

## Housing & Care 21

# Housing & Care 21 - Bluebell Gardens

### 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?      | Outstanding ☆ |
| Is the service well-led?        | Good ●        |

# Summary of findings

## Overall summary

About the service:

Bluebell Gardens is an extra care housing scheme for older people, comprising of 61 flats with some communal areas. People who lived at the service had a separate care and tenancy agreement. At the time of our inspection the service supported 30 people with personal care. Some people who lived at the service received care and support from another provider. Other people required social and domestic visits or welfare calls only.

People's experience of using this service:

- People were confident to raise any concerns they had with the registered manager.
- People had individual risk assessments so that staff had the information they needed to support them safely and minimise the identified risks.
- People's medicines were being managed safely and administered by trained staff. Staffing levels were sufficient to meet people's needs and protected them from harm. The service carried out pre-employment checks on staff before they worked with people to assess their suitability.
- People and relatives provided consistently positive feedback about the care, staff and management. They said the service was caring, timely, effective and well-led.
- People's care was person-centred. The care was designed to ensure people's independence was encouraged and maintained.
- People were supported by staff who were trained and received regular supervision.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- People told us staff were kind and caring and treated them with dignity and respect at all times.
- The registered manager completed audits to ensure the service was running in line with their policies and procedures.
- People and their relatives were asked for feedback about the service and were kept updated about any changes.

More information in Detailed Findings below.

Rating at last inspection: Good (report published 20 July 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until the next inspection. 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?

Outstanding ☆

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.

# Housing & Care 21 - Bluebell Gardens

## **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 of Bluebell Gardens was carried out by one Adult Social Care Inspector.

Service type: Bluebell Gardens is an extra care housing scheme. The CQC only regulates personal care provided to people at the service and not the accommodation people lived in. For this reason, we only looked at the care people received.

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: The inspection of the service was announced. We gave the service 48 hours' notice of the inspection visit to ensure the registered manager, staff and people were available to speak with us.

What we did when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from professionals who work with the service. We assessed the 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 three people who received personal care from the service and two relatives', to ask about their experience of the care provided. We spoke with seven members of staff

including the registered manager, two assistant care managers and care staff.

We reviewed a range of records. This included three people's care records and medicines records. We also looked at three staff files to check the recruitment of staff. We reviewed records relating to the management of the service and training records.

# Is the service safe?

## Our findings

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

Systems and processes to safeguard people from the risk of abuse.

- Staff had received safeguarding training and knew how to recognise the signs of abuse and the action to take should people raise concerns with them.
- Records confirmed the appropriate safeguarding referrals had been made to the local authority.
- People told us they felt they received a safe service. Their comments included, "Yes, I do feel safe. The staff know me well". Another comment included, "If I feel unwell or have fallen like I have in the past, then the staff respond quickly".

Assessing risk, safety monitoring and management.

- Risks to people's health and wellbeing had been assessed and staff had guidelines on how to support people safely.
- Records showed risk assessments were personalised and reflected hazards highlighted in people's care needs assessments and support plans.
- Risk assessments were in place which related to falls, environment, moving and handling and medicines management.
- Risk assessments were regularly reviewed and updated by staff.

Staffing and recruitment.

- People and staff told us staffing levels were safe and there were sufficient staff to ensure people received their care visits as required.
- Support was provided by a consistent team of staff who were familiar with people's needs, preferences and routines. People told us the care was flexible if they required additional support. A person who used the service told us, "Yes, it is flexible. I can change my visit time to suit my lifestyle".
- The registered manager told us they had a full complement of care staff. The service looked to recruit a part time assistant care manager.
- The provider had a safe recruitment system. Full employment checks were in place before staff started working with people who used the service.

Using medicines safely.

- People received support with their medicines as required and the support provided was documented on medicine administration records.
- Staff undertook medicines training which was regularly refreshed to ensure their knowledge and skills were current. Staff who administered medicines had their practice observed to ensure their competency and safe practice.
- Medication audits were completed and actions taken to address any issues. For example, missed signatures were picked up and this was addressed with the individual staff member to check medicines were administered.
- People we spoke with told us their medicines were administered safely.

Preventing and controlling infection.

- Suitable measures were in place to prevent and control infection. Staff wore clean uniforms, used disposable gloves and aprons when necessary and understood the importance of promoting good standards and hygiene.
- Records confirmed staff had completed infection prevention and control training.

Learning lessons when things go wrong.

- There was a clear procedure around reporting and recording accidents and incidents and records confirmed this was followed.
- The service used a computer based system to regularly monitor and analyse all reported accidents and incidents for any possible patterns.
- Information relating to accidents and incidents was shared at handover staff to ensure they were aware of any additional monitoring or support that was required.
- The appropriate professionals were contacted to minimise the risks to people. This included a referral to the GP around the number of falls a person had.



# Is the service effective?

## Our findings

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.

- Comprehensive assessments were carried out to establish the needs of people. This was to assess the care needs of people and to find out their preference of visit times. Assessments were carried out by the assistant care managers.
- People's care needs were kept under constant review. The registered manager told us if a person's needs changed they were able to amend support plans to reflect the changes. People's care packages were reduced or increased due to changes in people's needs.

Staff support: induction, training, skills and experience.

- People who used the service and their relatives told us staff were well-trained.
- New staff undertook an induction before providing support to people. They spent time reading through the provider's policies and procedures and people's support plans. New staff spent time shadowing more experienced staff.
- Staff completed training that the provider considered mandatory to ensure they could safely meet people's needs. This included safeguarding, moving and handling and infection control. Training was refreshed on a regular basis to ensure staff's best practice was shared with staff.
- Staff received regular supervisions of their performance and told us they felt well supported in their roles.

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

- People had access to a restaurant where they could purchase meals and drinks. This provided an opportunity for people to socialise with each other.
- Staff assisted people with meal and drink preparation if required. Information relating to the support people needed with their diet and fluid was recorded within their support plans.
- If staff were concerned people were not receiving the appropriate levels of nutrition, this was reported to the office. The appropriate professionals were then contacted for advice.

Staff working with other agencies to provide consistent, effective, timely care.

- People continued to be supported to maintain good health and had access to health professionals when required.
- A number of healthcare professionals supported people at the service and worked closely with staff. This included a local GP surgery, district nurses and occupational therapists.
- Staff were proactive in obtaining advice or support from health professionals when they had concerns about a person's wellbeing. One person told us, "The staff noticed I seemed unwell and had a cough. They contacted the GP for me and requested a visit".
- If people were unwell they were encouraged to ring the health professional's themselves. However, on some occasions staff contacted them on a person's behalf.
- If people were admitted to hospital, information about people's care needs was shared with professionals. Consent was sought from people prior to this.

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

- People who received a care service had separate tenancy and care agreement. The provider employed a housing manager who managed the extra care building.

People were encouraged to personalise their flats with their own furniture and decoration.

- Each flat had either one or two bedrooms, bathroom, lounge and an open plan kitchen.

- The extra care scheme was accessible for people to use with lifts and automatic doors around the building. The gardens were easily accessible for people.

- Some people's flats had equipment to help meet people's needs. An example being included a hoist or reclining chair.

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

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

- People's care records continued to identify their capacity to make decisions. People had signed their care records to show that they consented to the care and support they were being provided with.

- People told us that they consistently asked for their consent before providing any care.

- Staff had been trained in the MCA and continued to demonstrate they understood this and how it applied to the people they supported.

# Is the service caring?

## Our findings

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

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

- We saw continued good positive interactions between staff and people. Staff had good relationships with people, and appeared to know them well, including their likes and dislikes.
- Staff we spoke with knew people's preferences and used this knowledge to care for them in the way they wanted.
- People provided consistently positive feedback about staff and the service. Comments we received included, "I feel very well cared for. The staff are caring and kind to me" and "Yes, I am cared for very well".
- We saw staff continued to support people in a caring way to promote their health and wellbeing.
- Staff we spoke with told us about their responsibility to ensure people's rights were upheld and that they were not discriminated against in any way.

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

- Records showed people who used the service and relatives were involved in care planning and reviews. One person told us, "I had my review which was positive. I asked my family to attend".
- Staff told us they supported people to make decisions about their care and knew when people need
- Where necessary, they sought external professional help to support decision-making for people.
- We saw multi-disciplinary meetings being held and saw people were involved in these meetings to discuss their needs and make decisions about the care.

Respecting and promoting people's privacy, dignity and independence.

- Staff gave examples that demonstrated they were respectful of people's privacy and ensured their dignity was maintained. An example being included offering people some privacy to use the toilet until they were ready to receive care.
- We observed staff treated people with respect and maintained their privacy and dignity.
- People told us their privacy was respected. Staff knocked on people's doors before entering.
- People were supported by staff to maintain their independence. Care plans focussed on what people could do for themselves and how staff could support them to achieve this.
- People we spoke with told us staff encouraged them to remain independent. Comments included, "The staff get me to do things for myself. They give me lots of praise for reaching goals".

## Is the service responsive?

### Our findings

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's support plans were personalised and showed how the support would be suited to respond to people's needs.
- People told us they had been consulted about their care and had every opportunity to make changes with regular reviews carried out.
- The service was responsive to people's needs and were able to support people at short notice. They were able to adapt the service to provide person centred care. One couple that lived at the service had been married for a number of years and were inseparable. Prior to moving to Bluebells Gardens and receiving a personal care service they were separated due to both being unwell in hospital. Due to their health conditions both were told they required residential care. Placements were found but however they were in two separate homes. A family member heard about Bluebell Gardens made contact with the service. After assessments were carried out a care package was set up and they both moved into one of the flats. The registered manager told us care packages were quickly put into place to support them both which were flexible. We were told both were happy being back together again.
- A relative took the time to speak with us to share their experiences of the service. The relative had nothing but praise for the service. They told us how they have been able to live with their mum at the service. Through the service being flexible with visits and offering a high standard of care they were able to continue to hold down a fulltime job. They told us their personal preferences had been met as they were able to move in taking their beloved dog. We were told care was personalised and if her mum was unwell or not herself then the staff would add in extra welfare calls.
- Before moving to Bluebell Gardens one person's mental wellbeing had deteriorated. They told staff they felt depressed due to health problems. The person was able to move into Bluebell Gardens with their loved one. A comprehensive support package was put into place to help support the person. The staff we spoke with told us the person was now feeling more positive about life and had been telling family members that they wanted to live their life since moving in. The person's relative told us, "The staff team have made a great impact. They have a lovely approach and have taken the time to get to know her. The staff have even made friends with her dog". Staff were responsive to the person's needs and had got to know what triggered the person's low mood. They were able to add in extra calls to support the person during this time which had a great impact on the person's wellbeing.
- People participated in a range of activities. The service was not commissioned to provide activities to people. The housing manager and staff recognised that activities were not being provided. The service took it upon themselves to organise activities for people. Over a period of time two relatives volunteered their time to help organise and support with activities. The housing manager oversaw activity's and regularly met with the volunteers. Music and cake mornings, bingo, carpet bowls, snooker, pool and gardening. A range of activities were planned for 2019 which included and Easter meal, twist and shout, BBQ and a summer outing. The registered manager told us how one person had benefitted from attending activities. They previously would not come out of their flat and had isolated themselves from others. Through getting to

know the staff and daily encouragement, they attended activity's and met some new friends. During the inspection we met with the person. They told us they looked forward to the afternoon bingo session. They regularly walked past the office and waved out to staff. Both assistant care managers spoke positively about the staffs influence in coaxing the person to socialise.

- Information was shared with people in formats which met their communication needs in line with the Accessible Information Standard.

Improving care quality in response to complaints or concerns.

- People who used the service, and their families, knew how to provide feedback about their experiences of care.
- People and relatives knew how to raise concerns or make more formal complaints should they need to.
- There was an appropriate complaints management system in place. Complaints were handled in the correct way.
- We saw complaints made had been looked at promptly and carefully by the registered manager. Action plans were put in place to prevent similar issues arising again.

End of life care and support.

- At the time of our inspection the service was not supporting any person to receive end of life care. The service was supporting one person who had received a diagnosis of a significant health condition. They were being supported by a hospice and the staff at Bluebell Gardens to manage their illness and symptom control. We spoke with the person and they told us when the time came they wanted to pass away peaceful at home (Bluebell Gardens).
- The staff told us they supported the person to write a bucket list of things they wanted to achieve. The staff told us they were proud of the person for flying on a plane and going abroad on holiday.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's personal, cultural and religious beliefs and preferences.

## Is the service well-led?

### Our findings

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Each person had a file kept within their flat. This contained various information such as the contact details of the service, complaints procedure and a copy of the people's individual support plan.
- The management team and staff continued to demonstrate a shared responsibility for promoting people's wellbeing and safety.
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support. For example, handover meetings were held on a daily basis.
- People spoke positively about the leadership of the service. Their comments included, "Yes, it is well managed here. It seems organised". One relative we spoke with told us, "I cannot speak highly enough of the service. The managers are brilliant. It is a lovely place".
- The provider had a duty of candour policy in place. We were told this was to make judgements regarding complaints, incidents and when things went wrong.

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

- The registered manager oversaw the day to day running of the service. They were supported by two full time assistant care managers. We spoke to both assistant care managers who were enthusiastic about their role and felt supported by the registered manager.
- Staff were clear about their responsibilities within their role. They were confident in the quality of care they were able to offer people and told us they would recommend the service to others.
- An area manager supported the registered manager and visited regularly to meet with people and to carry out audits of the service.
- The registered manager monitored the quality of care delivered within the service on a regular basis. They had developed a rolling schedule of internal audits which helped them to monitor the service.

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

- People were empowered to express their views and suggestions about the service. They also told us that there were regular meetings for tenants, which they could attend.
- People told us they were asked to complete surveys about what they thought about the service. We saw the latest survey results had been shared with people and were displayed in the office.
- Staff told us the registered manager promoted an open and transparent culture and always looked to improve the service provided. Staff told us they felt valued and supported by the registered manager.
- Regular staff meetings were held to keep staff up to date with changes and developments. We looked at the minutes of previous meetings and noted a range of areas were discussed. At the last meeting held in December 2018, it discussed the uniforms the staff wear and updating the decoration of the staff room.

Continuous learning and improving care and working in partnership with others.

- The service had a good working relationship with the local authority and commissioner's.
- The service demonstrated that they worked well with other agencies where needed, for example with the GP surgery. They ensured that they collaborated with other stakeholders to ensure the best possible outcomes for people. The service also provided evidence which showed they worked closely with other health and social care professionals.
- The registered manager and assistant care manager's attended network meetings within the organisation. We were told best practice was shared along with suggestions and ideas.
- The registered manger had built good links with the local church. The vicar often visited people within the service. People were also invited to attend activities at the church. The service supported people to attend church services.
- The registered managers vision for the next 12 months was to improve the service that people received. The main focus was to build further links with the local community. Plans were in place to work with the local police, to provide a hub during evenings where the police could base themselves. People had been consulted regarding this and were pleased with the plans. One of the assistant care managers looked to develop a local dementia café. This was so they could reach out to the local community.