

Bluebell Place Limited

Bluebell Nursing & Residential Home

Inspection report

Stanley Road
Thurrock
Grays
Essex
RM17 6QY

Tel: 01375369318

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bluebell Nursing and Residential Home is a residential care home providing personal and nursing care to people aged 65 and over. At the time of the inspection there were 64 people living at the service. The service can support up to 80 people. The care home accommodates people in one adapted building.

The care home accommodates people across three separate floors, each of which has separate adapted facilities. The ground floor unit caters for people who require residential care. The first-floor unit provides accommodation for people with nursing care and complex needs. The second floor specialises in providing care for people living with dementia.

People's experience of using this service and what we found

Quality assurance and governance arrangements at the service had improved since our last inspection in June 2019. Improvements were required to some aspects of medicines management, staff training and staff's practice relating to offering people choice and treating them with dignity and respect when assisting people to eat.

Risks were identified and recorded. People told us they were safe and suitable arrangements were in place to protect people from abuse. Staff understood how to raise concerns and knew what to do to safeguard people. People were protected by the service's prevention and control of infection practices and from the risk of transmission of COVID-19 and other infectious diseases. The environment was clean and well maintained. Lessons were learned and improvements made when things went wrong.

Most staff received mandatory training. Staff felt valued and supported by the management team and received regular supervision. The dining experience for people was good and people received enough food and drink of their choice to meet their needs. People were supported to access healthcare services and receive ongoing healthcare support. The service worked with other organisations to enable people to receive effective care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had a good rapport and relationship with the people they supported, and observations demonstrated people received a good level of care. People's care and support needs were documented in an individual plan. Staff had a good understanding and knowledge of people's needs and the care to be delivered.

We have made a recommendation about choice and dignity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published September 2019) and there were four breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of these regulations.

You can see what action we took at the end of the report.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has improved to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bluebell Nursing & Residential Home on our website at www.cqc.org.uk.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Bluebell Nursing & Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors. An Expert by Experience made telephone calls to people's relatives on Monday 17 May 2021. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bluebell Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with the registered and deputy managers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance records and the service's policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with six members of staff. An Expert by Experience spoke with 11 people's relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Suitable arrangements were not in place to ensure staff employed had had the appropriate checks undertaken and were suitable to work with vulnerable people.
- We reviewed four staff member's personnel files and found no recruitment checks had been completed for one member of staff. Two staff member's Disclosure and Barring Service [DBS] certificates were dated February 2018 and April 2020, and from a previous employer. However, there was no information available to demonstrate required checks to the barring or update service had been completed.
- Following the inspection the provider submitted additional documents to demonstrate all required information is in place. We were satisfied the provider was compliant with this regulation.
- People's comments relating to staffing levels were variable. Positive comments included, "They're [staff] busy bees but there always seems to be enough staff around" and, "Sometimes you might not see staff, but at other times they'd pop into the room to see if [relative] wanted anything." Three relatives were concerned about the service's staffing levels. Comments included, "You see quite a lot about but they [staff], do say they're short" and, "My [relative] has said they have to wait a long time during the night."
- Despite the above comments, the deployment of staff was appropriate and there were enough staff to meet people's needs. Staff responded to people in a timely way and call alarm facilities were answered promptly.
- Staff told us staffing levels were appropriate and there was enough of them to provide safe care to people living at Bluebell Nursing and Residential Home.

At our last inspection to the service in June 2019, not all risks for people were identified and recorded. Risks to people's safety and wellbeing were not being effectively managed. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

Assessing risk, safety monitoring and management

- Freestanding wardrobes had been made safe, no longer posing a risk to people's safety and wellbeing. Observations relating to staffs' moving and handling practices demonstrated these were safe.
- Risks for people were identified and recorded in relation to their care and support needs. Staff had a good knowledge of people and the risks associated with their care.

- Risks relating to the service's fire arrangements were monitored and included individual Personal Emergency Evacuation Plans (PEEP) for people using the service.
- Risk assessments were completed for people using the service but not for staff in relation to the risks posed and presented by COVID-19. An assurance was provided by the registered manager that staff risk assessments would be addressed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and relatives confirmed they had no concerns relating to the safety of their family member. One relative told us, "[Relative] is definitely safer than being at home." A second relative told us their family member was safe as they had observed staff regularly checking on people who resided in their room or who chose to spend time within communal lounge areas.
- Staff demonstrated an understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns to the management team and external agencies, such as the Local Authority and Care Quality Commission.
- The management team were aware of their responsibility to notify us and the Local Authority of any allegations or incidents of abuse at the earliest opportunity.

Using medicines safely

- People told us they received their prescribed medication as they should and were happy to have this administered by staff.
- We looked at the Medication Administration Records [MAR] for 13 out of 68 people living at the service. These were generally in good order, provided an account of medicines used and demonstrated people were given their medicines as stipulated by the prescriber except for one incident which occurred on the day of inspection.
- One person was observed to have an oxygen concentrator. Although information was recorded relating to flow rate, frequency and the duration of use to ensure this was administered correctly, the information recorded within the care plan did not accurately reflect the oxygen prescription and the concentrator flow rate was incorrectly set. This was brought to the registered manager's attention and rectified immediately.
- Staff involved in the administration of medication had received training and their competency assessed. Medication audits were completed at regular intervals and demonstrated a good level of compliance.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections and meeting shielding and social distancing rules.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. One relative told us, "I was quite impressed with the window visits [during the pandemic] and how staff dealt with my relative."
- We were assured the provider was admitting people safely to the service and using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff and promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

Learning lessons when things go wrong

- This inspection highlighted lessons had been learned and improvements made since our last inspection in June 2019. Reference to this is highlighted throughout this report, for example, about managing risks appropriately, ensuring staff received an induction, regular supervision and were better supported. Improvements had been made to ensure people's care plans were person centred and the care provided to

people was much improved.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection to the service in June 2019, not all staff had received appropriate training. Not all staff felt their induction was robust and staff supervision and support was not consistent. This was a breach of Regulation 18 [Staffing] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

Staff support: induction, training, skills and experience

- Staff were supported to complete mandatory training to ensure they had the right knowledge and skills to carry out their role. Most staff had completed online mandatory training, but we found improvements were required for three out of eight members of staff. However, we found this did not impact on the quality of care people received.
- Staff told us they 'shadowed' experienced staff for three days as part of their induction. Staff were complimentary about their induction and confirmed this process was robust.
- Staff told us they felt supported and received formal supervision. One member of staff told us, "The management team are approachable, and I feel really supported."

Supporting people to eat and drink enough to maintain a balanced diet

- People's views about the meals provided were positive. Comments included, "The food is really good but always too much for me, I'm not a big eater", "The food is lovely" and, "The food can be a bit overdone but generally it is good."
- Observations demonstrated mealtimes were a sociable experience for people using the service. People were not rushed to eat their meal. However, where they required staff assistance this was not always provided in a respectful and dignified manner as people were not routinely offered a choice of drinks or snacks and some staff stood over people while assisting them to eat rather than sitting beside them.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals were consulted for support and advice, such as the dietician or Speech and Language Therapist [SALT].

We recommend the provider consider ways of ensuring people using the service are offered choices and their dignity maintained.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The service worked with other organisations to ensure they delivered joined-up care and support. People's healthcare needs were monitored, and action taken to address any changes in their health.
- People told us they were kept informed and updated about their relative's healthcare needs. One relative told us, "Yes, they [staff] ring me all the time if they have any concerns." A second relative told us, "They've [staff] phoned me straight away and let me know what's going on. They've let me know about the result of their routine COVID test."

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

- The service is unitised on three floors, with the ground floor for people who require residential care, the first floor for people with complex nursing needs and the second floor for people living with dementia. People had access to two communal lounge areas and a separate dining area on each floor.
- The service was decorated and furnished to a good standard. People had personalised rooms which supported their individual needs and preferences.
- Suitable adaptations and equipment were in place to enable people to maintain their independence.

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

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

People 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's ability to make a specific decision had been assessed and best interest assessments completed.
- Staff received training relating to MCA and DoLS and were able to demonstrate a good understanding of the main principles and how this impacted on people using the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

At our last inspection to the service in June 2019, people did not receive person centred care and their care records did not fully reflect or accurately detail people's care and support needs. People received limited opportunities to participate in meaningful social activities. This was a breach of Regulation 9 [Person centred care] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People told us they were treated well and relatives' comments about the quality of care provided for their family member was positive. Comments included, "I'm very pleased with everything", "[Relative] seems to have a bond with the people who care for them" and, "I believe [relative] gets treated very well."
- Care plans recorded people's care and support needs, including the delivery of care and support to be provided by staff. People's care plans were reviewed and updated at regular intervals to reflect where a person's needs had changed.
- Staff had a good understanding of people's individual care and support needs, including their likes, dislikes and preferences.
- Most relatives confirmed prior to COVID-19 they had been involved in care reviews and had seen their family member's care plan.
- The service worked collaboratively with other services and professionals, such as, local hospices and palliative support teams to ensure people's end of life care needs could be met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carer's.

- Care plans identified people's communication needs and staff knew how to support individual people. This approach helped to ensure people's communication needs were known and met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their families. Relatives confirmed they had

commenced visiting the service following restrictions imposed due to the COVID-19 pandemic being relaxed.

- Staff responsible for facilitating social activities at the service demonstrated enthusiasm and commitment to their role. They told us due to the COVID-19 pandemic, they tried to be flexible day to day and involve people in choosing activities they wanted to do.
- People were observed to participate in group activities and to receive one to one support.

Improving care quality in response to complaints or concerns

- Arrangements were in place to record, investigate and respond to any complaints raised with the service. A low incidence of complaints was noted since our last inspection in June 2019. Each complaint had been responded to and investigated in an open and transparent way.
- Compliments were available to capture the service's achievements. Compliments viewed were positive regarding the registered manager and the quality of care people received. One compliment recorded, "Thank you all for the extreme professional care you gave my [relative], it is very much appreciated. It is nice to see that you are all very dedicated to the job."
- Compliments were also recorded on a well-known external website.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection to the service in June 2019, Effective governance and quality monitoring arrangements were not in place. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The providers quality assurance arrangements monitored the experience of people using the service. This information was used to help the provider and registered manager drive improvement and monitor the service's performance in line with their own policies and procedures and regulatory requirements. This included regular unannounced visits at night to ensure the routines at night were appropriate and safe.
- Areas for improvement included some aspects of medicines management, staff training and staff's practice relating to offering people choice and treating them with dignity and respect when assisting people to eat.
- Relatives told us they had confidence in the management of the service and the registered manager was visible. Relatives were also complimentary regarding the level of care provided at Bluebell Nursing & Residential Home. One relative told us, "We've been very happy with the way [Relative] has been looked after. I'd like to say thank you to them [management team and staff] for how they've dealt with the pandemic and done a very good job in the circumstances."
- Throughout the inspection, the registered manager was receptive, open and transparent to our findings and suggestions, demonstrating a commitment to improve the service.

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

- Despite the COVID-19 pandemic, most relatives told us communication by the service had been positive, including clear messages and guidance relating to visiting arrangements. Comments included, "Excellent, I can ring [relative] anytime. The home has a Facebook group and I keep up to date on that. They've [staff] informed us about all the PPE and things" and, "They've [management team] sent out a couple of letters. I've been going in once a fortnight since we've been able to go in and they've been very helpful in arranging

the visits. A letter setting out the guidance was provided, which was very comprehensive."

- Arrangements were in place for gathering people's and relatives' views of the quality of service provided through the completion of a questionnaire. This was completed in June 2020 and demonstrated many positive comments.
- Questionnaires had also been completed by staff in relation to their employment and these too were complimentary. One member of staff recorded, "I've always been supported with my job role and always received guidance when asked."
- Staff meetings were held to give staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they had a 'voice' and felt empowered and able to discuss a range of topics.

Working in partnership with others

- Information available showed the service worked in partnership with key organisations to support care provision and joined-up care.