

Anchor Hanover Group

Bluegrove House

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

This unannounced inspection took place on 5 and 10 December 2018. Bluegrove House provides accommodation, personal care and support for up to 48 people. At this inspection there were 41 people living at the service. Care and support was provided across three floors for people, some of whom were living with dementia. 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.

At our previous inspection on 28 April and 3 May 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a new registered manager who was employed at the service in January 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff responded to people's needs in a way that showed they mattered. Staff celebrated people's birthdays and each person had a day where they were made to feel extra special.

Staff had creatively organised activities that met people's preferences and needs and helped them to develop new interests. Staff celebrated cultural events and invited and welcomed people using the service, relatives and people living in the local community to take part. Voluntary organisations actively supported people to learn new skills and knowledge.

Each person had an assessment of their care and support needs. These were developed into care plans that guided staff on how to support people effectively.

People had access to healthcare services. A GP and a specialist physician visited the service. Staff sought advice and treatment from the health professionals when people's needs changed.

Systems in place ensured people were protected from the risk of abuse and harm. Staff took appropriate actions to report and manage abuse safely. People had an assessment in place that identified and managed potential risks.

The registered manager used a dependency tool to assess the amount of staff required to care for people safely. Safer recruitment processes were followed.

There were established systems for the administration, ordering, disposal and management of medicines that staff were familiar with and followed.

Staff treated people in a caring way and were kind and compassionate. Staff supported people in a way that protected their dignity and privacy.

People had enough to eat and drink. The menu was displayed around the service and people said the quality of the meals was of a high standard and tasty.

Staff were supported by the registered manager through regular training, supervision and appraisal.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood how to support people who were unable to make decisions for themselves. People provided staff their consent to receive care and support.

There was an established system for people to make complaints about the service if they were unhappy with their care.

People received end of life care and support when required by staff who were trained to provide palliative care.

The registered manager supported staff who were confident in their role. There were established systems in place for monitoring, review and driving improvements of the service. Staff had developed working relationships with health, social care and voluntary organisations.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

People had activities that were creative and built on people's individual strengths. they had opportunities to learn new skills through the projects the service was involved.

Is the service well-led?

Good ●

The service remains Good.

Bluegrove House

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 5 and 10 December 2018 and was unannounced. We informed the registered manager we would be returning for a second day. The inspection team consisted of one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This service was also selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The oral health inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This included support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We checked information that the Care Quality Commission (CQC) held about the service including the previous inspection report and notifications sent to CQC by the provider. The notifications provide us with information about changes to the service and any significant concerns reported by the provider.

We completed general observations of the service and how staff and people interacted together. During the inspection we spoke with seven people and four relatives. We also spoke with the registered manager, the area manager, the deputy manager and five care workers.

We reviewed the care records in relation to eight people, eight medicines administration records, five staff recruitment files and information relating to the management of the service.

After the inspection we received feedback from two healthcare professionals.

Is the service safe?

Our findings

People lived in a service where they felt safe. People said, "Yes I do really [feel safe], they look after me" and "The door (of the unit) is secure and this is very reassuring." A relative said, "Yes, definitely, I asked [my family member] the first month if they felt safe and they do."

Staff continued to protect people against the risk of avoidable abuse and harm. The provider had a safeguarding policy and procedures which guided staff in the management of an allegation of abuse. Staff also completed training in safeguarding adults which helped them to develop their skills in identifying types of abuse. Safeguarding allegations were appropriately investigated following these being reported to the registered manager and the safeguarding team at the local authority.

People had an assessment of risks related to their health and well-being. Staff reviewed people's health and care needs and identified risks associated with their individual needs. For example, staff identified a person at risk of falls due to postural hypertension, and the risk increased if they were seated for long periods of time. The person's risk management plan stated and we observed staff completing regular monitoring checks of the person. Staff acted to mitigate these risks to keep people safe.

There were systems in place for the management of people's medicines. Staff had training and an assessment of their competency to safely support people with the administration of their medicines. There were systems in place for ordering, storage, disposal and for recording the administration of medicines. People had a medicines administration record (MAR) which was complete and accurate. People confirmed they had their medicines as prescribed, they said, "Yeah, they give you medicines at breakfast and give it to you at lunch", "I have my medicines at regular times at 7am in the morning, breakfast, lunch and last thing at night" and "They are very strict at that [medicines]."

The provider had an infection control policy in place. Staff followed the procedures to reduce and manage the risk of infection. One person said, "It is a very nice and clean environment." Staff had access to personal protective equipment to help them reduce the risk of infection. Staff used gloves and aprons and changed these frequently to help reduce the risk of cross infection and keep people safe.

During the first day of the inspection we noted that there was a pest control issue in the building. We observed on one occasion a mouse in an unoccupied bedroom. People we spoke with told us that they had seen mice in the home before the day of the inspection visit. They told us "We have an issue of mice here; but the traps are not effective" and "We see mice going around in this place." We spoke with the registered manager about the pest control. They told us that they had a pest control contractor visiting the service the next day to manage this problem. On the second day of the inspection we saw a pest control contractor taking action to identify and manage the issue appropriately and safely. People had said they had not seen any further mice since the contractor had visited.

The registered manager had assessed the level of staffing to ensure people were cared for safely. People and relatives we spoke with gave us mixed views on whether there was enough staff to support them. Comments

included, "Yeah, plenty", "Yeah, when I come on the floor where my relative is, there are always three or four, enough in all basically" and "My family member says they just have to come out of their room and staff are there." Other comments received included, "We need more staff and carers because those we have are overworked" and "We have a problem of staff shortage." During the two days of inspection there were enough staff available to support people. We reviewed the staff rota for one month, in relation to people's dependency needs. This showed the recommended numbers of staff were deployed to meet people's needs appropriately. Staff told us that there were enough staff on duty and they felt supported by their colleagues.

There were safer recruitment procedures in place. This ensured only experienced and suitable staff were employed. New candidates provided details of their previous employment, proof of identity, their right to work in the UK and each had a criminal records check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. All pre-employment checks were returned before their staff's employment was confirmed.

Is the service effective?

Our findings

People were cared for by staff who were supported in their job. The registered manager supported staff through regular supervision, appraisal and training. Each member of staff attended a supervision meeting with their line manager on a quarterly basis. These meetings enabled staff to reflect on their daily practice. If any concerns about their practice were found these were discussed and a plan of action developed to resolve these concerns.

Each year staff completed an appraisal. This provided staff with the opportunity to review their job performance within the last year. Staff were also able to identify their professional development needs. Records showed a member of staff had requested additional training in dementia care. The member of staff had completed this training as requested.

People were supported by staff who had the knowledge and skills to care for them effectively. Staff completed mandatory training in safeguarding adults, basic life support, infection control and medicines management. People said staff were skilled and trained to help them when they needed support. There was a staff training programme in place. This enabled the registered manager to review staff training and organise refresher training when this was needed.

People were supported to access healthcare services. Staff supported people to access additional treatment and care from health services. For example, records showed when people's health needs deteriorated staff arranged for a health review from the GP. Each week a local GP visited the service to review and monitor the health care needs of people. One person said, "You just tell anyone if you have pains and they arrange a visit with the doctor." We spoke with a health professional who said, "Staff are very responsive to people's care needs and are active in referring people for treatment when their needs change." There was also a geriatrician linked to the service who monitored people's health and provided long term care and treatment for people. A geriatrician is a doctor who is specialised in the care of older people and the diseases that affect them. Staff knew people well and could recognise when their health deteriorated and acted to ensure these needs were met.

People had enough to eat and drink. People said they enjoyed the meals provided for them. Comments about the quality of the meals included, "They do really good meals, I do enjoy them", "We get tea and biscuits between meals", "At mealtimes we get a choice of six foods", "Brilliant, if you went out to a restaurant you could not get better" and "It seems okay, it looks okay and smells alright, always on time." We found that people chose the meals they wanted and an alternative was made available for them. People were supported to eat their meals when they needed to. People could request a meal which met their cultural needs. We saw photographs of the meals the chef prepared for people in line with their cultural needs and requirements. People said they enjoyed them as they triggered happy memories of eating home cooked meals.

People consented to receive care and support. People said staff explained things to them in a way that they were able to understand. One person said, "They explain things to me and don't force me to do anything I

don't want to do." People with the support of their relatives signed their care records and provided their consent to receive treatment. Staff understood further assessments were needed when people were unable to make decisions for themselves. A mental capacity assessment was completed within the guidelines of Mental Capacity Act 2005 (MCA) for people who lacked the ability to give their consent.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. When people required support to make decisions for themselves staff completed mental capacity assessments with people.

The registered manager consulted with health and social care professionals at the local authority and made the appropriate DoLS applications for people who lacked capacity. Following the mental capacity assessment, a decision was made in the best interests of the person if they were assessed as unable to make that decision for themselves. We found the registered manager and staff understood how to care for and protect people while following the requirements of their DoLS authorisation.

Is the service caring?

Our findings

People and their relatives said staff showed them kindness and were caring. People commented, "Yeah [staff were caring]", "They have been very friendly", "Oh brilliant, they check on you and ask if you are alright", "Oh yes, marvellous" and "They ask you if you want them to do more for you."

People were encouraged to make decisions about their care and support. People were involved in developing their care plans and their contributions were recorded. This made the care plans relevant to them and ensured staff were aware of people's individual care needs and preferences.

Staff treated people with respect. We observed staff speaking with people in a way that was respectful. We saw staff and people engage with each other. Relatives said, "Yeah, all the time, I got to know them especially the staff on [my family member's] floor, they always say hello and chat, even the cleaner", "My relative told me they had lost their necklace and the cleaner searched and found it" and "This place is really good, in comparison to all the other ones I visited before bringing [my family member] here."

Staff supported people with their care needs in private. One person said, "The staff never rush me. This lady (pointing the finger at a staff member) is very amenable, she always looks after me." This ensured people's dignity was maintained. We observed that staff knocked on people's doors and waited for a response before entering people's private space.

Staff encouraged people to be independent. Staff supported people to live in their home as they chose and provided areas within the home for people to enjoy time on their own. People's comments included, "I feel good, people here are nice. I am ok here", "[Staff] are good, they look after you" and "They are better than my family." There was a café in the service. This was located on the ground floor and made available for people and visitors to use. People made hot drinks for themselves and their visitors in the café. Each day the chef baked fresh scones and cakes and people enjoyed these with their drinks.

People were encouraged to maintain relationships with those who were important and mattered to them. During our inspection we observed friends and relatives visiting. Relatives were complimentary about the service and said they were made to feel welcome when they visited. Relatives said, "Yeah, I come here different times and [my family member] is always happy and their room is spotless and [my family member] is much better since they came here" and "I come daytimes, evenings and weekends and it just keeps going on."

Is the service responsive?

Our findings

People received a service that was especially responsive to their needs. People and relatives gave us positive views about activities provided. People said, "We play board games like Ludo, there is always something to do", "We also have a hairdresser who comes every two weeks", "My main carer wanted to take me to the pub" and "My friend and I enjoy the music here." Relatives said, "Yes [my family member] has been to the cinema, they ask her/him what activities she/he likes", "In the summer there are lots of garden parties", "They had barbecues in the summer", "If I am not available they take her/him to hospital visits" and "I have seen staff take people down to the shops." Other people commented, "We get books from Southwark library, we have someone who comes once a month." A relative said, "[My family member] likes animals, and I wrote her whole history." The registered manager responded to people's likes and arranged for animals to visit the home. One relative commented, "They bring dogs into the home and people enjoy this because they like to see the animals here."

The registered manager used evidence based research that aimed to improve the well-being of people living with dementia. The registered manager consulted with people and their relatives about activities they would like to take part in. One request people made was that they would enjoy going to the cinema. The registered manager used guidance from the Alzheimer's Society that suggested people with dementia required an environment where they would be comfortable to watch a movie. The registered manager arranged with a local cinema to screen movies and this involved training the cinema staff to consider the needs of people with dementia. This also meant choosing the right movie. People chose to watch musicals and this event was arranged for them because research showed these styles of movies were particularly engaging for people with dementia.

The service used imaginative and innovative ways to help people improve their health and wellbeing through using positive aspects of their history. The provider reported "At Bluegrove House, activities play an important role and we aim to enhance our residents' quality of life by providing a varied range of social activities" we saw this vision in action at Bluegrove House. Staff used a person's history of formally being a school teacher to help them maintain and develop their skills and knowledge. Staff arranged for the children from the local nursery to visit the service. This helped both children and people to learn from each other while being involved in an activity together. The registered manager encouraged the person to visit the nursery and be involved in a nursery class. The person was happy with this opportunity and there was an arrangement with the nursery staff for the person to visit. This helped the person connect with their past memories of their previous employment and for them to develop new memories while working with the children.

Staff supported people to access a variety of activities they enjoyed. There was a gardening project that the registered manager organised. A person using the service was a keen gardener and had been involved in the development of the project. This activity was meaningful for them because they did not always participate in group activities and preferred to sit in the garden alone. The project encouraged people's involvement in choosing plants, flowers, seating and the vegetable patch in the garden. This helped people to continue taking part in things they enjoyed which helped to improve their well-being.

Staff celebrated people as the 'resident of the day', with one person each day of the month. The resident of the day initiative made that day extra special for each person. People could choose what they wanted to do and what they wanted to eat on their special day. One person told us that they had fish and chips prepared for them. The chef prepared this for them and the photographs we saw showed that they enjoyed their meal. All catering and housekeeping staff were involved in promoting people's wellbeing and quality of life for people.

Activities available considered people's cultural heritage. Bluegrove House celebrated the 'Black History Month'. Black History Month honours the contributions of Black people to British history and society. People in the local community, families and people visited the service and participated in the activities on the day which included live music and entertainment, fundraising for a new beauty parlour, stalls and a raffle. Part of the celebrations included a Jamaica theme. Staff played Caribbean music and the service displayed items from Jamaica such as the national flag. The chef prepared a menu that included a Jamaican meal including desserts for people to try. This event helped to recognise and value people's cultural heritage whilst involving all people, their relatives and staff to enjoy and join in these celebrations. We saw photographs of how the home marked the 'Care Homes Open Day' and 'Black History month'.

The registered manager was involved in joint research to help improve people's lives. People were involved in two research studies with two universities. One research study looked into the memory problems related to ageing of people from Black and South Asian communities. The second research study assessed people's choices and control in the accessibility of local services. The findings from this study would be shared with people, staff and the Department of Health. People benefitted from the registered manager's commitment to understanding their needs and in developing the service through research. Care workers also responded effectively to people's needs because they implemented learning that was evidence based.

Staff developed links with local communities. Staff hosted the Silver Sunday event which draws attention to the problem of loneliness amongst older people while celebrating their contributions to society. Staff invited older people from the local community who lived alone to spend the day at the service. The registered manager said three people from the community visited, took part in activities and enjoyed a meal with them. People living at the service enjoyed welcoming new visitors and developed friendships with people living outside of the service. This also contributed to reducing the risk of social isolation for older people living locally because those people who attended were not lonely.

Staff also celebrated the 'Care Homes Open Day'. This event encouraged homes to open their doors to celebrate and make new friendships, make connections and celebrate older people. Staff distributed leaflets about the event to people, relatives, visitors and in the local community. This event brought people, families and people in the local community together to participate in the activities on the day.

Staff supported people to meet their religious needs. People continued practicing their religion. People had access to a religious service that was arranged for them at the home. Staff supported people to celebrate religious holidays. During this inspection the home was celebrating Christmas. Local school children were visiting to sing Christmas carols with people living at the service. People said, "School children came to sing Christmas carols for us" and "I really enjoyed them coming, this made me feel happy it's wonderful." We observed people enjoyed this event.

People also enjoyed other activities such as, entertainers, cycling, singers and attending a storytelling workshop. People's birthdays were celebrated, and the chef prepared a birthday cake and staff hosted a party for them. People were encouraged and took part in fundraising events. This included the Macmillan Cancer Support coffee morning, Anchor Diversity Day and World Alzheimer's Day. People enjoyed activities

that took part outside of the home, including trips to the seaside, pub and shopping.

Before people came to live at the service they had an assessment of their care, treatment and support needs. People's care and support were planned in co-operation with staff. One person said, "I have been involved in the assessment of my needs and wishes and have decided how I would like to be supported." People, relatives and health and social care professionals gave staff information about how they wanted to receive care and support, their likes, dislikes, hobbies, education, employment, interests and friendship groups. The outcome from the assessment enabled staff to decide whether staff could meet people's individual needs.

Care plans were reviewed regularly in line with people's needs. We saw staff had identified the needs of a person with dementia and had developed an individual care plan for them. The plan included details such as how the person's likes to spend their time, support required from staff, whether they have a preferred daily routine and how to support them to make decisions. This ensured staff had the most up to date information about people's care and support needs. Any changes identified were updated in people's care records so staff had access to the most recent information available.

People's private information was recorded in line with the Accessible Information Standard (AIS), for example; providing documents using large print books to ensure these were accessible. The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand.

The provider had a complaints procedure available for people. A copy of the complaints process was given to people so they could make a complaint about any aspect of their care. People were confident to discuss any complaints or concerns they had with staff. People commented, "I have not had to do that [make a complaint] as they are very good", "No nothing, nothing to complain about, you just make suggestions about what needs doing and they do it", "Yes, I would talk to the manager on her floor" and "My partner gets in touch with my main carer [if I have any complaints] and they liaise with the manager and me." Staff understood the complaints process and encouraged and supported people and relatives to share any comments about the quality of care with them. The registered manager investigated all complaints and provided a response to the complainant.

End of life care decisions were discussed with people. Records showed that some people did not want to talk about how they wanted the end of their life to be. In such circumstances staff spoke with relatives and routinely revisited and discussed with people their end of life wishes. Other people felt able to discuss their arrangements and how they wanted the end of their lives to be. Care records detailed people's wishes. For example, one person said they wanted to remain at Bluegrove House if they became unwell and they had made funeral arrangements that should be carried out according to their wishes. Staff understood how to support people who required end of life care and knew which health and social care professionals would be contacted if specialist palliative care was required.

Is the service well-led?

Our findings

People told us the service was well-led. Comments from people included, "Whatever the running cost is, it is lovely here", "It is very clean, peaceful, very peaceful here" and "Absolutely marvellous, no question, staff can't do enough for you, it is very well run." A relative said overall the service was "very good", and their family member was "definitely" happy living at the service.

Staff told us that they enjoyed working at the service. Staff comments included, "The whole team are supportive", "We really are a good team and that makes me work better for people living here" and "The registered manager is so supportive, that really helps me to do my job with pride." People we spoke with knew who the registered manager of Bluegrove House was and said she was approachable. People said, "I know them [the registered manager]", "She always comes around and says hello to me and asks me how I am" and "My partner talks with her on visits and they're now like friends."

The registered manager and the provider encouraged and valued staff who worked at the service. Staff who were 'going over and above' their role and those who had a long service history with the provider were recognised. Staff were recognised in an award ceremony that was attended by the Mayor of Southwark in 2018, who presented them with gifts in recognition of their service.

The registered manager informed the CQC of any issues or concerns that happened in the service. The registered manager notified us promptly of any incidents as they are required to do by law, so we could take appropriate action.

The registered manager and staff attended regular team meetings. Meetings were used to discuss any issues related to the service. Information from the provider was also shared with staff who were encouraged to contribute to the agenda for the meeting and share their ideas with colleagues. Meetings were also held with catering and housekeeping staff. This ensured the registered manager had an overview of the service so actions could be taken to ensure the service was effective and safe.

There were quality assurance systems in place. The staff team and an external senior manager undertook audits of the service. Audits monitored the quality of care, care records, meals provided and the home environment to ensure they were of a good standard. An action plan was developed for any areas that needed improvement. For example, at the last review it was decided that the activities coordinator role was not required in the service. Care staff were now responsible for activities that took place and staff were in the process of receiving additional training to help them develop their skills in activity planning.

People attended regular residents' meetings. People could raise concerns and ask questions at these meetings. Records from one of the meetings showed that people commented on the activities and meals provided and offered suggestions. The registered manager asked people and their relatives for feedback about the quality of the service. The responses from the feedback showed people were satisfied with the quality of care provided. People were also encouraged to complete the online questionnaire on the carehome.co.uk website. The responses people provided were linked to Bluegrove House, all of the

responses we saw were positive. Each response rated the service either 'good' or 'excellent' overall.

Staff had good working relationships with health and social care services. Staff attended regular meetings across organisations. This allowed staff to discuss any concerns they had with care delivery. The service had developed working relationships with voluntary organisations, including the Scouts, a charitable youth organisation and they were involved in a project that researched people's and staff's experiences of dementia care. Following the project people and students developed a leaflet which described people's experiences of dementia and details of organisations that could provide support. The students distributed these leaflets to members of the public at London tube stations as a part of raising awareness of dementia. These relationships benefitted people so they received safe and co-ordinated care and support to meet all of their care needs.