

Stonehaven (Healthcare) Ltd

Bluebell House

Inspection report

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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

About the service: Bluebell House is a residential care home that was personal to 26 people aged 65 and over at the time of the inspection.

People's experience of using this service:

People said they felt safe and well cared for by a staff team who understood their needs. Staff said they had sufficient training and support to do their job effectively. They knew people's needs, wishes and what was important to them.

Most but not all risks had been assessed and plans in place to mitigate identified risks. Risks to some hot water outlets had not been fully risk assessed, although the provider was addressing this by installing mixer valves which would prevent hot water reaching a temperature which was a risk of scalding.

Care and support were well planned and there were enough staff to meet people's assessed needs. People were treated with kindness and respect.

People benefitted from the food and fluid being carefully monitored and by being offered a variety of meals, snacks and drinks throughout the day.

People's medicines were not always managed safely.

There were a range of activities which people enjoyed. This included regular visits from local school children, which people really enjoyed and looked forward to.

People were supported in the least restrictive way possible; the policies, systems and culture in the service supported this practice.

People said they were listened to and could make their concerns known, but these were not always recorded.

Rating at last inspection:

At the last inspection the service was rated as Requires Improvement (The last report was published January 2018). At this inspection the overall rating remained as Requires Improvement. This was the third time the

service has been rated as requires improvement.

Why we inspected:

This was a planned inspection to look at improvements the service had made following the previous rating. At this inspection we found improvements had been made in the areas we identified previously. Care plans were now more detailed and contained more individualised content. There were more meaningful activities and people appeared engaged and well cared for. However, we found other areas which required improvement. Medicine management was not robust and placed people at risk. Following our initial feedback, the manager completed an audit of all medicine records and stock and had made some changes to systems. They had also addressed this with senior care staff. Hot water temperatures on some sinks were in excess of what is considered safe for vulnerable people. This had not been risk assessed. The service was in the process of fitting regulator valves to prevent water being too hot and therefore reduce the risk of possible scalding. However, at the time of the inspection, this risk remained.

Enforcement: Action we told the provider to take. We have made one requirement notice in relation to regulation 12- safe care and treatment. You can see this in full at the end of the report.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns, we may bring our inspection forward.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Bluebell House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by one inspector, a member of the medicines team 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.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

Bluebell House is a home providing accommodation and personal care to a maximum of 36 people. It is not a nursing home. At the time of the inspection there were 26 people living at the service.

The service had a manager who was in the process of registering with the Care Quality Commission. This means that at the time of the inspection the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Before the inspection we used information, the provider sent us in the Provider Information Return. (PIR) Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other

information sent to us from other stakeholders for example the local authority and members of the public. During the inspection we;

- ☐ Spoke with 12 people living at the service and eight visiting relatives.
- ☐ Spoke with four care staff, the cook, cleaner, activities coordinator, the manager and the registered provider.
- ☐ Reviewed three care plans and daily records, including 12 records relating to medicines.
- ☐ Checked records of accidents, incidents, complaints and compliments.
- ☐ Reviewed three staff training and personnel records.
- ☐ Checked a sample of audits and quality assurance records.
- ☐ We received feedback from two healthcare professionals.



Our findings

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

Requires improvement:

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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- ☐ Risks associated with people's care were assessed and recorded so staff could provide consistent and safe care to people. These included risk of falls, pressure damage, poor nutritional intake. However, risks of scalding from hot water taps had not been completed. This was being addressed with the installation of mixer valves to ensure water was not too hot, but in the interim, the provider had failed to reduce the risk to people.

Using medicines safely

- ☐ Medicines were not always administered safely in the way prescribed for people. For example, we found two errors in the way medicines had been given, with the risk of causing harm. This had not been identified by the home's audits and checks. One of the errors was a dose of a preparation that was administered after its expiry date. The other error was a medicine that was prescribed twice a day but had been administered only once a day for over three weeks. The manager reported these incidents during the inspection and told us they would be investigated, and what measures would be taken to reduce the chances of them reoccurring.
- ☐ There were gaps in five people's medicine records where medicines had not been signed as given or a reason recorded if the dose was omitted. It was not possible to tell whether these had been administered to people as prescribed because of the gaps in the records.
- ☐ One preparation with a short expiry period once opened had no recorded opening date. Staff had been administering this preparation but did not know whether it was safe to use.
- ☐ Senior staff had received training in medicine management. Annual competency checks were not all up to date. Following the concerns, we raised, we were told these would be re-done as soon as possible.
- ☐ Procedures for the administration and training for care staff on the application of external preparations needed reviewing. Some prescription products were being applied by care staff who had not received medicine administration training. Full instructions for how to apply each preparation safely was not always included on the information available for them

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the inspection the manager has completed a medicines audit, which identified further areas for improvement, and provided us with proposed actions to improve medicines management in the home

Preventing and controlling infection

- Staff were supplied with personal protective equipment for use to prevent the spread of infections. Staff had received training in infection control.
- The laundry area which was in their sister home next door, was clean. There were systems for managing soiled linen to help prevent the risk of cross infection.
- People and visiting relatives said the home was kept clean and tidy.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and processes which staff understood how to follow and felt confident in alerting any concerns.
- Staff received regular training to help them understand the types of abuse and who they should report any concerns to.
- People said they felt safe. Comments included "I feel really safe and haven't had any falls since I've been here." And "I feel absolutely safe here – I'm used to it and it's fine."

Learning lessons when things go wrong

- Any accidents and incidents were recorded and highlighted to the manager. These were audited for themes to identify any trends or patterns so preventative action could be taken to prevent a reoccurrence.
- The regional quality assurance manager and providers had oversight of incidents within the service. Shared learning was discussed with managers from the other services owned by the provider.

Staffing and recruitment

- There were sufficient staff available throughout the day and evening to meet people's needs. This had recently been increased by one care worker in the morning due to increased needs and numbers of people living at the service.
- Some staff said they were short of staff some afternoons, but the rotas reviewed showed the correct staffing levels as assessed by dependency and needs.
- We had received two complaints about laundry not being returned. During the inspection people said this was still an issue. When we fed this back to the provider, they said this as being addressed with a better labelling system. When they checked the hours available for the laundry person, they could see there was no cover for weekends and agreed this may cause issues and said it would be addressed with more laundry hours to cover weekends.
- Recruitment processes ensured people were protected from the risk of unsuitable staff being employed.



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

People's outcomes were consistently good, and people's feedback confirmed this. One person said, "It's up to me to decide when to get up and when to go to bed and what I do in the day."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- ☐ The manager followed all of the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations. Not all staff were aware of who was subject to a DoLS but had received some training on why this may be the case.
- ☐ Staff ensured that people were involved in decisions about their care and making everyday decisions.
- ☐ Capacity assessments had been completed for people and decisions made in their best interests were recorded. This included use of bedrails and sensor mats.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ Prior to coming to the service people had a pre-admission assessment which looked at their needs and wishes to ensure the service could meet these needs.
- ☐ Staff understood the importance of giving people choice in their everyday life. We observed this throughout the day, staff offered a choice of drinks snacks and the main meal of the day.
- ☐ Care plans included important detail of how staff should support people in line with best practice and with consideration of individuals' preferred routines.

Staff support: induction, training, skills and experience

- ☐ Staff confirmed they were confident they had enough training, support and supervision to do their job effectively. Training covered all aspects of health and safety.
- ☐ The manager was passionate about ensuring staff had the right training and support. For those without access to their own computer, they had made an office and laptop available to staff to complete their on-line learning.
- ☐ The local care homes team nurse educator had been providing some specialist training sessions on specific areas of health. They confirmed these were well attended.

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

- ☐ People said they enjoyed the menu options offered and there was always plenty of choice. Comments included "I like the food. I have to have soft food and they do it well and give me a choice."
- ☐ Staff were aware of people's special dietary requirements. There was always a choice of two meals and regular snacks and drinks were offered throughout the day.

Staff working with other agencies to provide consistent, effective, timely care

- ☐ One healthcare professional raised concerns about the number of pressure areas being referred. The nurse educator confirmed they had recently delivered training on wound care and diabetes. The manager said people had either come in with pressure damage or had developed moisture lesions which were quickly referred and dealt with.

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

- ☐ The design and layout of the service had been adapted to meet people's needs. For example, signage to orientate people around the building and to know where toilets were. There was a stair lift to rooms on the first floor.
- ☐ The provider was looking into an outside covered space for people who smoke to use.

Supporting people to live healthier lives, access healthcare services and support

- ☐ People confirmed they were supported to attend GP and hospital appointments when needed.
- ☐ Care files showed there was good liaison with GPs, community nurses and the hospital.



Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- ☐ People said the staff treated them with kindness and respect. Comments included "They are all very nice. Very kind and very caring." And "They are very kind. Yes, and very respectful. They always give time to listen to me." One relative said, "They treat him exceptionally well!"
- ☐ Staff spoke about people's individual needs, likes and dislikes. They understood what and who was important to each person.
- ☐ Our observations showed people were treated as individuals, their dignity was upheld, and staff were kind and patient in all their interactions.

Supporting people to express their views and be involved in making decisions about their care

- ☐ The deputy manager had been updating care plans with people and their families. She agreed that as she no longer printed copies for them to sign due to confidentiality, she would record the consultation with them in the care notes. One family confirmed this was happening. "The [Deputy Manager] arrives with the care plan and goes through everything with me and leaves it with me."
- ☐ People were encouraged to personalise their own bedrooms and were consulted on any changes to communal areas. Regular meetings were held with each person to check their wellbeing and whether they had any suggestions for improving the service.
- ☐ We saw staff asking people about when and how their care and support should be delivered. Where people communicated with expressions, staff watched their face for any indication they were not happy to be supported at that time.

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff promoted people's independence as much as possible; ensuring their walking aids were within easy reach, encouraging them to walk independently.
- ☐ People confirmed their privacy and dignity was upheld at all times. For example, staff knocking on their door before entering.
- ☐ When people needed support, staff did this in a caring and respectful way, making sure they were aware

of what was happening and checking they were happy.



Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support were well planned because people were asked about their preferences and interests. This was then included within their care plans. This was an improvement since the last inspection
- Staff understood what and who was important to people. Staff knew people's family and friends and were able to talk and reassure people when they wanted to know when their family member would next be visiting.
- People said they had choice and control over their lives. One person said, "I just do whatever I want. I join in with everything I want to. I like to do crosswords and I sit in the quiet lounge."
- People were supported to engage in a variety of activities to suit their personal interests. This included accessing the local community when the weather permitted. Craft, games chats and visits from local school children were offered each week. This was an improvement from the last inspection
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. The manager said they could offer information in larger print if needed.

Improving care quality in response to complaints or concerns

- People and their families spoken to said they were confident their concerns would be listened to and dealt with. One said "I'm very happy here. If I did have some sort of worry or concern I would tell the manager and she would do something about it."
- The complaints process was available in the hall way.
- The manager said there had been no new complaints since she had taken up post. When we asked about concerns raised about the laundry, she said some relatives had mentioned this, but they had not made a formal complaint. She agreed for the future she would log all concerns raised even if these were not raised on a complaints form. This will help us to better judge how responsive the service are to issues raised. The service will also be able to monitor for themes. On the issue of the laundry, this was being addressed.

End of life care and support

- ☐ At the time of the inspection there was no one receiving end of life care.
- ☐ Some staff had received training in ensuring people's final days were dignified and as they would wish.
- ☐ Care plans contained a section for people to record their end of life wishes. Not everyone had chosen to do this.



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

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ Although there had been some improvements in the quality monitoring and auditing of the service, these had failed to pick up on areas of concern we identified during the inspection. For example, errors in medicines management and lack of risk assessments in relation to all hot water outlets.
- ☐ The manager gave assurances that these areas were being addressed as a matter of urgency, so people were no longer at risk.
- ☐ Areas which had improved was in more detailed recorded feedback when the provider completed quality monitoring visits. This included the quality manager visiting monthly to review the care plans, risk assessments and reviewing the managers audits.
- ☐ The provider had displayed their CQC rating at the service.
- ☐ The service had a manager who was about to register with the commission.
- ☐ Notifications were submitted as required

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ When we noted an error in one person's medicines, the manager took urgent action which included informing the person and their family and apologising.
- ☐ The manager completed a further audit on medicines following our inspection and found some further issues which they shared with us. They had spoken with all staff and discussed ways to improve.
- ☐ The service ensured person centred, quality care because they promoted the ethos of a caring and supportive environment, which was homely. Staff delivered care showing this ethos was embedded within their practice.

- ☐ Staff felt valued and listened to. They said there was good team work within the service.
- ☐ Staff and people said they had confidence in the new manager.

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

- ☐ The service involved people and their relatives in day to day discussions about their care in a meaningful way.
- ☐ Links with outside services and key organisations in the local community were well maintained to promote independence and wellbeing for people.

Continuous learning and improving care

- ☐ Staff were focused in developing their skills. Supervisions included how to support staff with their continuous learning.
- ☐ Good communication was maintained within the staff team via regular handovers and team meetings where learning was key to the agenda.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always administered safely in the way prescribed for people.