they would like to be able to sit and talk with people who used the service. We discussed this with the manager and they confirmed that they were aware of staffs feelings about existing staffing levels and were in the process of recruiting additional staff. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs and where assistance was required this was provided in a timely manner.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for staff appointed since October 2014 showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with people.

People told us that they received their medication as they should and at the times they needed them. The arrangements for the management of medicines were safe. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service, given to people and disposed of. We looked at the records for 16 of the 72 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

We found that the arrangements for the administration of covert medication for three people had been assessed and agreed in their best interest by the appropriate people involved in their lives. 'Covert' refers to where medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in drink. People living with dementia had their anxiety medication needs reviewed at regular intervals by a local dementia nurse specialist to ensure that they were receiving their medicines safely and effectively.

Staff involved in the administration of medication had received appropriate training and competency checks had been completed. Regular audits had been completed and these highlighted no areas of concern for corrective action.

Good

Is the service effective?

Our findings

People were cared for by staff who were suitably trained and supported to provide care that met people's needs. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard.

An effective induction for newly employed members of staff was in place which included an 'orientation' induction of the premises and training in key areas appropriate to the needs of the people they supported. We spoke with two newly employed members of staff and they confirmed that they had completed a three day induction and this had included opportunities whereby they had shadowed a more experienced member of staff. This was so that they could learn the routines of the service and understand the specific care needs of people living there.

Staff told us that they received good day-to-day support from work colleagues and formal supervision at regular intervals. They told us that supervision was used to help support them to improve their work practices. Records confirmed what staff had told us. Staff told us that this was a two-way process and that they felt supported by senior members of staff and the senior management team. A member of staff told us, "I get regular one-to-one meetings and I feel supported in my work."

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff were able to demonstrate that they were knowledgeable and had a basic understanding of MCA and DoLS, how people's ability to make informed decisions can change and fluctuate from time to time and when these should be applied. Records showed that each person who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been recorded. Appropriate applications had been made to the local authority for DoLS assessments. People were observed being offered choices throughout the day and this included decisions about their day-to-day care needs.

Comments about the quality of the meals were positive. People told us that they liked the meals provided. One person told us, "It's not the same as 'home cooking' but it's ok and I don't mind it at all." Another person told us, "The food is good and there is a choice of meals available each day." Our observations of the lunchtime meal showed that the dining experience for people within the service was positive and flexible to meet their individual nutritional needs. People were offered a choice of meals and drinks throughout the day. Where people were noted to change their mind, an alternative to the menu was offered without hesitation by staff. Where people required assistance from staff to eat and drink, this was provided in a sensitive and dignified manner.

Staff had a good understanding of each person's nutritional needs and how these were to be met. People's nutritional requirements had been assessed and documented. A record of the meals provided was recorded in sufficient detail to establish people's dietary needs. Where people were at risk of poor nutrition, this had been identified and appropriate actions taken. Where appropriate, referrals had been made to a suitable healthcare professionals. For example, where a person had been identified as being at risk of swallowing difficulties, a referral to the local Speech and Language Therapy Team had been made so as to ensure the person's health and wellbeing.

People's healthcare needs were well managed. People told us that they were supported to attend hospital appointments and were able to see other healthcare professionals as and when required, for example, District Nurse, GP, Speech and Language Therapy Team and Physiotherapist. We spoke with two healthcare professionals. They told us that staff were able to recognise changes in people's healthcare needs and were proactive in making appropriate referrals where required. In addition they told us that staff were proactive in following advice and guidance provided to them. Another healthcare professional told us, "I think this is a lovely home. Staff are attentive and know the needs of people who live here. The calls received by us are appropriate and we have no concerns." People told us that if their member of family was unable to attend their healthcare appointment with them, a member of staff always accompanied them. Relatives were kept informed of the outcome of healthcare

Good

Is the service effective?

appointments where appropriate. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.

Good

Is the service caring?

Our findings

People made many positive comments about the quality of the care provided at the service. One person told us, "I think this is a good home. The staff are nice to me and always helpful. I don't have to ask twice if I want something and I feel relaxed here." Another person told us, "The staff are lovely. I am satisfied with the care I get."

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be welcoming and calm. We saw that staff communicated well with people living at the service. For example, staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events, hobbies and personal interests. One relative told us, "The care here is brilliant and the staff know the needs of [person's name] well." People were also encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate according to their abilities. For example, several people at lunchtime were supported to maintain their independence to eat their meal. People had specialist aids available, such as, plate guards and dedicated cutlery. Staff asked people for their preferences throughout the day and ensured that these were met. For example, one member of staff was noted to spend considerable time with one person so as to try and establish their drink preferences. The member of staff demonstrated time and a genuine interest in the person they were talking to. The member of staff was observed to not rush the person and to give them time to respond to their questions. This offered the person 'time to talk' and to have a chat. The outcome was that the person received a drink of their choosing.

Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were able to wear clothes they liked that suited their individual needs and staff were seen to respect this.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. One relative told us that they were able to visit their relative whenever they wanted.

Requires improvement

Is the service responsive?

Our findings

Care records were not fully reflective or accurate of people's care needs. In addition, where people's needs had changed, not all care plans had been amended to reflect the most up-to-date information. Staff told us that there were several people who could become anxious or distressed. The care plans for these people did not always consider individual people's reasons for becoming anxious or the steps staff should take to reassure them. Clear guidance and directions on the best ways to support the person were not always available and this meant there was a risk that the person would not receive the care and support they needed. Although the care records for three people suggested that there were concerns about their skin integrity, their care plan had not been updated to reflect this or the interventions and treatment provided by staff. This meant that there was a potential risk that staff did not have clear guidance on how to support the person and meet their needs safely and in the way the person preferred. However, our observations showed that people received the support and assistance they needed and staff were aware of how the person wished their care to be provided and what they could do for themselves.

Relatives told us that they had had the opportunity to contribute and be involved in their member of family's care plan. Relatives comments included, "Staff do discuss my relative's care needs with me. Staff told me when my relative's review was due so that I could attend."

We spoke with one of two members of staff designated to lead on activities. A programme of activities was recorded detailing social activities to be provided each day. The designated lead on activities confirmed that they were employed part time. They told us that they were not always able to visit each of the units every day, particularly those people living on the units caring for people with more complex health needs and in need of nursing care and those people living with dementia. The person designated to lead on activities told us that a record was maintained detailing activities undertaken. These confirmed the comments made as there were no entries recorded for some people since December 2014 or January 2015 respectively. Our observations showed that staff did their best to provide a programme of activities to people at the service. However, we found that activities were not routinely provided to people on the units caring for people with more complex health needs, in need of nursing care and those living with dementia.

The provider had a complaints policy in place and had procedures in place that ensured people's concerns were listened to. People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People told us that they felt able to talk freely to staff about any concerns or complaints. One person told us, " I know I can complain but I've never needed to make a complaint." Another person told us, " I have no complaints. If I did have any I'd let them [staff] know and I'm sure they would deal with it properly." One relative told us, "When I have spoken to staff about any issues they have dealt with them." Staff told us that they were aware of the complaints procedure and knew how to respond to people's concerns.

Good

Is the service well-led?

Our findings

The manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the manager monitored the quality of the service through the completion of a number of audits. This also included an internal review by the provider. For example, specific audits relating to people's clinical healthcare needs, health and safety, infection control and medication were completed at regular intervals. There was evidence through regular monthly reports to show that the provider regularly visited the service to ensure that the manager and senior team were effective in their management of the service. Although the audits had not picked up the issues relating to people's care records or that activities were not routinely provided to people on the units caring for people with more complex health needs, in need of nursing care and those living with dementia, an assurance was provided by the manager and provider that these areas would be addressed as a priority.

The manager was supported by senior members of staff. It was clear from our discussions with the manager and from our observations that there was an effective management structure in place and they were clear about their roles and responsibilities. In addition, the manager recognised different strengths and abilities within the senior team and the value they provided. For example, the manager advised that one senior member of staff was the 'designated lead' for infection control and dignity in the workplace. Additionally, the qualified nurses were responsible for medication on their respective units.

The manager told us that they felt "well supported" by the provider. Staff told us that they felt valued and supported by the manager and other senior members of staff. They told us that the manager was approachable and there was an 'open culture' at the service. Staff told us that they would be confident to speak to the manager or senior team members if they had any concerns. Staff confirmed that they enjoyed working at the service. Comments included, "I absolutely love it here" and, "I really enjoy coming to work, it is a good place to work."

The manager confirmed that the views of the people who used the service and those acting on their behalf had been sought since newly registered in October 2014. A report of the findings had yet to be collated, analysed and a report compiled. The last review was collated in June 2014 and all comments about the quality of the service were complimentary.

The manager told us that they were to participate in the 'My Home Life' Essex Leadership Development Programme in due course. This is a 12 month programme that supports care home managers to promote change and develop good practice in their service. It focuses attention on the experiences of people living at the service and supports staff and the management team. This showed that the manager endeavoured to promote best practice to keep themselves up-to-date with new initiatives.