

Bluebell Care Homes Limited

Warren Drive

Inspection report

Fielden Road
Crowborough
East Sussex
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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

We inspected the service on 20 March 2018. The inspection was unannounced. Warren Drive is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Warren Drive is registered to provide accommodation and personal care for 29 older people. There were 21 people living in the service at the time of our inspection visit.

The service was run by a company who was the registered provider. There was a registered manager in post. 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At the last comprehensive inspection on 17 October 2016 the overall rating of the service was, 'Requires Improvement'. We found that there were two breaches of the regulations. This was because there were shortfalls in the arrangements that had been made to provide people with safe care and treatment. We also found that robust arrangements had not been made to ensure that people were fully supported to give their consent to the care they received.

We told the registered persons to take action to make improvements to address both of our concerns. After the inspection the registered persons told us that they had made the necessary improvements.

At the present inspection we found that suitable provision had been made to provide safe care and treatment. This included there being safe arrangements for the management of medicines and for promoting people's health and safety. Also, suitable provision had been made to promote good standards of hygiene in order to prevent and control the risk of people acquiring infections. We also found that people's consent to their care had been obtained in the right way.

Our other findings were as follows. People had been safeguarded from situations in which they might experience abuse. There were enough care staff on duty and background checks had been completed before new care staff were appointed. Also, lessons had been learned when things had gone wrong.

Suitable arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. This included providing people with the reassurance they needed if they became distressed. Care staff knew how to care for people in the right way and had received training and guidance. People were helped to eat and drink enough to maintain a balanced diet. Suitable arrangements had been made to help people receive coordinated care when they moved between different services. Also,

people had been supported to access any healthcare resources they needed. Furthermore, the accommodation was adapted, designed and decorated to meet people's needs and expectations.

People were treated with kindness and compassion in a way that respected people's dignity. People were given emotional support when it was needed. Also, they had been supported to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. Confidential information was kept private.

People received responsive care that met their needs for assistance. Also, care staff supported them to have access to written information that was relevant to them. People had been offered sufficient opportunities to pursue their hobbies and interests and to engage in social activities. Furthermore, suitable arrangements had been made to promote equality and diversity. There were suitable arrangements for managing complaints and suitable steps had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was a registered manager who had promoted an open and inclusive culture in the service. Also, there were suitable management arrangements to ensure that regulatory requirements were met. People who lived in the service and members of staff were actively engaged in developing the service. Furthermore, there were systems and procedures to enable the service to learn, improve and assure its sustainability. Also, the registered persons were actively working in partnership with other agencies to support the development of joined-up care.

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 were safeguarded from the risk of abuse.

People received safe care and treatment. This included suitable provision being made to manage medicines safety, promote people's health and safety and to reduce the risk of infection.

There were suitable and sufficient care staff to promptly give people all of the care they needed.

Background checks had been completed before new care staff were appointed.

Lessons had been learned when things had gone wrong.

Is the service effective?

Good ●

The service was effective.

Care was delivered in line with national guidance and care staff had received training and support.

People were supported to eat and drink enough to maintain a balanced diet.

People were assisted to receive coordinated care and to access on-going healthcare support.

The accommodation was designed, adapted and decorated to meet people's needs and wishes.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, respect and compassion and they were given emotional support when needed.

People were supported to express their views and be actively involved in making decisions about their care as far as possible.

People's privacy, dignity and independence were respected and promoted.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

Care staff recognised the importance of promoting equality and diversity by supporting people to make lifestyle choices.

There were arrangements to listen and respond to people's concerns and complaints in order to improve the quality of care.

Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

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Is the service well-led?

Good ●

The service was well led.

There was a registered manager who ensured that care staff understood their responsibilities so that risks and regulatory requirements were met.

People who lived in the service, their relatives and care staff were engaged and involved in making improvements.

There were suitable arrangements to enable the service to learn, innovate and maintain its sustainability.

The service worked in partnership with other agencies to promote the delivery of joined-up care.

Warren Drive

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 registered persons continued to meet 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.

We used information the registered persons sent us in the Provider Information Return. This is information we require registered persons 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 also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 20 March 2018 and the inspection was unannounced. The inspection team consisted of a single inspector and an expert by experience. An expert by experience is someone who has personal experience of using this type of service.

During the inspection visit we spoke with 10 people who lived in the service and with three relatives. We also spoke with four care staff, a senior member of care staff, the administrator, the chef, the maintenance manager, a housekeeper and the laundry manager. The registered manager was not available and in their place we spoke with the deputy manager. We observed care that was provided in communal areas and looked at the care records for four people. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

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 speak with us.

After the inspection visit we spoke by telephone with a further three relatives.

Is the service safe?

Our findings

At our last inspection on 17 October 2016 we found that there was a breach of regulations. This was because suitable arrangements had not consistently been made to provide people with safe care and treatment. The shortfalls included oversights in the arrangements that had been made to ensure that there was enough fire safety equipment in the service and that there were robust arrangements to keep people safe in the event of a fire. Also, there were insufficient assurances that the water used in the service was safe to drink and that reasonable provision had been made to keep the property secure.

After the inspection the registered persons wrote to tell us that they had made all of the improvements that were necessary to put right each of the shortfalls.

At the present inspection we found that action had been taken to address our concerns. A new and more detailed fire risk assessment had been completed to better enable the registered persons to confirm that sufficient fire safety equipment was available in the service. Also, more robust systems and processes had been introduced to enable care staff to keep people safe in the event of the fire safety emergency. Furthermore, action had been taken to check the purity of the water used in the service and to ensure the security of the accommodation.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. An example of this was hot water being temperature controlled to reduce the risk of scalds. Another example of this was windows being fitted with latches so that they could be used safely when opened. Also, personal care was provided in the right way. As part of this people who were at risk of developing sore skin were being helped to keep their skin healthy and people being supported in the right way to promote their continence.

Care staff were able to promote positive outcomes for people if they became distressed. When this occurred care staff followed the guidance in people's care plans so that they supported them in the right way. An example of this was a person who was worried because they could not recall when a particular member of their family was next due to visit them. A member of care staff noticed that the person was becoming loud in their manner and that action needed to be taken to keep the person and others around them safe from harm. The member of care staff gently reminded the person about the day of the week when their relative usually called to the service. This information reassured the person who was then pleased to accept a drink of fruit cordial.

There were suitable arrangements in place to safely order, administer and dispose of people's medicines in line with national guidelines. These included there being a sufficient supply of medicines that were stored securely. The care staff who administered medicines had received training. Furthermore, they correctly followed the registered persons' written guidance to make sure that people were given the right medicines at the right times.

Suitable measures were in place to prevent and control infection. These included the registered manager assessing, reviewing and monitoring the provision that needed to be made to ensure that good standards of hygiene were maintained in the service. All parts of the accommodation had a fresh atmosphere and that soft furnishings, beds and bed linen had been kept in a hygienic condition. Furthermore, care staff recognised the importance of preventing cross infection. They regularly washed their hands using anti-bacterial soap and wore disposable gloves when assisting people with close personal care.

The provision made in the service to provide people with safe care and treatment had resulted in the breach of regulations being met.

People told us they felt safe living in the service. One of them said, "Yes, I'm quite settled here now and I have no problems at all with the care staff because they're all so lovely." A person who lived with dementia and who had special communication needs smiled and waved in the direction of a passing member of staff when we used sign assisted language to ask them about their experience of living in the service. Relatives were also complimentary about the service. One of them remarked, "I think that Warren Drive is excellent and how care should be done. Gentle and relaxed and homely."

People were safeguarded from situations in which they may experience abuse. Records showed that care staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. Also, the registered persons had established suitable systems to assist the people to manage their personal spending money. This included the administrator keeping an accurate record of any money spent on behalf of people so that an accurate bill could be sent to their relatives. This arrangement contributed to protecting people from the risk of financial mistreatment.

The deputy manager told us that the registered persons had carefully established how many care staff needed to be on duty. This involved taking into account the number of people living in the service and the care each person needed to receive. Records showed that sufficient care staff had been deployed in the service during the two weeks preceding the date of our inspection visit to meet the minimum figure set by the registered persons. Also, during our inspection visit there were enough care staff on duty because people promptly received all of the care they needed and wanted to receive.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. In relation to each person the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. Also, references had been obtained from people who knew the applicants. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

The registered persons had established suitable arrangements to enable lessons to be learned and improvements made when things went wrong. This included the registered persons carefully analysing accidents and near misses so that they could establish why they had occurred and what needed to be done to help prevent a recurrence. An example of this was people who were at risk of falling being referred to specialist health care professionals so that care staff could be advised about how best to keep the people concerned safe.

Is the service effective?

Our findings

At our inspection on 17 October 2016 we found that there was a breach of regulations. This was because suitable arrangements had not consistently been made to obtain people's consent to the care they received. In particular, records did not clearly show that careful consideration had been given to consulting with people to determine if they had sufficient mental capacity to make decisions for themselves. Also, we could not be sure that the right steps had always been taken to seek advice from relatives and health care professions when someone lacked mental capacity and an important decision needed to be made about the care they received.

After the inspection the registered persons wrote to tell us that they had made all of the improvements that were necessary to put right each of the shortfalls.

At the present inspection we found that there were strengthened systems and processes in place to ensure that national guidelines were followed to promote positive outcomes for people by seeking consent to care and treatment in line with legislation. The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered persons were working within the principles of the Mental Capacity Act 2005 by applying to obtain authorisations to deprive a person of their liberty when necessary. Also, we checked whether the registered persons had ensured that any conditions on authorisations were met.

We found that people had been consulted about the care they received and had consented to its provision. Also, the registered persons had correctly established when a person lacked the necessary mental capacity to make decisions about important things that affected them. Furthermore, when this had occurred they had involved key people in a person's life to help to ensure that decisions were taken in their best interests.

Records showed that the registered persons had made the necessary applications for DoLS authorisations. Furthermore, they had carefully checked to make sure that any conditions placed on the authorisations were being met. These measures helped to ensure that people who lived in the service only received lawful care that was the least restrictive possible.

The provision made in the service to obtain consent and to provide care in a lawful way had resulted in the breach of regulations being met.

People told us they were confident that care staff knew what they were doing and had had their best interests at heart. One of them said, "The staff are fine with me and they know how I like things done." Relatives were also confident that the service was run in an effective way. One of them told us, "Whenever I call to Warren Drive I see people getting the help they need. That's certainly true for my family member and they'd tell me straight away if that wasn't the case."

Suitable provision had been made to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered manager had carefully established what assistance each person needed before they had moved into the service. This had been done to make sure that the service had the necessary facilities and resources. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people did not experience discrimination. An example of this was the registered manager carefully asking people if they had particular expectations deriving from cultural or ethnic identities about how their close personal care should be provided and who should deliver it.

New care staff had received introductory training before they provided people with care. Also, new care staff had been offered the opportunity to complete the Care Certificate. This is a nationally recognised training scheme that is designed to ensure that care staff are competent to care for people in the right way. Furthermore, care staff had received most of the refresher training that the registered persons considered to be necessary. Care staff knew how to care for people in the right way. Examples of this were care staff knowing how to assist people who needed help moving about, who were at risk of developing sore skin or who needed assistance to promote their continence.

People told us that they enjoyed their meals. One of them remarked, "The meals are very good and tasty. I get more than enough to eat and have no complaints on that score at all." Another person remarked, "It's all fresh food, not microwaved stuff." We found that people were being supported to eat and drink enough to maintain a balanced diet. Records showed that care staff were making sure that people were eating and drinking enough to keep their strength up. Also, the deputy manager was aware of the arrangements that needed to be made if a person was at risk of choking. This included people having their food and drinks specially prepared so that it was easier to swallow.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. This included care staff preparing written information likely to be useful to hospital staff when providing medical treatment. Another example of this was the registered persons offering to arrange for people to be accompanied to hospital appointments so that important information could be passed on to healthcare professionals.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians.

People's individual needs and expectations were met by the design, adaptation and decoration of the accommodation. Each person had their own bedroom that was arranged as a bed sitting area. There was sufficient communal space and enough toilets and bathrooms. Also, people had easy access to a well maintained and attractive garden.

Is the service caring?

Our findings

People were positive about the care they received. One of them said, "The staff here are very good and I get on with each and every one of them." Another person remarked, "It's more than just a job for the staff, they genuinely care about us all and it shows in their kind manner." A third person said, "Staff keep an eye on me and I trust them to look after me." Relatives impressed upon us their positive assessment of the service. One of them remarked, "I do indeed have the highest regard for the staff because they make a difficult job look easy. They always seem to have smile and to be cheerful."

People were treated with kindness and that they were given emotional support when needed. There were a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in their bedroom. They both looked at a magazine and joked about the fashionable clothes some models were wearing. This led the person to reflect on how fashions had changed over the years and to remember the bright colour of the uniform they wore when they went to school.

Also, care staff were considerate made a special effort had been made to welcome people when they first moved into the service. This had been done so that the experience was positive and not too daunting. The arrangements had included asking family members to bring in items of a person's own furniture so that they had something familiar in their bedroom when they first arrived. Furthermore, records showed that care staff had asked newly-arrived people how they wished to be addressed and had established what times they would like to be assisted to get up and go to bed. Another example was people being consulted about how often they wished to be checked at night and whether they wanted to have their bedroom door closed or left ajar.

People had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most people had family, friends or solicitors who could support them to express their preferences. In addition, records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. Furthermore, the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. Care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be secured when the rooms were in use. Also, we saw care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms.

People told us that they could speak with relatives and meet with health and social care professionals in private if this was their wish. In addition, care staff had assisted people to keep in touch with their relatives by post and telephone.

Suitable arrangements had been made to ensure that private information was kept confidential. Written

records which contained private information were stored securely when not in use. Also, computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

People told us that care staff consistently provided them with all of the assistance they needed. One of them remarked, "The staff help me a great deal and to be frank I'd be lost without them. But I don't feel like I'm being a nuisance as they're willing and want to help." Relatives were also positive about the amount of assistance their family members received. One of them commented, "I'd soon know if my family member wasn't getting all of the help they need as it would be obvious to me. I can tell you that it's never been a problem at Warren Drive. Indeed, sometimes I think that the staff are a bit over-attentive."

Care staff had prepared a care plan for each person. These described the care each person needed and had agreed to receive. Records showed and our observations confirmed that people were reliably being given the assistance that they had agreed to receive in line with their care plan. This included assistance with washing and dressing, getting about safely, promoting their continence and managing healthcare conditions. Furthermore, there were examples of the deputy manager and care staff gently speaking with people about the care they received. This was done so that people understood and were satisfied with the arrangements that had been made on their behalf.

The deputy manager told us that it was important to offer people a wide range of opportunities to pursue their hobbies and interests and to enjoy taking part in a range of social activities. This involved both inviting people to attend regular small-group activities and offering them one to one support. During the course of our inspection visit we saw a number of people enjoying singing along to their favourite tunes. We also saw other people being helped to enjoy painting. All in all there was a lively and engaged atmosphere in the service that promoted people's wellbeing.

Suitable provision had been made to acknowledge personal milestones. An example of this was people being helped to celebrate their birthdays in a manner of their choice. This usually involved the chef baking them a special cake. Furthermore, people had been enabled to share in community events. An example of this was people being helped to participate in national events such as Remembrance Sunday. Another example was people being supported to exercise their citizenship right to put their name on the electoral roll and cast their vote if they wished to do so.

Care staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs through religious observance. Also, documents showed that the registered persons recognised the importance of appropriately supporting people who made gay, lesbian, bisexual and transgender life-course identity choices. This included being aware of how to help people to access social media sites that reflected and promoted their lifestyle choices.

Suitable arrangements were in place to listen and respond to people's concerns and complaints. People told us that they felt free to raise any concerns they had so that they could be used to develop the service. Also, the registered persons had established systems and processes to ensure that complaints were thoroughly investigated. This was so that complainants' issues could be addressed and any necessary improvements made.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Records showed that the registered manager had consulted with people about how they wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home. Also, there were examples of care staff having kindly supported relatives at this difficult time. This included making them welcome so that they could stay with their family member during their last hours in order to provide comfort and reassurance.

Is the service well-led?

Our findings

Everyone with whom we spoke considered the service to be well run. Summarising this view a person said, "I've been very impressed with the organisation of this place. It runs smoothly on most days. When there's the odd hiccup with staff sickness they just bring someone else in to cover and nothing seems to get missed." Relatives were also complimentary about the management of the service. One of them remarked, "I have complete confidence in the manager and the senior staff to run the service how it should be run. They're professional but at the same time they're friendly. They've got the balance right."

There was a registered manager who had organised the service so as to achieve good outcomes for people. As part of this care staff had been provided with a number of policies and procedures each of which emphasised the importance of providing people with responsive care that promoted their dignity.

The registered persons understood and managed risks and complied with regulatory requirements. This included operating systems and processes to ensure that we are quickly told about any significant events that related to the operation of the service. This is necessary so that we can be assured that people are being kept safe. Also, the registered persons had suitably displayed in the service the quality rating we gave to the service at our last inspection. This is important so that people know what we have said about how well the service is meeting people's needs and expectations.

There were suitable arrangements to enable the service to learn, innovate and ensure its sustainability. This included the registered persons completing a number of quality checks that were designed to anticipate, identify and quickly resolve problems in the running of the service. An example of this was the completion of regular checks to ensure that people's care plans were up to date so that they reflected their changing needs for assistance.

There were a number of systems and processes to help care staff to be clear about their responsibilities. This included there being a senior person on duty who was in charge of each shift. Also, care staff could contact the registered manager or the deputy manager during out of office hours if they needed advice or assistance. Furthermore, care staff had been invited to attend regular staff meetings that were intended to develop their ability to work together as a team. These measures all contributed to care staff being suitably supported to care for people in the right way.

A number of arrangements had been made to support people who lived in the service to suggest improvements to their home. These included being invited to attend regular 'Friday Friendship' meetings at which people were offered the opportunity to give feedback about their experience of living in Warren Drive. Also, the registered persons had invited people and their relatives to complete quality questionnaires about the service. Records showed that in their responses people had been consistently positive about the service. Furthermore, there were a number of examples of suggested improvements being put into effect. One of these involved changes that had been made to the menu so that it provided more choice and variety.

The deputy manager and care staff told us there was a 'zero tolerance approach' to any member of staff

who did not treat people in the right way. As part of this care staff told us that they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

We found that the service worked in partnership with other agencies. There were a number of examples to confirm that the registered persons recognised the importance of ensuring that people received 'joined-up' care. One of these involved the registered manager and deputy manager liaising with the local authority to advise them about their capacity to offer a service to new people who needed to receive care in a residential setting. This helped to ensure that people could leave hospital as soon as they were well enough to do so.