

Oldfield Residential Care Ltd

# Bluebrooke Nursing & Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Bluebrooke Nursing and Residential Home provides accommodation for people in a residential setting and is registered to provide care for up to 46 people with care and nursing needs. At the time of the inspection, there were 41 people living there.

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

People felt safe around staff who knew how to support people safely. Staff understood the importance of raising concerns and understood the process for doing so. People's risks were reviewed and documented for staff to refer to. Staff understood the risks to people's health and how to minimise risks to their health. People received support with their medicines. Any learning from people's care was shared with staff to improve people's experience of care.

People's care was assessed and planned in line with best practice and staff received training to support people's individual health and support needs. 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. People liked and enjoyed their food and received support where appropriate. People saw additional health professionals and received help to attend appointments.

People liked the care staff supporting them who understood their needs. Staff understood the importance of valuing individual needs and how to care for people with dignity and respect.

People were involved in planning and reviewing their care to meet their needs and preferences. People were encouraged to pursue interests and hobbies. People understood they could complain if needed. Staff understood how to support people with End of Life care.

People and staff liked and felt supported by the registered manager. Systems were in place to review and monitor people's experience of care and ensure practices were safe and centred around people's changing needs. The registered manager was supported by a management team that knew people at the home and worked together to develop people's care so that they overcame barriers. The registered manager worked with a number of stakeholders to improve people's care.

Rating at last inspection.

The last rating for this service was Good [the report was published 01 February 2017].

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our

reinspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-Led findings below

Good ●

# Bluebrooke Nursing & Residential Care 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.

#### Inspection team

There were two Inspector's in the inspection team.

#### Service and service type

Bluebrooke 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with three members of care staff, the assistant manager, and the registered manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at systems for recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People understood they could speak to staff if they were concerned about their safety. People told us they felt safe and that people had access to staff when needed. Relatives felt assured their family member was cared for safely at the home.
- Staff understood how to recognise abuse and felt assured the registered manager would listen and act on their concerns.
- Checks we made during and prior to the inspection demonstrated systems were in place to share concerns with stakeholders, such as the local authority where appropriate.

Assessing risk, safety monitoring and management

- Staff understood the risks to people's help and how to help support people to minimize any harm to them. For example, one person was prone to bruising and staff understood how to support the person to minimise the risk.
- Guidance had been written into care plans for staff to refer to. Staff also understood the importance of documenting any changes so that the person's condition could be monitored accurately.

Staffing and recruitment

- Background checks were undertaken before staff came to work at the Bluebrooke. The registered manager told us they continued to supervise staff during their induction to ensure staff were suitable to work at the home.

Using medicines safely

- Systems were in place for supporting people with their medicines. The clinical lead undertook regular checks to ensure people received their medicines correctly. Systems were in place for ordering and storing medicines appropriately.

Preventing and controlling infection

- The home was clean and odour free. Cleaning was monitored by the registered manager and regular checks were in place to minimise the spread of infection.
- Staff practice we saw promoted good hygiene. Staff were seen with apron, gloves and hand gel where appropriate.

Learning lessons when things go wrong

- The registered manager had reviewed practices at the home. The registered manager explained they had

previously accepted placements without having key important information. They told us they had reviewed their system of assessment so the information they requested gave them the information needed to make a judgement. They told us they were then able to share this information with staff, to enable the person to transition to the home more easily.



# 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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager understood the level of support they were able to offer a person when considering a placement. Where appropriate, specialist advice had been sought to fully understand and plan for people's needs. The staff used best practice to guide them in supporting people.

Staff support: induction, training, skills and experience

- People told us they were confident with the staff supporting them and felt they understood their needs and had to give care. Staff reported an improvement in the training. One staff member told us, training was "Much improved." Staff also felt the induction offered to new staff had been enhanced so that staff were confident going forward.

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

- People liked the food they were offered. One person told us it was "Very good, no complaints." People's meal time was calm and staff understood who required support.
- Staff understood specific dietary requirements and a system was in place to monitor this.
- People were offered choices in the food and drinks available. Where people had specific preferences, staff understood these. For example, one person declined all of the available choices and opted for sandwiches. This was provided together with their choice of crisps.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff attended a daily handover which provided them with the up to date information they needed to support people. Care staff felt comfortable speaking with the nurses and obtaining advice on how best to support people.
- The registered manager told us consistent staffing had helped support the GP because people's needs were fully understood.
- People accessed a number of different services. For example, staff supported people to see the optician and dentist.

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

- People told us they were welcome to bring in items from home to remind them of home. People told us they liked to be surrounded by items that were important to them.
- The home had undergone a number of improvements that were particularly aimed at people living with dementia. For example, one room had been dedicated to reminding people of their past memories and was

filled with furniture and decoration people would have been familiar with. The garden had also been improved in as people wanted to spend more time in the garden.

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.

- The registered manager had a system in place for monitoring the progress of applications submitted. Where appropriate, best interest decisions had been recorded and had involved the appropriate people. Staff understood the restrictions for each person and how best to support people in the least restrictive way possible.
- DoLS applications had been made when required. Any conditions associated with their DoLS authorisation had been met.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant 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 told us they liked the care staff who supported them. Staff showed warmth and affection to people which was reciprocated with smiles and warm words from people. Relatives spoke glowingly about staff and how they were they felt assured their family members were well cared for.
  - Staff understood people's needs and the care they needed that was specific to their needs. For example, where people needed support with issues around equality and diversity. Staff worked at a pace that was appropriate for each person. Where people required extra time and support, this was given.
- Supporting people to express their views and be involved in making decisions about their care
- People were involved in day decisions about their care. People were asked about how they would like support. For example, where they preferred to sit and whether they wanted to be involved in any activities.
  - Staff understood each person's routine. Where people preferred not to be disturbed staff waited until people were ready.

Respecting and promoting people's privacy, dignity and independence

- People and their families were confident people were being supported with respect and dignity. Relatives gave numerous examples of how their family member was supported to maintain their dignity in a way that was individual to them. For example, for one person their identity through their personal style had been maintained. Their family member told us this had been important to them.
- People told us staff helped them to maintain their independence. For example, one person told us they got as much or as little support as they preferred and that this helped them to feel independent because they were in control of their care.

# 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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were discussed with people and their families. One family member told us they gave detailed information to staff about their relative's preferences and these had been followed. For example, They told us, as their relatives needs had changed, the level of support had increased in response to their needs.

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 carers.

- People were supported to communicate in ways that were appropriate to them. For example, where people required pictorial prompts, these were provided. For some people, short sentences that required a yes or no answer were given so that people were involved in their care. This allowed people information that they were able to comprehend and respond to.

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 told us they liked the opportunities to take part in activities and hobbies. One person told us, "They keep me busy here." People were excited about a pending visit from a singer. Relatives told us staff kept their family member engaged in past times they enjoyed. Where people preferred not to participate, this was respected by staff.

- People were encouraged to maintain important relationships. For example, one person was regularly visited by a friend and went out for meals. Staff supported the person and understood this was important to them, because the friendship was a special one.

Improving care quality in response to complaints or concerns

- People and their families were clear they understood how to complain if needed. People and families felt assured they could speak with the registered manager, who would listen and try and resolve their complaint.

- Systems were in place to review and investigate complaints and were reviewed, so that any trends could be identified.

End of life care and support

- People and their families were involved and contributed towards discussions in End of life care so this could be planned. One relative told us their family member had been on End of life care but through the care and support given to them their health had improved.
- Staff had received training and understood the importance of understanding people's wishes.

# 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 now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People knew and liked the registered manager and felt able to speak with her should they have any concerns or issues.
- Staff were very positive about their working environment and the support they received from management team. One staff member who had worked there for a number of years told us, "The working environment has really improved." Staff told us there were regular meetings with staff and opportunities given to discuss people's care or raise any issues they may choose to.

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

- Relatives were confident they would be notified if there were any concerns about their family member. For example, if they had had fall.
- Complaints were shared with the registered provider in order to monitor care at the home and understand if there were any trends they needed to be aware of.
- Staff also told us they would have no hesitation in speaking with the operations manager if they were concerned about anything and that staff were encouraged to share any concerns they may have.

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

- The registered manager had systems in place for reviewing and checking people's care was appropriate for them and had a detailed knowledge of people's needs. They met regularly with staff and observed staff to ensure people received the care that they needed.
- The registered manager worked closely with the clinical lead to ensure checks on people's care were completed.
- The operations manager regularly visited the home and checked the registered manager was meeting their expectations. Feedback was also provided so that if action was needed, the registered manager knew what was expected of them.

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

- People and their families told us staff regularly spoke with them. They described the registered manager as having good communication with them so that they were fully included in important discussions about

people's care.

- Staff we spoke with understood the importance of valuing people's individual circumstances. They told us they had received equalities training and understood how this applied to people's care.

Continuous learning and improving care

- The registered manager had learnt from previous inspections where improvements had been identified. They told us since having become the registered manager they knew it was important to have effective systems in place. They told us they had reviewed and improved systems for reviewing people's care based on needs and preferences.
- Care plans we reviewed evidenced detailed guidance for staff on supporting people. They also sought feedback from agency staff working at the home and how they found the home, so that any improvements needed could be made.

Working in partnership with others

- The registered manager had developed local partnerships. They described an open and transparent relationship with the local authority and GP Service and felt this had helped them improve the experience of people living at the home.