Care Quality Commission

Bluebell Residential Home Limited

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Inspection report

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Ratings

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

Overall summary

This inspection took place on 20 January 2015 and was unannounced. At our last inspection in April 2013 we assessed five regulations and there was one concern identified. This was in relation to regulation 9: care and welfare of people who use the service. When we visited again in December 2013 we found that the provider was compliant with regulation 9 and with three additional regulations that we looked at.

Bluebell House Residential Home provides care and accommodation to a maximum of 40 older people who may be living with dementia. Nursing care is not provided. There is a registered manager. 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. At Bluebell Residential Home the registered manager is also the registered provider.

Summary of findings

We spoke with people that used the service about feeling safe while living at Bluebell House. They said, “I feel safe here but I like to leave my door open and sometimes people wander in during the night which is a worry” and “I enjoy it here, it's been lovely, I feel safe.” One relative told us, “I know that my mum is safe and secure.”

We found that people that used the service were safe form the risks of abuse or harm because there were systems in place known by the staff to refer allegations of or actual abuse situations to the appropriate safeguarding authorities. Staff had been trained in managing such situations, but some of them needed refresher training.

We found there were some minor safety concerns regarding the premises that had a minor impact on people that used the service. These were unstable wardrobes and missing window closers in some people’s bedrooms. There was a moderate impact on staff. This related to safety in the laundry. Generally the premises were not dementia friendly for people with dementia that used the service.

We found there were insufficient staff on duty to meet all of the needs of people at busy times of the day and that the service was not meeting the overall required staffing hours determined by an acknowledged dependency level tool, as used by East Riding of Yorkshire Council Contract Monitoring Team. Staff had not received training in caring for people living with dementia.

We found there were concerns regarding the recruitment of staff, which we judged had a minor impact on people that used the service. We were told by East Riding of Yorkshire Council in November 2014 that they had found recruitment procedures to be lacking in the areas of written records of interviews, full employment histories and evidence that written references had been obtained. We found there had been improvements in these areas with the exception that references had not always been taken and there was no evidence of staff identification checks (though Disclosure and Barring Service checks could not have been obtained without them). We assessed that the service could have improved in this area.

There were some minor concerns regarding the management of medication and with infection control practices, which the provider needed to address to ensure people were not put at risk of harm form receiving the wrong medication or acquiring a health transmitted infection.

We found that the provider had effective systems in place to ensure staff were knowledgeable in their roles and were appropriately supervised. People were assessed according to their mental capacity where necessary and so had their rights upheld. People’s nutritional needs were met. However, there was room for improvement in both of these areas.

We found that the provider did not use a particular model of care and that the premises were not designed with any particular care needs in mind. These areas could also be improved upon to ensure the provider was providing care according to ‘best practice’ and to ensure people received the best care available to them in the most suitable environment.

We found that the service provided a caring atmosphere to people and the staff were approachable and considerate. People said, “I am well settled and looked after”, “I enjoy it here, it's been lovely” and “I sometimes have trouble starting my crochet but one member of staff is very good at crochet and helps me.” Two relatives we spoke with told us they were satisfied with the care. They said, “The staff are very nice” and “I prefer mum to stay here and be cared for as I have seen how the staff treat her; with compassion and gentleness.” Staff told us they worked well together and were a caring and conscientious workforce.

People received a responsive service of care from the staff and care manager in that they had their needs assessed and planned for and any risk assessments in place to reduce risks. However, this could have been improved upon with regard to people being facilitated when socialising with each other, being assisted with their meals and listened to more when discussing problems or making suggestions. This may have been a result of the need to have more staff on duty throughout the busiest times of the day.

We found that the service was not entirely led by the provider/registered manager on a day-to-day basis and for the required hours of a full time registered manager. An appointed care manager had daily responsibility for people’s care. This had not ensured the service’s

Summary of findings

leadership was fully in control of all managerial responsibilities and so important areas of the service of care to people had not been fully monitored and developed. This meant people had received a disjointed service because the overall approach to managing the delivery of care had not been consistent or thorough.

An example of this was that there was an incomplete quality assurance and monitoring system in place which did not cover auditing in all areas of the service, information obtained was not analysed to develop action plans for improvement and feedback was not given to those people that had supplied information.

The provider was in breach of two regulations: staffing and good governance. These related to staff training in dementia care and operating an effective quality assurance system. We recommended that improvements be made with the premises, staffing levels, management of medicines and infection control. We also recommended improvements be made with caring for and communicating with people living with dementia, responding to people's requests and wishes, providing more varied activities, defining management responsibilities and record keeping. You can see what action we told the provider to take at the end of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe. Improvements could have been made.

While people that used the service told us they felt safe living at Bluebell and staff had knowledge and understanding of their responsibilities regarding their protection, we found that there were some minor concerns with the premises and staffing levels. Improvements were also required with regard to recruitment of staff, medication management and infection control.

These problems meant that people could have been at risk of harm.

Is the service effective?

Requires Improvement

The service was not effective. Improvements could have been made.

While staff were trained and supervised some training was out of date. Communication was not as good as it could have been and people expressed the view that food provision could have been better. The premises were not dementia friendly.

All of these meant that people might not have been cared for as well as they should be, might not have had the best service because of communication problems and might not have been given the nutrition they required or requested.

Is the service caring?

Requires Improvement

The service was not caring. Improvements could have been made.

People and relatives said the staff were kind and considerate and encouraged them to be independent. However, they also said a small number of staff could be abrupt on occasion.

Is the service responsive?

Requires Improvement

The service was not responsive. Improvements could have been made.

While people had care plans in place and interests to follow they told us there were insufficient activities taking place. They also felt they were not always responded to by staff and management in a way that met all their needs.

This meant that people were not sufficiently occupied and did not always feel that their needs had been satisfactorily met.

Is the service well-led?

Requires Improvement

The service was not well led. Improvements could have been made.

The registered manager was not fully in day-to-day control of the service and shared responsibility with a care manager. The quality assurance and

Summary of findings

monitoring systems included surveys and some audits but had some areas missing. Information obtained had not always been analysed and action plans were not used to develop the service. Feedback to people that had supplied information was not given routinely.

This meant that the service people received was not always improved upon.

Bluebell Residential Home Limited

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 January 2015 and was unannounced. The inspection team comprised of a lead inspector, an expert-by-experience and a bank inspector. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The area of expertise of the expert-by-experience was that of dementia care.

Before we carried out the inspection we gathered information about the service from East Riding of Yorkshire Council who have a contract agreement with the service to provide care to people they may fund there, and we reviewed the information we already held about the service which had been sent to us in notifications, complaints or compliments. We had received the 'provider information return' (PIR) from the provider on 4 September 2014. 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.

We used a range of inspection methods to complete the inspection: speaking with people that used the service and their relatives, interviewing the registered manager and staff, observing interaction between people and staff, viewing records and carrying out a full viewing of the premises.

We spoke with 22 people that used the service and with five relatives to seek their views of the care and support provided to people. We interviewed two staff on duty and we spoke with others while they were providing support to people. We looked at four care files for people that used the service and three staff recruitment, training and supervision files. We also looked at certificates of maintenance for the premises, at safeguarding records, accident/incident records, medication administration record sheets, staffing rosters and quality assurance documentation.

We looked at systems for the management of medicines and we observed a senior care worker administering a medication round. We also observed the lunch and tea time meals being served and people being supported with their nutritional needs.

Requires Improvement

Is the service safe?

Our findings

We spoke with people that used the service about feeling safe while living at Bluebell House. They said, "I feel safe here but I like to leave my door open and sometimes someone (a resident with dementia) will wander in during the night which is a worry", "There has been no physical violence but there has been some verbal violence from some residents; those with dementia" and "I enjoy it here, it's been lovely, I feel safe." One relative told us, "I know that my mum is safe and secure."

When we spoke with staff about safeguarding training they said, "I completed safeguarding training just six months ago" and "I've completed safeguarding training but can't recall when it was. In interviews with the staff they demonstrated they knew how to make safeguarding referrals to the East Riding of Yorkshire Council (ERYC) Safeguarding Adult's Team and were knowledgeable in what constituted abuse and how to recognise the signs of abuse.

We were told by the provider/registered manager and staff that staff had completed safeguarding training. Evidence of this in staff training records corroborated what we had been told. However, we saw from records that for some staff their safeguarding training had not been updated recently and was therefore due to be refreshed.

We saw from the records held that there had been two safeguarding referrals made by the service in the last twelve months, which had both been investigated by ERYC safeguarding team. One was regarding a fall, which had happened at night and the person had serious injuries. The other was a whistle blowing incident, mentioned below. Recommendations made by ERYC for one of the investigations was for the bathroom to be kept locked, checks to be made on the corridors each evening and to ensure risk assessments were in place with regard to safety for people at night. We saw that a new format for risk assessments had been set up and were told by staff that the corridors were checked during the night.

We saw that an area of the service that was not well recorded was that of handling people's finances. We saw accounting sheets for people that had their money held in safe-keeping and the records only contained the information of date, what the transaction was, the amount involved and the resulting balance. There were no signatures of the person completing the transaction and not all purchases that had been made had receipts to evidence when they had been made, what had been bought and how much the items cost. This would have evidenced that the provider was following robust accounting systems and provided a clear audit trail of how people's money held in safekeeping was managed by the service. People that used the service made no adverse comments about the handling of their finances when held in safekeeping by the service.

We saw in people's care files that there were risk assessments in place for certain areas of care: nutrition, skin integrity, mobility and transferring. The ones we saw had been reviewed and updated between June 2014 and December 2014. This area of the service was appropriately monitored.

When we looked round the premises we saw that there were traditional furniture and fittings in place. The service was clean and there was no noticeable unpleasant odour. People told us they were able to bring some personal items into their bedrooms on admission. The newest rooms in the extension had en-suite toilets and showers. We saw that the laundry room was not as safe as it should have been. There was an electric socket just above a draining board and sink and therefore within easy reach of the water supply. This posed a risk of an electric shock to anyone that used the socket. There was an electric iron press on the worktop next to the sink; again within reaching distance of the water supply. While it was acknowledged that people who used the service did not access the laundry the provider was advised to attend to this as quickly as possible.

We saw in several people's bedrooms that unstable wardrobes were not secured to the wall to ensure they did not fall onto people when they used them. We saw that some windows did not have window restrictors on them to prevent people from falling out should they attempt to lean out of them.

We saw that the whole of the premises was not particularly dementia friendly as signage was not suitable, main areas like toilets were not distinguishable from bedrooms and carpets were patterned. We were told that six from 38 people that used the service lived with dementia and so the impact on people of the non-dementia friendly

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environment people was still very low. Lighting in the early evening was of very low wattage and did not enable people with visual impairments to see clearly where they were and if any obstacles were in their way.

When we looked at the documentation to evidence that the premises had been maintained in a safe condition we saw that the fire safety log book had an up-to-date list of people that used the service. There was a fire risk assessment in place. We saw that the provider carried out a monthly fire safety drill with staff which was appropriately recorded. There was evidence of weekly fires system checks: alarms, fire doors, emergency lights and fire extinguishers. Fire extinguishers had been serviced in October 2014. However, portable appliance testing had not been carried out since 14 October 2013. Portable appliance testing should be carried out according to the regularity of usage of items. Where they were used more frequently some could have posed a risk to people if they had become faulty since October 2013. We asked that the provider ensured the frequency of checks on equipment was carried out according to its regularity of use.

There was a system in place to manage the risk of legionella in the water storage tank, the stair lift had been maintained in March 2014 and there was employers and public liability insurance in place. We saw that the service had policies and procedures in place for staff to follow but some were out of date with regard to reviewing them.

In interviews with staff they told us they were aware of the whistle blowing policy and procedure in place and that they knew when to report issues to the registered manager and how. The Commission had not received any whistle blowing incidents in the last twelve months. There had been one whistle blowing incident that had been referred to the provider in March 2014 which the provider had then passed to the safeguarding team. The provider had dealt with this appropriately.

We saw that records held in the last three months for accidents and incidents showed that these had been appropriately recorded and logged, with details of the accident/incident, action taken to treat people and to reduce the risk of it happening again.

The provider/registered manager was not on duty when we arrived at the service, but joined us after we had begun our inspection.

People we spoke with told us they thought there were times when there were insufficient numbers of staff on duty to meet everyone's needs. This was particularly at night time. They said, "At night there are only two staff. I don't think they have enough staff at night especially for over 30 people", "Staff cover seems to be stretched at times, some residents perhaps need more support than they can provide", "After the initial assessment staff don't have time to look at all the people again so they (the staff) end up looking after those with dementia and not everyone likes to ask for help." A relative told us, "The home could do with more staff."

Staffing levels were observed on the day we inspected. There were five care staff and one care manager working in the service and there were 38 people that used the service being supported and cared for. Six of them had dementia and one person was receiving end of life care. We were told that four care workers would be working the afternoon shift and two would be working the night shift.

We saw copies of staffing rosters for weeks commencing 5th, 12th, 19th and 26 January 2015. The roster for the day of our inspection showed there were five care staff and the care manager on duty in the morning and would be four care staff on duty in the afternoon, which corresponded with the numbers of staff we saw. In interviews with care staff they said they thought there were sufficient numbers of staff on duty to care for the people and to meet their needs. They said, "We have five staff on this morning and that's enough. However, each day is different so we don't always know what each shift is going to bring" and "Staffing levels are good with five in the morning and four in the afternoon and sometimes an extra staff between 4 pm and 8 pm. Everyone is getting the care they need in my opinion."

However, we observed that staff did not have a great deal of time to converse with people or to spend very long with them when assisting them with transferring, eating and other tasks. Some people commented that the staff spent a lot of time with those people that had dementia care needs due to those people's needs being greater than their own. They said that in their view, because there were insufficient staff on duty, some people often had to 'do without' or 'wait for support.'

We were told by East Riding of Yorkshire Council (ERYC) in November 2014 that due to the service being in breach of the contractual agreement with them, they had served an

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improvement notice to increase staffing levels. Using a dependency model ERYC had calculated that for 40 people that used the service there should be 740 care hours per week. In November 2014 the service was providing 581. We saw that the roster for week commencing 19 January 2015 planned for 606 care hours. Our analysis of these figures since the inspection visit showed that while there had been an increase of 25 hours per week since November 2014 the service was 135 hours per week less than the model expected. Our analysis of care hours recorded on the roster also showed that the provider had not increased the night staffing levels.

Neither the ERYC staffing calculations nor our analysis of all of the information we had been given included the 30 hours worked by the care manager. Their additional hours would still have left the service short by 105 hours per week. We were told by the care manager and staff that the care manager carried out day-to-day management of the service, with regard to all care issues and did not provide hands-on care. This related to who is in day-to-day management of the service and is a concern we have mentioned later in our section on 'well-led'.

In interviews with staff they told us they had followed the service's recruitment procedure to obtain their positions. They said, "I had done retail work before I came here and so had no experience of caring. I completed a job application form when I called in to have an interview. I had a Disclosure and Barring Service (DBS) check done and supplied references" and "I've worked here just over two years and had to fill in an application form, have an interview and supply references and a DBS." A DBS check is where potential staff are checked against a central criminal database which holds information about all people who have been convicted of a criminal offence, which may therefore deem them unsuitable to work with vulnerable adults and children.

We saw from information held in the three staff recruitment files we looked at, that there were completed job application forms, DBS checks, two references (though one file only had one) and evidence of inductions being completed. There was no evidence to show that staff identification had been checked though this must have been verified for the DBS applications.

We were told by ERYC in November 2014 that they had found recruitment procedures to be lacking in the areas of written records of interviews, full employment histories and evidence that written references had been obtained. We found that improvements in these areas had taken place but more could be made with regard to ensuring more than one written reference was obtained for every potential employee.

We saw that medication administration and handling systems had not been managed as well as they should have been. We saw that the medication room was close to being too hot for the storage of some medicines. A room thermometer was reading 25 degrees centigrade and staff told us that in the summer the room reached higher temperatures. Most medicine packets recommend the contents are not stored above 25 degrees centigrade. We saw that the hand wash basin in the medication room was old and badly stained.

Two medicines trolleys were fixed to the wall for security and were kept locked when not in use. Medicines were administered from a 'monitored dosage' (MDS) system, which is where prescribed medicines are supplied in a package that contains metered doses to be taken at specified times each day of the week. 'As and when required' pain relieving medication had been supplied in manufacturers packaging and not in the monitored dosage system cassettes that every other tablet came in. This was a specific practice of the supplying pharmacist to prevent wastage of NHS funded medicines.

We saw that medication administration record (MAR) sheets were appropriately signed and any refusals by people to take their medicines were recorded on a separate record sheet. We saw that one person's medication had been brought in with them as they were spending a short stay there to give family a break from caring and staff had set up a MAR sheet to record when their medication was administered. This had been appropriately completed and signed by two staff.

We saw that all medicines had been receipted into the service on MAR sheets, each record had a photograph of the person medicines belonged to and all returns were handled through the use of the MDS 'tag-bag' system. This is where unused medicines are placed in a designated labelled bag, sealed, logged on a returns record and then returned to the pharmacist for destroying. We saw that controlled drugs (CDs) were safely stored and recorded. They were subjected to a stock check three times a day at each shift change and this was recorded and signed by the out-going and in-coming senior staff on duty. CDs are

Requires Improvement

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classified medicines that require stringent management in line with specific regulations on handling, storing and recording them. We found that management of CDs was in line with these regulations.

We were told that one person self-administered their medication and had a risk assessment in place to do so as well as a storage facility to keep it safe. We saw that vitamin B12 injections and eye drops were appropriately stored in a dedicated medication fridge in the medication room.

Three days after this inspection there was an issue with unsafely handled medicines reported to us and to ERYC. One senior staff had left the medication trolley unattended while it was unlocked and open, which was substantiated following investigation. The concern also raised issues about staffing which are mentioned earlier. All issues were investigated by ERYC Contract Monitoring Team on 3 February 2015 and their findings were that five staff were suitably trained to administer medication, three staff required updated training, a senior required full retraining and one staff required training for the first time. ERYC asked the provider to consider carrying out competency checks on all those staff that were responsible for medication management to assess their ability to administer it safely.

When we looked round the premises we saw that there were some improvements to be made regarding infection control that could have put people at risk of harm of picking up a health care associated infection. This was because infection control practices were not as thorough as they could be.

The kitchen décor and equipment was old and worn. We saw evidence that a deep clean had been carried out by an external cleaning company in October 2014 and there were daily cleaning schedules in place that had been completed. There were worn seals between the walls and floor covering which made cleaning of them difficult. There was a waste bin with a broken lid. The laundry room was small and so there were no definable areas for dirty and clean laundering processes to take place. The provider told us they planned to extend the laundry room in the near future.

We found dust on many horizontal surfaces and a few cobweb in bedrooms and in the communal areas. Cleaning staff told us they had defined areas of responsibility but that they had no written cleaning schedules to follow. We saw that waste bins in bathrooms and toilets had lids missing and there were new catheter tubes in their sealed bags lying on the floor in the treatment room. We saw that two beds had dirty sheets. One was due to chocolate crumbs, but the other was undetermined and there were bits in this bed as well.

Staff told us that not all of the people who used the lifting hoists to transfer had their own lifting slings and we saw that slings were stored by hanging them across the hoist frames and not in separate storage/laundry bags. We saw that there were 'control of substances hazardous to health' (COSHH) cleaning materials stored next to tinned foods, tea bags and fresh vegetables. The door to this store was not kept locked. Hence there were some areas for improvement regarding infection control and food safety.

We were told by staff that there had been no outbreaks of infectious diseases or illnesses in the service, so the impact of these practices and findings on people that used the service was low.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us they thought the staff were generally competent at their jobs, with the exception of caring for people with dementia. They said, "All carers are helpful in every respect, they always try and help you. Everyone is jolly" and "I feel the home needs more expertise or training in caring for the residents with dementia, as this would help the staff and improve things for other residents". People said that staff usually knew what to do to help them.

In interviews with staff they told us they had opportunities to undertake training and qualifications when they needed to. They said, "I am NVQ 2 trained and in the last twelve months have completed fire safety, moving and handling, use of the hoist and other mobility aids training" and "I've done lots of in-house training in moving and handling, care plan compilation and fire safety. I've also completed training in 'dignity in end of life care', infection control and nutrition. I'm a dignity champion now."

We saw from the certificates held in staff files and in staff training records that the courses they said they'd completed had been completed. There were isolated incidents where a staff member's training in a particular aspect of their role had not been updated, for example with medication and safeguarding training as mentioned in the section on 'safe' above. We did not see any evidence that staff had completed training in dementia care and staff did not tell us they had completed this training. We saw that in the three staff files we checked all three staff had completed an induction to their role. Staff told us they received regular supervision and the records we saw relating to supervisions evidenced that they were all up to date. This meant people that used the service were cared for by staff that were trained and appropriately supervised to do the job, with the exception of being trained in dementia care.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of the full version of this inspection report.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected.

The staff told us they had not been aware of any 'best interest' meetings held recently and there were no DoLS in place. However, we saw in safeguarding adult's records that one person had been discussed in a 'best interest ' meeting in November 2014. One staff told us they had completed MCA training in the last six months, while another told us that they always assumed people had full capacity until an assessment had been carried out regarding the specific decision the person needed to make.

Staff were aware of the importance of obtaining people's consent before they assisted people with any task. While we were in the service we observed people being asked if they wanted support and if everything was alright. We saw that people gave verbal consent because they were able to or were consenting by means of their actions in cooperating with staff when asked to do something or go somewhere.

Communication between people, staff and the management was effective on the whole, but there had been some issues with the loudness of the emergency call bells in one area of the premises that meant despite mentioning this in 'service user meetings' the problem of people being disturbed at night had still not been resolved. This was an area the provider could have improved on so that people that were being disturbed by the loud call bell system received some kind of result from having made their dissatisfaction known in the meeting.

We were told by people that they generally enjoyed the food provision. They said, "There are two options for lunch but if you don't like the menu choice you can request something else. All the meals are cooked fresh on site" and "The cook brings me my breakfast." The majority of people said the food was very good. One person said, "The food is always good, we always clear our plates, couldn't be much better anywhere." Another person said, "I have breakfast and lunch in the dining room but tea in my own room. I can ask for cheese on toast which I like a lot." A third person said, "The food choices for main meal are okay, however soup and sandwiches at tea-time can get monotonous." When we asked this person they said, "We are not given the opportunity to input dishes onto the menu. Though the cook did a fabulous Christmas lunch for us all."

Requires Improvement

Is the service effective?

We observed that people chose where to eat their meals; some in the dining areas and some in the lounge areas. Some people ate in their bedrooms. There had been some concerns raised in January 2015 which had been passed to the East Riding of Yorkshire Council's (ERYC) Contracts and Monitoring Team. The issues were that people were being assisted to rise very early in the morning and then having to wait two hours for their breakfast. The findings of ERYC monitoring team had been that people said they got up when they chose to and one person had told them, "Some of the ladies do get up very early and are sat in the lounge when I get in there at 6 am. It's a shame as they just sleep."

ERYC found that the care manager had placed a message in the communication book for staff which said that people should not be kept waiting for their breakfast and a member of staff should be in the lounge areas to observe and support them. It said, "Breakfast is getting too late both for residents waiting and for the cook and routine of the day. There is never anyone visible around the main lounge area and at some point whatever you are doing you need to get the residents seated and give them a cup of tea."

We observed that people were assisted with their meals if they needed it. We saw that staff were patient with people but did not always have enough time to take and spend the time with people that they really needed. We saw that one person's meal went cold before they had finished it because staff did not have enough time to stay and assist them long enough for them to finish it. This had an impact on people and may have been an indication that there were insufficient staff on duty to meet people's needs.

We saw in care files that people had information about their food likes and preferences and that they had risk assessments in place (in the form of the Malnutrition Universal Screening Tool) regarding their nutritional needs. This ensured staff and the catering team were able to meet people's nutritional needs.

We asked the provider/registered manager if they followed any research or proven models of care for best practice, for example some of the dementia models of care. They told us they did not follow anything specific but was aware of some dementia advancements and subscribed to the 'Care Quality Matters' magazine, which had interesting articles on the quality of care in the health and social care profession.

We saw in people's care files that they had details informing staff of their medical and health care needs. How best to support people with health care was recorded in care plans under the appropriate headings; pressure care and skin integrity, physical health, medication, mental health and nutrition. We saw that these areas had risk assessments to reduce risks to health if necessary and both care plans and risk assessment were reviewed as changes in needs arose. There were records of health care professional visits and records in the form of health monitoring charts for weight, food and fluid intake and for skin integrity.

We asked the provider/registered manager if there were any specific areas for people with dementia where they could be supported and cared for. They told us that six people using the service had diagnoses of illnesses in which they presented with a dementia state and that they were only cared for on the ground floor of the property. When we looked round the service we saw that there were no specific designs or adaptations to the property to accommodate people with dementia: plain carpets, colour coded doors, signage, reminiscence room, rummage boxes, memorabilia or information referring to the past. This was an area the service could have improved upon but may not have been necessary if staff had completed training in dementia care.

Requires Improvement

Is the service caring?

Our findings

People we spoke with told us they thought the staff were caring, considerate and kind. However, they had some mixed views about how the staff related to them and treated them, on occasion. Some people commented that a few carers could be a bit abrupt and tended to speak very loudly or to shout unnecessarily at times. We were told by more than one person that they had observed some members of staff shouting at people and usually those with dementia.

People said, “I am well settled and looked after”, “I enjoy it here, it's been lovely” and “I can sit in my room or the lounge, but in my room I can crochet and read quietly. I sometimes have trouble starting my crochet but one member of staff is very good at crochet and helps me.” Two relatives we spoke with told us they were satisfied with the care. They said, “The staff are very nice” and “I prefer mum to stay here and be cared for as I have seen how the staff treat her; with compassion and gentleness.”

When we asked the staff about how they cared for people they told us about some of the routines of the day and said they tried to spend time with people doing other things than just caring for them. They said, “I assist people to get up from around 7 am, then once breakfast is over people may need a bath. But then I try to do some actives with people, have conversations or do a quiz. We’ve had none today though” and “This is a caring staff group and they are all conscientious. The leadership is also very caring.”

We observed one member of staff speaking kindly to a person who was confined to bed, assisting them to sit up and have a drink. We observed other staff being friendly with people and showing some interest in what they were doing or saying. However, staff remained professional. We saw that interaction between people and the staff was relaxed and ‘business-like’, with people confidently speaking up when they requested support. Staff were polite and attentive.

We saw that people had personalised their bedrooms with belongings. They took pride in how they were dressed and staff supported them in this. The males that used the service were clean shaven if that was how they wished to be and both males and females looked well kempt.

One person we spoke with told us they tried to be independent as staff encouraged this. They said, “Someone comes when I press my buzzer and they like you to be as independent as possible. They encourage me to help myself. I used to say ‘I can't I can't’ but they encouraged me and helped me to manage.”

One relative we spoke with told us they thought privacy and dignity was well maintained. They explained that staff upheld confidentialities unless they asked staff direct questions about their family member. They said, “Mum's privacy and dignity is fine. The staff don't discuss care plans but if mum needs the doctor they ring for one and let me know.”

We spoke with a relative who was visiting a very poorly person. The relative told us they were content that the staff were doing everything they could in a compassionate way. They were satisfied that their relative had remained in their home where they received good ‘end of life’ care from the staff. The relative also told us they felt supported by the staff.

We recommend that staff caring for people living with dementia understand how to communicate with them effectively.

Requires Improvement

Is the service responsive?

Our findings

People told us they thought the staff did what they could to support them with their needs, but their comments were varied. People said, "If I need to go to the hospital the staff arrange an ambulance and go with me or for my family to take me", "Staff complete a monthly assessment but I don't get feedback from them, or see the daily reports they write", "I have not seen a care plan or discussed one with any of the staff", "My catheter sometimes gets blocked at the most inconvenient times like 1 am but the staff call the out of hours catheter service for me and a nurse usually comes within an hour. It is a very good service" and "Staff look after me quite well on the whole but they sometimes seem a bit rushed."

One relative we spoke with said, "I raise issues with mum's key worker. I tend only to get information about mum when I ask though, as nothing is offered." Another relative said, "We would like it if the staff helped mum to put her hearing aids in every day as she can't manage them herself."

We saw in people's care files that there was evidence they had been assessed before a care plan, in a person-centred style, had been produced. Files contained an assessment of needs, details of the person's life before coming into care, a personal profile, a care plan with action plan, risk assessments, daily diary notes, monthly review reports, medication details, a mental capacity assessment, wishes in the event of death and monitoring charts on falls, food intake and pressure relief. They also contained copies of annual reviews of care held jointly with placing local authorities, records of healthcare professional's visit and details of accidents and incidents. This meant people were cared for according to a plan of care that reflected their needs.

Care files were in two formats as the care manager was changing the way information was held to follow a more person-centred approach.

People told us about the interests they had and the activities they took part in. Comments included, "There are no activities such as music or fitness", "We used to have exercise sessions, I feel this would help us and the staff because if we stay mobile it helps them,", "I like to walk around the gardens every day" and "I like gardening and would like to help in the garden more especially in summer." One relative we spoke with said, "There aren't many activities, mum is very deaf and uses a notebook for staff to communicate with her. I worry she is isolated, she would like to play dominoes but no-one arranges things." We saw information in people's diary notes that told us they had joined in with some activities held by the service, or had been out with relatives, but people were clear that this did not provide them with enough stimulation.

We observed one member of staff start a memory session with old photographs in the lounge, but the people joining in were left sitting around the edge of the room and the staff member sat in the centre. The staff member loudly asked what memories they wanted to recall, which meant everyone just called out. The session was a good idea but seemed it could have been organised a little better, perhaps in a smaller group or on a one-to-one basis with people.

We observed staff encouraging individuals to help themselves as much as possible and we saw that they helped those who could not help themselves, for example with eating and drinking or going to the bathroom.

We saw that the service had a complaint procedure available to people and their relatives or friends. Copies were in the 'statement of purpose' and on the notice board. Three people told us they felt uncomfortable going into the lounge or the conservatory because of the response they received from some of the other people that used the service. They said this was the reason they stayed in their rooms. We observed such a situation taking place, where one person entering the lounge was asked by two or three others, "Why are you here?" and was told to "Go away." We saw that staff in attendance did nothing to alleviate the person's feelings or to challenge what the other people were saying. This was not providing a responsive approach to meeting people's needs or to ensuring their optimum welfare with regard to social interaction.

While we were in the service we saw staff asking people to make choices in their daily lives regarding food, drinks, how to be comfortable and what to do or where to go. People told us they were able to decide where they spent their time, stay in their rooms or sit in one of the lounges or the conservatory. However, we were also told by people that they felt they were not always in full control of other decisions they made, because staff were often too busy to allow them the time they needed to decide for themselves.

Requires Improvement

Is the service responsive?

We were told by one person that they had been unhappy for years with being disturbed by staff at night time to check on their safety. This was because they were a light sleeper and were easily woken. They had full capacity and wanted to have a full night's sleep. This was brought to the attention of the care manager and staff and they agreed to review the arrangements for the person so that they were left to sleep undisturbed for longer.

We observed one person in the conservatory not eating, and were told by the staff they needed assistance. They had been given assistance with some of their lunch but the staff member had gone to do something else we were told. By the time we had observed them coming back the person's meal was cold and all the other people in the conservatory were ready for the next course.

These were four examples of how staff responses to people's needs showed signs of requiring improvement.

Requires Improvement

Is the service well-led?

Our findings

People we spoke about the running of the service and whether or not they had been consulted about it so that the quality of the service could improve, told us they thought the service could be run better and they had not been asked their views. One person thought the service was not run in a positive way and explained about people with dementia being up at night and sometimes unsupervised. They said, "I am concerned about the residents that walk about on the corridors in the night and everyone is disturbed when the call bells are rung, especially at night because they are so high pitched and loud. The issue has been discussed at resident's meetings but has not been resolved yet. The call bells from other residents at night disturb me and can go on for a long time."

Other people said, "There is a lack of organisation and management, for example, all residents are supposed to have a jug of water and glass changed every day but not all carers do it" and "I have a key worker but don't always see them even when they are on duty."

One person said, "I feel staff sometimes make decisions for you. I don't think they have ever done a resident's survey." The relatives we spoke with said there was an annual relatives' meeting held, but one relative felt it wasn't easy to raise concerns there, as it mainly felt like a "Pat on the back occasion" for the service. The relatives said they had not seen any satisfaction surveys or been asked their views outside of the meeting.

We had information from one person that in their opinion the service ran for the benefit of the staff and not people that used it. They said, "I have not seen a care plan or discussed one. At times I feel we seem to be here for the benefit of the staff. We are told what to do, not asked what we want."

We saw that the service had a quality monitoring system in place that used audits and satisfaction surveys. Information that contributed to the quality assurance system was also obtained from holding 'residents' meetings and an annual relatives' meeting. However, we found that the policies and procedures used by the service were not all up to date and so they had not been audited or checked for current relevance. We also found that the service had not followed recommendations made by the East Riding of Yorkshire Council with regard to staffing levels and the service had not used any audit tool to check this for itself.

In interviews staff told us that the care manager and provider/registered manager completed audits on care plans, health and safety and medication, for example. However, we found that the audits on health and safety and medication were not effective as they had failed to identify the issues we had found, which we have reported in the section on 'safe'.

We saw that audits had been completed on some care plans between September 2013 and December 2014, but there was no analysis of the information. We were given some weight charts that contained information about people's body mass index and their nutritional risk assessment needs, as evidence of an audit, but these were not an actual audit. They were a collection of people's personal information. We were also shown charts containing people's weights recorded every four monthly, but this was not an audit either. There were some action plans on these, however, which identified whether or not a person required a referral to a dietician and why.

We saw no audit information on any other areas of the service provision i.e. infection control, staff training, or recruitment processes. These would have enabled the provider to identify areas of service provision and practice that were unsafe, inadequate or required improving.

We saw that the service had issued some satisfaction surveys to relatives in May 2014. Fourteen that had been returned and they included the comments:-

'Things have improved very much since I had a meeting with the manager',

'Nearly all of the staff are friendly and helpful, but there are still a very few who aren't',

'My mum is very pleased with the care she receives at Bluebell',

'X requires drinks in the night to deal with issues following pancreatitis',

'Bluebell House goes way beyond any expectations I had',

'Mum prefers to sit with males as she does not like female company',

Requires Improvement

Is the service well-led?

Some relatives made requests for particular care support to be provided to people that used the service, which we understood from staff had been addressed.

However, we did not see any analysis of this information or any action plans to ensure the comments were acted upon and people received the support they had asked for.

We saw that records had been maintained of the meetings held for people that used the service (resident's meetings) in July and September 2013 and March, July, October and December 2014. They covered issues of noisy fire doors, very loud emergency call bells, food and activities.

We saw that the record of the resident's meeting held in October 2014 said there had been improvements since the last meeting but things had slipped again over the last three weeks. People queried if the heating had been turned off a number of times.

We saw that the record of the last meeting held in December 2014 made the following requests:-

For staff to not wash meal time pots until after everyone in the dining room had finished eating, for particular accompaniments with salad meals, to not use melamine plates and crockery, and for fire doors to be attended to so they were less noisy when they closed.

We did not see any analysis of this information or any action plans to ensure the comments were acted upon and people had their wishes respected. When we spoke with people about these two people told us the staff had refrained from washing pots while they ate, for a while, but that they had slipped back into doing this. For people that sat close to the sink unit it was very annoying and spoiled their meal. We saw that pot crockery had been purchased.

We were not shown any satisfaction surveys completed by people that used the service, and as people had told us they had not completed any, we concluded there had not been any issued to people recently.

There were no systems in place to analyse any of the information that had been gathered so that an overall service provision action plan could be put in place and implemented. Therefore there was no feedback to those people that had been consulted. All of this would have had the aim of ensuring the service was safe, appropriate and improved upon.

This was in breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of the full version of the report.

Staff we spoke with told us they thought the service had an open culture where they could go to the care manager and provider/registered manager with issues or concerns. They said they worked well together as a team. However, their main focus in all of this did not come across as being that of the people that used the service, but in ensuring as a team they were organised and efficient at completing their tasks. The provider/registered manager said of the culture of the service that people came first, transparency was important and people required quality throughout their care and particularly at the end of their lives.

There was a registered manager in post who was also the registered manager. They were not on duty when we arrived, but joined us after we had begun our inspection. They told us they had a personal appointment to attend which they had cancelled in order to be present for the inspection. They told us they did not carry out day-to-day running of the care side of the service but did so for the business aspects of the service. We discussed the role of the provider/registered manager with them and the care manager, as we were given the same information by people that used the service, staff and relatives that the provider/registered manager did not work in the service full time, which corroborated what the provider had said. One relative we spoke with said, "I don't often see the manager or owner." We discussed the responsibility of a registered manager to undertake full time hours in their position; full time constituting 35 hours a week or more.

The provider/registered manager and care manager told us they were considering making a registered manager application to the Commission for the care manager. However, they said this would not be on a job share basis. We judged that the current system was not working sufficiently well enough to ensure the service was well led, because the care manager was in day-to-day charge of care issues, the provider/registered manager dealt with the financial issues and a secretary dealt with other business matters. These three areas to be managed within the service overlapped but no one had full control of them as a whole, which meant people that used the service and relatives did not know who they should have been speaking and appealing to when they were dissatisfied.

Requires Improvement

Is the service well-led?

We asked the provider/registered manager about the service's 'visions and values' but were told there were none in writing. The provider/registered manager also told us they did not follow any particular model of care.

While records were generally appropriately maintained we saw that a medication administration record sheet set up for a person that had recently been admitted to the service permanently, had no signatures on it to show who had transcribed information about medicines. The fire risk assessment had not been dated and the risk assessment action plan had not been completed. Some policies and procedures had not been dated. With regard to ensuring people's safety at night, mentioned in the section on 'safe' we saw no evidence in the form of records to show that the corridors had been checked at night. We recommended to the provider that they completed records of checks on the corridors where they were carried out. This did not show that records were always well maintained.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found that people who used services were not cared for by staff that had received appropriate training in dementia care. This was a breach of regulation 23 of the HSCA 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the HSCA 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that people who used services were not protected against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to regularly assess and monitor the quality of the service provided. This was because the provider had not ensured sufficient audits had been carried out and used. This was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.