A F Ebrahimjee

Bluebells Care Home

Inspection report

152 Moredon Road
Swindon
Wiltshire
SN25 3EP

Tel: 01793611014
Website: www.bluebells-care.co.uk

Date of inspection visit:
25 October 2018

Date of publication:
30 November 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The home was previously inspected 23 March 2016 where it had been rated Good. This unannounced inspection was carried out on 25 October 2018. This is the first time the service has been rated Requires Improvement.

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

Bluebells Care Home can accommodate up to 16 older people in one building. There were ten permanent people using the service and one person was on respite at the time of the inspection.

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.

Although there were various audits and checks in place these had not effectively identified issues that we found during this inspection. Improvements needed to be made with ensuring there were robust processes in place to manage medicine audits, analysing information such as incidents, accidents and ensuring all audits were taking place and recorded.

There was one breach 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 back of the full version of the report.

Employment checks were in place to obtain information about new staff before they were allowed to support people. However, unexplained gaps in applicant's employment histories had not always been explored and recorded.

People told us they felt safe living at the home. Risks to people's well-being were assessed and managed safely to help them maintain their independency. Staff were aware of people's needs and followed guidance to keep them safe. Although two people commented that staffing levels could be increased, especially at night, other feedback from people said there were enough staff to meet their needs and we saw people did not have to wait to be supported.

People had their needs assessed prior to living at Bluebells Care Home to ensure staff were able to meet people's needs. Staff worked with various local social and health care professionals. Referrals for specialist advice were submitted in a timely manner.

People told us they felt well cared for by staff who treated them with respect and dignity. People were

supported to meet their nutritional needs and maintain an enjoyable and varied diet.

Information for people could be provided in an accessible format to help people understand the care and support that was available to them.

People, their relatives and staff told us they felt Bluebells Care Home was well run. The registered manager and management team promoted a positive and open culture and staff told us they all worked well as a team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People using the service were asked for their feedback on the service and their views were listened to and valued.

People were supported by staff that had the right skills and knowledge to fulfil their roles effectively. Staff told us they were well supported by the management team.

People were provided with information about how to make a complaint and these were managed in accordance with the provider's complaints policy. The registered provider had informed the CQC of all notifiable incidents.

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 consistently safe.

Some processes around medicines management were reviewed but needed to be embedded to ensure medicines were being managed safely.

Recruitment checks were in place however these needed to be further improved.

There were procedures in place designed to safeguard people from abuse.

The risks to people's safety and well-being had been assessed and planned for.

There were sufficient numbers of staff to support people to stay safe and meet their needs.

There were systems in place to protect people by the prevention and control of infection.

Is the service effective?

Good

The service was effective.

People's individual needs had been assessed prior to receiving a service, and these were regularly reviewed.

Consent to care and treatment was sought in line with legislation and guidance.

People were supported by staff who were well trained, supervised and appraised.

People's health and nutritional needs had been assessed and were being monitored.

Is the service caring?

Good

The service was caring.

People and relatives commented positively on the staff team who had developed good relationships with people.

People were involved in decisions about their care and support.

Staff respected people's privacy, as well their dignity.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised. Staff were knowledgeable about the support people needed.

There was a complaints policy and procedures in place and people knew who to talk with if they had a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were systems in place to assess and monitor the quality of the service, but these had not always been effective and had not identified the issues we found during our inspection.

People found the management and staff team to be approachable, supportive and encouraged good communication with staff and people who used the service.

The provider worked well with other professionals to ensure people were being supported appropriately.

Bluebells Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 October 2018 and was unannounced. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert on this inspection had personal experience of caring for a person living with dementia and using care services. During the inspection they spoke with five people using the service and two relatives.

Prior to the inspection we looked at information we held about the service. This included notifications received from the service. Providers are required under the law to send notifications to CQC relating to specific events. We looked at the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met with the registered manager, two senior staff members, the cook and a visiting healthcare professional. We also looked at two people's care records, two staff employment files and other records, such as training records, monitoring records and audits.

Following on from the inspection we emailed five health and social care professionals for their views on the service and one replied.

Requires Improvement

Is the service safe?

Our findings

People's medicines were not always managed safely. The processes in place to ensure any medicine administration errors could be quickly identified was not always robust. We looked at how medicines were recorded and monitored. Where practically possible medicines were in dosette boxes. A dosette box is a sealed container for a person's medicines that have separate compartments labelled with the time and date for administration. We could not count and check a sample of the 'as and when' required medicines (which was usually for pain relief) because the processes for recording the quantity of medicines had not taken into account the newly delivered medicines along with any carried forward medicines. Medicine audits on every person's medicines had been carried out monthly by night staff. The senior staff member confirmed they checked on a weekly basis the medicine administration records (MARs) to ensure staff were signing these appropriately but they had not been counting the medicines to ensure the right quantity was recorded and in stock. Therefore, we could not be fully reassured that the current amount of loose medicines that was in bottles and/or boxes was accurate.

Following on from the inspection the registered manager and senior staff member told us they had taken immediate action to address the issues found. They confirmed they had checked people's medicines and recorded the amount that was stored in the service. The new forms they had introduced would assist them in being satisfied that the quantity of medicines was correct and that people were receiving their medicines safely.

People told us they received their medications regularly, appropriately and that they knew what they were for. We looked at the medicines which needed to be stored separately and signed by two members of staff. We saw for two people the quantities matched the records and had been signed for correctly. We checked medicines in the dosette boxes for two people and these had been given to people appropriately. There were dates of opening on liquid medicines so staff would know when this needed to be used by. The MARs we viewed had all been signed for.

We asked people if they felt safe living in the home. Everyone confirmed they did and felt they were treated well. One person told us, "I feel physically safe, you're not on your own all day." A second person said, "It seems a very nice place, tidy, clean and safe. I feel ok here."

The registered manager kept a record of safeguarding concerns and staff received training on this subject. The home did not have their own up to date safeguarding policy and procedure and the registered manager explained they followed the local authority's policies and procedures which we saw evidence of. Following on from the inspection the care co-ordinator confirmed they would review and update the home's safeguarding policy. Staff knew what action to take if they thought a person was risk of being harmed or abused. Comments included, "I would report concerns to the manager and I am confident it would be dealt with" and "I would complete an incident report, tell management and I could also tell the police and the Care Quality Commission (CQC)."

The staff had assessed risks for each individual and recorded these. There were contingency plans in the

event of a person not returning to the service when expected. The care records included information relating to risks associated with people's mental and physical health, risk of falls and developing pressure ulcers. Where a risk was identified, there was guidance on how to mitigate the risks to the person.

Various health and safety checks took place to ensure people lived in a safe environment. The registered manager confirmed that the fire service had visited in April 2018 and had made no recommendations. A fire drill had been held in August 2018 and the registered manager confirmed that night staff would be involved in a fire drill to ensure they knew how to respond in the event of a fire, as this had not been done at the time of the inspection. Other checks on water temperatures, gas safety and portable appliance tests were all up to date.

People were supported by sufficient numbers of staff. Although there was mixed feedback regarding staffing numbers at night. People had individual call bells on them and said that staff response if they used these day or night was reasonable. One person told us, "I don't sleep well and am up at lot at night and they [staff] get here quite quickly." We viewed the staff rota and saw on most days there was at least one senior staff member and two other staff members to support people. At night there were two waking staff working and a senior staff member on call if they needed advice or help. Two people and two relatives felt there were enough staff working at any one time. We saw during the inspection that people did not have to wait for staff support when they called for them. Two people did comment that staffing levels could be increased. One person said, "There aren't enough staff, we need a couple more at least. They work so hard, they are always rushing round. Another member of staff at night would be good, to my mind they are short staffed." A second person said, "It's ok in the day but we could do with another member of staff at night." We fed this back to the registered manager so that they could review the staffing levels and gain further feedback from people regarding why in particular at night they wanted more night staff working.

People were mostly protected from the risk of being cared for by unsuitable staff as the provider followed safe recruitment practices. However, we identified unexplained gaps in the employment of the staff application forms that we viewed. The registered manager took immediate action to rectify and record what staff were doing during those periods. Staff employment files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people. The registered manager was looking to involve people using the service more in the recruitment process. As part of the recruitment of new staff they spend time in the communal areas of the home so that they can be observed how or if they interacted with people. This could help the registered manager know if they would be suitable to work in the home.

The environment looked clean and equipment used to support people's care, for example, wheelchairs, hoists and standing aids were clean and had been serviced in line with national recommendations. Communal areas were clean and we saw a domestic staff member cleaning the rooms during the inspection. We observed staff wearing personal protective equipment, such as gloves and aprons. Staff completed training on hand hygiene and infection control.

The registered manager and staff team learned from mistakes. Records showed shortfalls were discussed with the staff team with the aim of learning from them. For example, reminding staff about ensuring certain areas of the home are cleaned thoroughly and checking that people's care records are completed appropriately.

The provider had a procedure for recording accidents and incidents. Accidents or incidents relating to

people were documented, investigated and actions were followed through to reduce the risk of further incidents occurring. Staff knew how to report accidents and incidents.

Good

Is the service effective?

Our findings

People's needs were assessed before they came to live at Bluebells Care Home. This was to ensure those needs could be met. These assessments were used to create a plan of care which included people's preferences, choices and interests. Relatives told us that staff from the home visited before the person moved into the home.

People were supported by suitably skilled staff. Staff received medicines training every two years and confirmed to us that they had shadowed medicines being given to people when they started working in the service and been observed carrying out this task. There were no ongoing medicines competency assessments in place to check that staff continued to be confident and skilled to give people their medicines. The care co-ordinator and registered manager confirmed that staff would be assessed in November 2018. This would help the registered manager know that the staff members in charge of carrying out these duties were able to do so appropriately.

Staff told us they felt skilled to carry out their roles effectively. They spoke positively about working in the home and the support they received. Staff, including the cook, completed an induction to the service and spent time shadowing experienced staff so they would all know the duties they would be expected to carry out.

Staff completed training which included manual handling, dementia awareness and fire safety. One staff member told us the training for manual handling was tailored to the individual person as the training was provided by a staff member working in the service. Staff were supported to attend specific training courses to ensure they had the skills to meet people's needs. For example, training in drawing blood from a person from their veins. This had enabled people's health needs to be met more quickly via support from the GP. Staff told us they could request training and it would be provided.

Staff were also supported through receiving supervision via one to one meetings, staff meetings, annual appraisals and daily handovers meetings.

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 with appropriate legal authority. 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. We saw evidence where the registered manager had applied for a person to be re-assessed. They had completed guidelines for staff to follow to ensure staff supported the person to be as safe as possible, whilst balancing any potential risks to the person if they went out of the home unsupervised. We saw evidence that the registered manager regularly contacted the local authority to ensure the person was being lawfully restricted as they did not want to live in the home.

Staff received MCA and DoLS training and one staff member described how they made sure they gave people choices and encouraged them to consider when they wanted to get up, go to bed, what they wore and whether they wanted a bath or shower.

Meals were freshly prepared and the cook was fully aware of people's likes and dislikes and altered the rolling menu accordingly. Feedback from people using the service included, "The food suits me alright," "I can't grumble, I have a choice of what I eat" and "We do have a choice. They all know I'm a poor eater, but we have lots of bits and pieces all around as well," "The food is dished up really nicely, we have a choice of two dishes and it's very nice quality. No one says much at meals, we are all busy eating, enjoying dinner." A relative told us that their relative's memory problems meant that they had difficulty eating and swallowing so a member of staff always ate with them and helped them. We saw evidence of this during the lunchtime period.

People's health needs were recorded and were being met. One person told us, "I went to the hospital not long ago and [staff member] took me to the dentist. If you think you need some help, you tell them." Another person said, "I only have to say, can I see a doctor and it's organised. Last week I saw a doctor at 8pm in the evening. I get taken to the optician. I've only got to say that I need to go and they'll do it and take me."

People's weight was checked so that if there were any significant changes the staff team could make the necessary referrals to the healthcare professionals. We saw where one relative raised with us the changes in the person's weight that staff were aware of this but the person remained at a good weight and had been seen by a dietician for guidance and advice. A visiting healthcare professional told us, "Staff were quick to answer any questions they had and know people's needs."

The registered manager confirmed there was ongoing work on the exterior and interior of the home. The front of the building had been rendered and work was being done to replace all the radiators with new ones which were not hot to touch when the heating was on. The home was bright and welcoming with two lounge areas for people to sit in and look out onto the garden. People could choose to spend time in the two communal areas or in their bedrooms and we saw people doing this during the inspection.

Good

Is the service caring?

Our findings

People and the relatives were complimentary about the staff team. Comments from people included, "The staff are approachable and really nice. They listen to you, I definitely feel I'm heard here" and "Of course I'd rather be in my own home but they [staff] treat me very well here." Relatives told us, "My relative [person using the service] has become slightly more independent since being here. Staff encourage them to do stuff for themselves, they give them choices" and "They [staff] all talk to person respectfully and keep their sentences very short. Staff explained to me that they do this carefully as they don't want to sound as if they are talking to a child."

People were actively involved in their care. They told us if they needed more help with personal care it was given in a sensitive and individual way. One person said, "I've not thought about this before but staff do ask me and they get used to your ways and preferences, definitely." A second person commented, "[Staff] are all used to my care. They know my quirks, what I do and don't like, they know I like to use a flannel first on my face before the rest of my wash."

Staff were caring in responding to people's needs and requests. One person described, "Staff are all very good, if I leave something in my room, they will always pop back and get it for me. Another person said, "If my foot aches, I ask staff to look at it and they do." "A relative explained that, "Staff give the person time. If they want to talk, staff will listen and not rush them." We observed staff waiting for people to respond when asked a question to ensure they knew the person's choice and did not make any assumptions.

Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. Staff completed equality and diversity training and the registered manager confirmed that people with any particular needs were met. This included if people wanted to attend a religious service then this was arranged at the home. There were also some larger bedrooms if a couple wanted to move into the home together.

The registered manager confirmed that they could provide information in an accessible format to help people understand the care and support that was available to them. This could be in a larger print or translated into a different language. If people struggled to read books due to poor eyesight, then the home arranged for audiobooks to be made available for people to listen to them.

The registered manager had arranged for people to talk with relatives online via their televisions in their bedrooms. This enabled them to easily see the people they were talking to and to maintain social contact with their loved ones. This was important for some people where their relatives did not live locally and so could not visit them on a regular basis.

Relatives confirmed that staff explained the support they were going to offer before doing so. One relative said, "Staff try and tell the person what they are doing or show them if they don't understand." A second relative told us, "They [staff] always explain what they are going to do in advance." We observed staff describing tasks they were about to perform before carrying them out. We saw one person needed

assistance to blow their nose and they were asked before staff did this. Another person who had difficulties in seeing items was helped kindly by a staff member who explained where the different elements of the meal were on the plate by using a clock image. For example, saying "The chicken is at 2 o'clock, the carrots are at 10 o'clock" and so on. Therefore, helping the person visualise what they were about to eat.

We observed staff support everyone during the meal at lunchtime appropriately. One person who showed some anxiety about the mealtime and was seated separately were reassured by a staff member that they would sit with them throughout the meal. Due to the person's individual needs, they responded better when having one to one support when eating their meal and they could sometimes having issues with swallowing. Therefore, we saw the staff member explaining what they were offering the person to eat and ensuring they could swallow the food safely.

Good

Is the service responsive?

Our findings

People had care plans to inform staff how best to support them in different aspects of their lives, such as their health, social and emotional needs. These were reviewed on a regular basis and provided staff with personalised information about people. Those people asked did not appear to understand whether they had been involved in decisions made about their care needs. However, we saw evidence that keyworkers (a named member of staff) had met with each person to talk through various areas of living in the home, including if they were happy and if their needs had changed. One relative confirmed, "I've been involved (in reviewing the care plan) and staff tried to involve [person using the service] too."

Staff knew people's likes, dislikes and preferences. They used this to consider how to care for people in the way they wanted. For example; details around how a person preferred to be supported was recorded such as, 'Likes the radio on' and 'Likes to talk about dog racing.'

We looked at activities provided for people. One person, one relative and a staff member said that there could be more activities and trips out of the home. We fed this back to the registered manager and we were made aware that they were looking to arrange more activities. A staff member had been given two extra hours a week to provide activities and this would be reviewed to see if this needed to be increased to meet people's needs and preferences. This staff member was spending time getting feedback from people on what they wanted to do so that the activities met their expectations.

Staff interacted with people during the visit where we saw one staff member sat with a person to knit with them. One person had been taken to a football match as they had not been for some time and this had been something they did before moving into the home. It was clear from talking to them and looking at the newspaper, where this occasion had been reported on, that they had been thrilled and delighted by the event. Where possible, people were given jobs to do around the home, for example, one person told us, "I do lots of little jobs around the place. I clean the medicine pots and after lunch I clean the table mats. I enjoy being busy." Staff also said the home had links with a local school where they visited people and external entertainers came to the home to provide music sessions.

People and their relatives knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this. The registered manager had a system in place to record complaints along with how they were responded to. There had been one formal complaint recorded along with the outcome and this had been resolved. The complaints policy and procedure clearly outlined how a complaint would be dealt with and the external organisations people could also contact. People could speak on a one to one basis, in the meetings held for them, during key worker meetings or through completing a survey.

None of the people we spoke with had needed to make a formal complaint. They said they would talk to someone at the home about any concerns they had. A relative told us, "If it was a proper complaint, it would be the care co-ordinator or the manager I would talk with. I did complain about the lack of a larger chair for the person and they did talk to the council about it and try to get it sorted."

The staff team supported people's relatives before and after a person passed away. If people and relatives were happy to inform the registered manager their preferred end of life care wishes these were recorded. One relative told us, "I'm actively involved in the end of life care planning, for example [person] wouldn't cope with hospital so they will have treatment here. I'm confident about that." From the training records we saw some staff had completed end of life training and this was available for all the care staff. A healthcare professional told us that the care co-ordinator and the staff team, "Engaged with the palliative care home team when they needed help with end of life care and they [staff] are proactive when identifying a person is approaching the end of their life."

Requires Improvement

Is the service well-led?

Our findings

We looked at the monitoring systems in the home. Although there were checks in place, there were a lack of regular audits being carried out by the registered manager and the issues we found at this inspection were not picked up by the current auditing systems. For example, the medicines audits were only carried out by night staff and the registered manager had not been counting and checking medicines to ensure the records matched the quantities in the home. Staff had received online medicine training but in between the training they had not been formally assessed to ensure they still followed good practice when handling and giving people their medicines. The systems in place for checking medicines had not identified that written protocols for giving people their 'as and when required' medicines were not in place.

The provider's medicine policies and procedures did not include details of medicines audits or assessing staff member's abilities to carry out medicines tasks following on from completing medicines training. This was fed back to the registered manager and senior staff member so that adjustments could be made to the document to inform the staff team what procedures should be followed.

There were recruitment checks in place, but the checks had not identified that gaps in employment were not always explained and recorded on staff employment files. We saw there were two missing health and safety and infection control audits and these could not be found during the inspection. The weekly fire checks had been missed the week before the inspection and there was nothing recorded to indicate that the registered manager was aware of this so that action could have been taken. Fire drills we were told were held monthly, but the records showed these had not taken place in September or up to the 25 October 2018.

Incidents and accidents were documented and checked but prior to the inspection there had been no analysis of trends to see if there were any patterns to the concerns and events.

The issues found at the inspection highlighted that the monitoring systems needed to be more effective and completed more regularly to ensure people were being safely and appropriately supported.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

The care co-ordinator informed us after the inspection that protocols for people receiving 'as and when' required medicines were completed to ensure staff could refer to these documents if they had any doubts on how the person communicated their needs.

Although a review was needed with the quality assurance systems there were many effective checks in place. For example, quality audits including, catering, supporting staff and care plans. These helped drive improvement in the service. After the inspection, the registered manager devised a tool for them to use to carry out monthly checks on the audits that should be taking place. This would enable them to see that different areas of the home were being reviewed and identify and resolve quickly if there were issues.

Feedback was positive on how the service was managed. One person told us, "The manager is ok. I don't

have much to do with him but he always asks me how I am." A second person said, "The manager is quite good. He'll come and speak to me when he's not busy." Relatives commented, "They [registered manager] respond if you ask them about anything" and "There's a good vibe" which was also a comment a staff member made to us.

We asked what was the best thing about living or visiting the home. People told us, "It's very good," "The staff are all very good" and "I am happy here and that makes such a big difference." Relatives comments included, "The staff make it feel professional and approachable. It's like a family" and another good thing was the, "Friendliness when I arrive and the general chit chat."

Staff spoke well about the running of the home. One staff member said, "There is an open-door policy" in the home and that staff had "Good relationships with relatives."

The registered manager had been in post for several years and worked closely with the staff team. They had submitted relevant notifications to the Care Quality Commission and other relevant bodies. Staff understood the importance of their roles and said they worked well together as a team. There was a vision and strategy for delivering a quality service. The registered manager was receptive in making continuous improvements and listening to feedback. For example, following our verbal feedback at the end of the inspection they started to make changes to improve the service.

Although the people and relatives we asked said they could not recall completing a satisfaction survey we saw evidence that these had been given to people to gain feedback on the home. Comments included, "Very happy with the service" and "Care is very personalised." The registered manager confirmed if they received any negative comments in the future these would be used to continuously improve the service.

The staff team worked alongside other professionals to ensure people were supported appropriately. One healthcare professional said, "A staff member attends our end of life support team meetings, which encourages care homes to share experience and reflect on their practice."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not always establish and operate effective systems to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (1)(2)(a)