Barchester Healthcare Homes Limited

# Bluebell Park

## Inspection report

Royal Glen Park
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Date of inspection visit:
26 January 2017
08 February 2017

Date of publication:
30 March 2017

## Ratings

| Overall rating for this service | Requires Improvement |
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| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Requires Improvement** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

This inspection took place on 26 January and 8 February 2017. The inspection was unannounced. At our previous inspection in April 2015 the provider was not meeting all the regulations we checked. This was because we found area of unsafe and ineffective practice. At this inspection improvements had been made, however some further improvements were needed.

Bluebell Park Home is registered to provide nursing care for up to 64 older people living with dementia and or a physical disability. The home is divided into three communities, Memory Lane Woodland View and Bramble Way which are over three floors. Communal living areas were located on all three floors. Lifts were in place to access the first floors, as well as stairwells.

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.

Staffing levels did not ensure that there were sufficient numbers of staff to meet people's individual needs. People and relatives we spoke with felt people were safe at Bluebell Park. The provider had taken steps to protect people from harm. Staff had an understanding of potential abuse and their responsibility in keeping people safe.

People and relatives knew how to raise concerns. However, some relatives felt that their complaints were not always well managed and they did not feel listened to. This meant complaints were not always well managed and issues were not resolved satisfactorily.

The provider had procedures in place for the management of medicine. This showed the provider could be confident that people were always receiving the correct medicine and dose. However the provider needs to ensure the quantity of medicines into the service are recorded accurately.

Recruitment procedures ensured suitable staff were employed to work with people who used the service.

Risks to people were identified and assessed, however risk assessments were not always detailed.

We observed staff sought people's consent before they provided care and support. Some people were subject to restrictions and the provider had identified where their support needed to be reviewed Staff received training to meet the needs of people living at the service and received supervision, to support and develop their skills.

People received food and drink that met their nutritional needs. However one person was not always following advice from a health care professional with regards to their dietary needs and management told

us they would continue to monitor this. People had access to health support; referrals were made to relevant health care professionals when required.

People were supported by staff that were generally kind and caring. People's choices and decisions were respected. Staff respected people's privacy and dignity. People's independence was promoted.

There were processes in place for people and their relatives to express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

Staff felt supported by the registered manager. However some people felt the management at Blubell Park were not always approachable and did not feel they listened to concerns.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Insufficient numbers of staff were at times deployed and staffing levels did not ensure people's needs could be met. Risk assessments were not detailed to ensure risks could be minimised. Recruitment processes in place ensured the required pre-employment checks were in place. People told us they felt safe. Staff knew how to recognise and report potential abuse. Staff supported people to receive their medicines as prescribed.

### Is the service effective?

**Good**

The service was effective.

Staff received training and support to enable them to care for people. Policies and procedures were in place to support the principles of the Mental Capacity Act 2005. People enjoyed their meals and received sufficient nutrition. People were referred to the relevant health care professionals when required, which promoted their health and wellbeing.

### Is the service caring?

**Good**

The service was caring.

People were supported by kind and caring staff. Care and support was provided in a way that respected people's privacy and promoted their dignity. People and their relatives were involved in planning for their care.

### Is the service responsive?

**Requires Improvement**

The service was not always responsive.

People were supported to maintain interests that they enjoyed. The provider's complaints policy and procedure was accessible to people who lived at the home and their relatives. However some relatives were not confident that any concerns they raised would be listened to and action would be taken.

### Is the service well-led?

**Requires Improvement**

The service was not consistently well-led.

There was a registered manager in post. People and their relatives were encouraged to give their views about the service. However some people's relatives felt the registered manager was not approachable and felt management did not listen. Most staff were complimentary about the support they received from the registered manager. The provider had quality assurance and governance systems in place however these were not robust.

# Bluebell Park

**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 was 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 was unannounced and took place on 26 January and 8 February 2017. The inspection team included one inspector, one specialist professional nursing advisor and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR. We also reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about.

We spoke with the local authority commissioning team. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with five people who used the service across the three units and used the Short Observational Framework for Inspection (SOFI) on 'memory lane'. SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We also spoke with five relatives, the registered manager, regional director, clinical development nurse, deputy manager, nurse, care staff, activities co-ordinator, hostess, administrator and receptionist.

We reviewed records which included four people's care records to see how their care and treatment was planned and delivered. We reviewed three staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Requires Improvement

# Is the service safe?

## Our findings

At our previous inspection visit in April 2015 we found that staffing levels were not sufficient to meet people's needs. We were told by management that the staffing levels were being reviewed by senior management. At this inspection we found that improvements were still required in this area.

Majority of the people and relatives we spoke with raised concerns about staffing levels. They felt there were insufficient numbers of staff especially when people required support with their personal care needs. People told us if they needed support with personal care there was sometimes lengthy waiting times. Two people told us that staff did not have time to provide quality 1:1 care. A relative said, "[ name] always has to wait for the toilet. It took 45 minutes once. I was told by staff they were supporting another person." Another relative said, "There are not enough staff. If there was a crisis the carers would be stretched." Another relative told us, "The staffing level mean only basic care is given and limits on excellent 1:1 needs. I would like to see [person's name] having a shower every day. But there is only three staff and 24 people on the floor."

Some relatives expressed concerns about staffing levels particularly at meal times which meant they had to support their family member to eat. They were concerned that if they did not come in, there would be a delay in their family member receiving their meal.

Most of the staff we spoke with felt staffing levels were not adequate. Comments from staff included, "We need an extra staff member in the mornings, with three staff things take longer to do. One staff member will organise the breakfast, whilst the other two assist people with personal care. Due to this some people have their breakfast late," "We could do with another staff member, as it takes longer to support a person if they require extra support" and "People sometimes have to wait to have their needs met, because we literally cannot work faster and keep safe. It takes a long time to hoist people and deliver care in the way people want."

Our observations showed staff were not always suitably deployed, as staff were not always present in communal area's which meant people did not always get the support they required. On day two of the inspection visit we saw a relative looking for staff to support their family member with their personal care needs. There were no staff in the communal area on 'Woodland View.' We also saw a person who was assisted in the morning with their breakfast, but was not being supported at lunch time. They were using their fingers to scoop up food from the plate. A further observation showed whilst a staff member was assisting a person with their lunch, they were approached by a staff member requesting assistance to support another person. The staff member left the person they were assisting for a short period, to assist the person in their bedroom. This meant that the person was left without any staff assistance mid way through their lunch and was unable to continue with their lunch until the member of staff returned.

We discussed staffing levels with the registered manager and regional director. They confirmed staffing levels were calculated according to people's needs and were reviewed dependent upon the number of people in residence and their needs. Following the inspection visit, we received confirmation from the regional director that staffing levels had been increased by 18 hours each day. The regional director told us

these 18 hours would be deployed immediately across the service to meet the needs of people as required. We will review this at our next inspection visit. The registered manager told us they had two night nurse and one day nurse vacancies. These positions were currently being covered by agency staff. There was also a part time activities co-ordinator vacancy. The registered manager confirmed that these positions had been advertised and that they would be shortly interviewing for one of the nurse vacancies.

Most people told us they felt safe at Bluebell Park. A person said, "No member of staff has spoken roughly with me .They respect my age." Another person told us, "It is a safe and polite place." One relative stated, "[ name] is content here. I have seen agitated residents and staff are excellent. No abusive behaviour. Sometimes agency staff may not know residents and I saw an agency worker telling a person who was agitated to sit down. The regular staff told the agency worker not do that." Another relative said, "[name] has equipment to keep her safe. I've never seen any abusive behaviour."

Staff we spoke with told us they had received training in protecting people from abuse and records we looked at confirmed this. Staff explained if they had concerns for the safety of people who used the service, they would report their concerns to the management team. They were aware of the signs to look out for that might mean a person was at risk. A staff member said, "If a person appeared to be withdrawn and sleeping a lot, I would raise my concerns with the nurse." Staff were aware of external agencies they could contact such as the local authority or CQC to escalate concerns to, if they felt the provider was not taking appropriate action. This demonstrated that the provider had taken steps to reduce the risk of abuse to people at the service.

We saw that the exit to the lounge on 'Memory Lane' was blocked due to the way wheelchairs had been positioned by staff, whilst people were seated in them. A person was not able to leave the lounge as the exit was blocked and there were no staff present. We raised this with the registered manager, who confirmed that they would be addressing this matter with the nursing and care staff immediately.

The provider had systems in place to record incidents and or accidents. Staff we spoke with were aware of reporting incidents and completing the necessary documentation. The staff told us that they reported any incidents or accidents to the nurse or the manager on duty. Staff stated that emergency buzzer's were in place, which were used to call for immediate staff support in an event of an emergency. This included finding a person on the floor. This provided assurance that action was taken to ensure peoples safety and wellbeing.

Risk assessments were in place for people who had been assessed to be at risks such as falls, pressure areas and moving and handling. We saw a person's care records showed the level of support they required and the equipment to be used to move the person safely. We saw that another person needed to be repositioned due to the risk of developing pressure sores. However the risk assessment did not detail how to reposition the person. For another person their risk assessment did not detail behavioural approaches used by staff whilst supporting the person. This did not ensure consistency in the delivery of care. We discussed this with a nurse who confirmed that without prior knowledge of the person it would be difficult to fully meet their needs based on the detail on the care plan. This meant people were not always protected from risks because assessments of people's needs did not always include information on how to reduce risks.

Staff we spoke with knew about people's individual risks. They were able to explain the actions they took and the equipment they used to enable them to support people safely. A staff member said, "If a person is assessed as needing equipment to move safely we always use this, such as a hoist. I would not compromise the person's safety by not using this."

We looked at two staff recruitment files which showed the staff employed had been subject to the required pre-employment checks. Checks included the Disclosure and Barring Service (DBS) checks and references. Staff we spoke with told us that pre-employment checks such as DBS checks were completed prior to them commencing employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider also carried out checks to ensure nursing staff were registered with the appropriate professional body, ensuring they were registered to provide nursing care. This meant the provider checked staff's suitability to work with people at the service before they commenced employment.

At this inspection we saw that medicines were stored securely and safely and were not accessible to people who were unauthorised to access them. The medication administration record (MAR) charts we looked at were completed accurately. Controlled drugs were stored and recorded correctly. People told us that they received their medicines from staff when they needed them.

Staff we spoke with stated only nurses administered people's medicines. We briefly observed people being supported to take their medicine in the morning and saw that people were supported by the nurses on duty to take their medicines in a safe way. The medication administration record (MAR) charts we looked at were completed accurately and ensured people received their medicines as prescribed. We saw that people were supported to take medicine for pain relief when they required it. We observed the nurse ask people if they required the pain relief. This showed that people were supported to take their medicines as prescribed.

Good

# Is the service effective?

## Our findings

At the last inspection in April 2015 staff told us they did not feel supported. At this inspection visit staff told us they felt well supported by the registered manager and other staff members. One staff member said, "I get on with the manager, she is supportive and friendly." Staff told us they had supervisions and confirmed they could approach their managers for support in between supervision meetings. Supervisions are regular meetings with a manager to discuss any issues and receive feedback on a member of staff's performance. Staff meetings were held on a regular basis. This showed that staff were being supported to develop their skills and knowledge to provide care and support to people.

Most people told us they felt staff knew what they were doing and they had confidence in them. A person said, "They [staff] ask you if you are managing alright and understand me." A relative told us, "Staff respond knowledgably and explain things." Another relative stated, "I'd like to think they [staff] know how to do things. I lost some trust with agency staff since the call bell was pulled out."

Staff were provided with training and support they needed to perform their roles and responsibilities. Staff we spoke with told us their induction included reading care plans, policies and procedures, training and shadowing experienced staff. They felt they had received suitable training and induction to enable them to undertake their role. A staff member said, "The training has been really useful." Training information we looked at showed staff had undertaken training in a range of areas. A staff member told us they had not had any previous care experience and had completed the 'Care Certificate. This is a set the standards for the skills, knowledge, values and behaviours expected from staff within a care environment. The staff member said, "The induction was insightful and the training has been fantastic. My colleagues were very supportive."

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

Where people did not have capacity to make a decision we saw arrangements were in place so that any decisions relating to their care followed the principles of the MCA. However we found that best interest assessments did not specify who had been involved in this process. We discussed this with the clinical development nurse who confirmed that they would take action to address this.

Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. Staff described how they supported people to make choices and the approach they took when people refused care. Training records confirmed staff had undertaken training in the MCA and DoLS. We saw people were encouraged to make choices and that their wishes respected. For example we saw staff supported people to make decisions, such as making choices of food. This demonstrated staff respected people's rights to make their own decisions when possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the DoLS.

The provider understood when an application for a DoLS should be made and some people living at the service were assessed as being deprived of their liberty. At the time of our inspection 27 people had DoLS authorisations that had been approved by the supervisory body. A DoLS provides a process by which a provider must seek authorisation to restrict a person's freedoms for the purposes of their care and treatment.

Our observations showed that people at the service had access to drinks and snacks throughout the inspection visit. People were provided with a choice of hot or cold drinks. We observed the lunch time meal and saw that people were offered a choice of what meal they could have. We saw that people were shown plates of food options so that they could pick the meal? they liked. People we spoke with described the food as being very tasty and glorious.  A relative said, "The food is brilliant. "[name] will get help if they need it and gets enough to drink."

Records showed people's nutritional needs were assessed, and where required advice was sought from health care professionals to ensure risks were managed. Staff told us that people received support from other health professionals such as GP's and dieticians, if there were concerns about a person's food and fluid intake. For example the registered manager confirmed that a person had been referred to a dietician due to some weight loss. Records we looked at verified this.

Staff we spoke with were aware of the support people required with eating and drinking. We saw staff supported and encouraged people living with dementia to eat. However we found this was not being done consistently.

A person raised some concerns about the consistency of the food they received due to their health condition. This person's nutritional assessment showed that they had been assessed as being at  risk of choking. We discussed this with the registered manager and regional director who told us the concerns had been shared with the relevant health professional and that they would continue to monitor the situation. They also told us the person had capacity and was able to decide whether or not they followed the recommendations made by the Speech and language specialist (SALT).

We saw that external health and social care professionals were involved in people's care and people saw a range of other health professionals as appropriate. A person said, "The staff will call the GP and the GP comes as soon as he can." Another person told us they had been visited by the chiropodist. Relatives confirmed that the doctors were contacted as needed. A relative said, "[ name] sees the GP when staff or I think it's needed." During the inspection visit we saw a staff member support a person to the local GP practice. This showed us people were supported to maintain their health.

Good

# Is the service caring?

## Our findings

People told us they liked the staff and felt they were caring. A person said, "They [staff] take their time when changing the dressing and explain what they are doing." A relative told us, "This morning whilst playing snakes and ladders, staff were speaking gently and encouraging [name]." Another relative said, "The staff are always kind and caring whatever demand is made on them."

People told us they felt staff respected their privacy and promoted their dignity. A person told us, "They [staff] knock before entering my room and get my permission." A relative said, "Staff knock on the door. They are always kind and encouraging." We observed staff interacting with people in a respectful manner. Staff we spoke with gave us examples of how they respected people's privacy. Staff told us they ensured doors were closed when supporting people with their personal care needs." This demonstrated that staff treated people in a respectful and caring manner.

Staff told us they encouraged people to maintain their independence as long as they were safe to do so. Relatives felt that staff promoted people independence. A relative said, "[Person's name] can walk with support from staff. Staff verbally encourage [name] to walk."

Staff spoke to people in a kind and reassuring manner. Our observation showed that when people became distressed or anxious, staff provided them with reassurance. For example we saw that a person was getting upset whilst taking part in a board game. The staff member provided the person with reassurance by talking to them. Following this intervention the person appeared to be settled and enjoyed taking part in the board game.

People's care plans provided information about their health and social needs. Relatives we spoke with told us they had been involved in the planning of care. A relative said, "I have been involved in the care plan. It was done a few months ago."

During the inspection visit we saw some people received visitors. A person said, "My son comes to visit. He takes me out." Relatives told us they were generally able to visit when they wished. A relative stated, "Always very welcome here and it's easy to visit." This showed that people were supported to maintain contact with people who were important to them.

People's bedrooms were personalised. People had photographs and memorabilia in their rooms which were important to them.

Requires Improvement

# Is the service responsive?

## Our findings

The service had a complaints procedure. Records were kept of complaints received by the provider, which showed they had been investigated and responded to appropriately. However some relatives we spoke with raised concerns about the care and support their family members received at Bluebell Park. They told us the communication was not good and that the provider did not always listen to them. A relative said, "I have raised concerns with the manager but she talks you out of it. It's a waste of time raising anything." Another relative said, "They do listen to you but things don't happen as fast as you would like them to." Another relative told us they had raised concerns with management, but had not received a response. They felt the management team did not listen to their concerns. This did not provide assurance that the provider had effective systems in place to respond to people's concerns.

People and relatives were aware of the complaints procedure and knew how to raise any concerns with the registered manager. People told us they had no complaints. A person said, "I am confident that they would listen." Staff we spoke with knew how to respond to complaints if anyone raised any concerns or issues with them. They told us if anyone raised concerns with them they would inform the manager or the nurse.

People were provided with opportunities to participate in recreational activities. Two activities coordinators were employed by the service. The activities coordinator told us one to one and group activities were provided for people and external entertainers visited the service. We saw people were supported to take part in activities in communal areas. For example in the morning we saw some people were taking part in board games with the activities coordinators. Later in the day we observed people taking part in a music session, some people were joined by their relatives in this session. People told us they were able to spend their time as they wished. A person said, "I enjoy gardening in good weather and going out on outings. The home hires a coach for the garden centre. I have a T.V in my room and enjoy playing the piano." Another person stated, "I talk with staff and other residents. The pastor from the Baptist Church and friends from the church visit me." A relative said, "Staff know what [ name] likes in the care plan. Staff will take [name] along to various activities here".

People's needs were assessed prior to admission. This had been done by gathering information from people and their representatives such as their family. Each person had a care plan in place that set out their care and support needs. Care plans had been regularly reviewed and updated. Staff we spoke with understood people's needs and preferences. This included how they cared for and supported people.

We saw that the provider was in the process of displaying photographs of the staff working at the service and the registered manager in the reception area of the home. This ensured people using the service and visitors could identify who the management team and staff were.

Requires Improvement

# Is the service well-led?

## Our findings

The registered manager had been in post since 2016. The registered manager was supported by the regional director, clinical development nurse, deputy manager, nursing and care staff. People knew who the manager was. One person said, "It is a well led and managed service. The bedrooms are pleasant." Another person told us, "Absolutely well managed. I can find no fault." Relatives we spoke with were mostly positive about the management. One relative said, "Everything seems to be open. The latest manager has been raising standards. The previous manager was not so good. Getting there, but not there yet. It's beginning to look good again." Another relative stated, "The manager listens, she has good humour and is approachable. She walks all the floors and waves to me."

Some relatives felt that the registered manager was not approachable and did not communicate effectively with them. They also felt that their concerns were not listened to by the management team. We discussed this with the regional director who confirmed that they would be addressing this. As well as ensuring the weekly 'open surgery' takes place for people at Bluebell Park and their relatives.

At the inspection we found that the provider did not have effective systems in place to keep staffing levels under review. Some relatives raised concerns about staffing levels and how this impacted on peoples care needs not being met. For examples people having to wait to be supported with personal care. This meant that staff were not suitably deployed to ensure people received the care and support they needed.

Medicine audits were undertaken to ensure medicine was stored safely and appropriately and that they had been administered as per the prescriber's instructions. We reviewed a recent external audit of medicines management completed by the local clinical commissioning group where the service had achieved a score of 91%. They found two stock errors and made recommendations. However at this inspection visit we found a similar issue, in that there were two errors in the recording of medicines received from the pharmacy. Two packs of 28 tablets had been received but had been recorded as 30 tablets in each pack. We pointed this out to the registered manager who corrected this during the inspection, reflecting the correct amount of medicine received into the service. This did not provide assurance that continuous monitoring was undertaken to ensure where shortfalls were previously identified these were not repeated.

Staff told us they enjoyed working at Bluebell Park. We observed staff working together and assisting each other. They told us the registered manager was supportive. One staff member said, "The manager is generally good and seen on the floor a lot which is good and she will step in if you need help. To be honest though I feel more comfortable with the deputy manager as she is more approachable". Another staff member told us, "It's a good home. I get on with the manager she is approachable and friendly."

People who used the service and their representatives were encouraged to express their views regarding the support they received. People told us that their views on the quality of service had been asked for. This has been done through questionnaires, regular resident and relative meetings and verbally by staff. A relative said, "I give my views at care reviews. There are residents meetings and I've been to a few. We are listened to." We looked at the results of the latest surveys and saw that people were generally positive about the care

and services provided to them. The provider kept people informed about changes at Bluebell Park, with a 'You said, We did' display in the reception area. This had key themes and issues that had been identified through questionnaires completed by people who used the service and their representatives. The display showed what action the provider had taken to address areas of improvement. This demonstrated that the provider had an open and person-centred culture.

The provider had systems in place to monitor the quality of the service they provided and undertook their own compliance monitoring audits. The provider's representatives carried out a programme of audits incorporating all aspects of the service. This included an annual kitchen audit and a health and safety audit. Where improvements were needed these were actioned. The kitchen audit for April 2016 showed that all the standards for facilities had been met however a few areas for improvement were identified, such as, ensuring that daily stock checks took place to make sure that food items were within their shelf life. The regional director confirmed that action had been taken to address the areas for improvement. A monthly 'quality first' audit, was completed this included the five key questions we ask about services, in that is the service safe, effective, caring, responsive and well-led.

The registered manager told us there was an onsite maintenance person who was responsible for carrying out maintenance checks such as bedroom water temperature checks and fire alarm testing. Maintenance support was available five days a week. This ensured the provider had arrangements in place to monitor the safety of the premises.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home and on their website.

The provider was clear about their responsibility in notifying the CQC of incidents that the provider was required by law to tell us about, such as any safety incidents and allegations in accordance with the requirements of their registration.