

Whitelodge Alveley Limited

Bluebrooke Nursing & Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Bluebrooke Nursing and Residential Care Home is a nursing and residential care home providing personal and nursing care for up to 46 people. This includes people living with dementia. At the time of the inspection, 30 people were living at the home.

The home is an adapted building with care provided over 3 floors. People have access to lounges, dining areas, and accessible outdoor spaces. Bathrooms and toilets are situated near to communal areas.

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

People were not consistently protected from the risk of harm. People's medicines were not always managed safely and in line with best practice. The provider was not following safe recruitment practices. We were somewhat assured by the providers infection control practices.

People could not be assured their needs would be fully assessed by the provider. People's mealtime experience was not always positive. People's care plans were not consistently reviewed. Information was not always provided in a way that all people would understand. People were not supported in activities and hobbies that met their needs. Not all people had been consulted about their end of life pathways. Governance and quality checks were not always effective. People were not always given the opportunity to engage in the planning of the service.

The home worked in partnership with other agencies. The home was adapted to meet people's 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.

The home had an effective complaints procedure. The provider understood their responsibilities under the duty of candour. People were supported by staff who were caring.

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

Rating at last inspection

This service was registered with us on 28 October 2021 and this is the first inspection.

The last rating for the service under the previous provider was good (published 17 September 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.
Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors, an inspection manager and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. 2 inspectors visited the home on the second day.

Service and service type

Bluebrooke Nursing & Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bluebrooke Nursing & Residential Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We sought feedback from the local authority, Health watch and professionals who work with the service. Health watch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people and 6 relatives. We spoke with 15 staff members including nursing staff, care staff, the chef, kitchen assistant, agency staff, the deputy and registered manager, the area manager and the provider. We reviewed a range of records in relation to people's care, including medication and nursing records. We also reviewed a range of records held by the service including, staff training and rotas, recruitment records, audits and premises checks.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. 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.

Assessing risk, safety monitoring and management

- People were not consistently protected from the risk of harm.
- For example, hot water temperatures were exceeding the recommended temperature of 42 degrees. Records showed temperature checks had identified the high temperatures for over 12 months, but the provider had not taken action to rectify them. We raised this with the registered manager who told us they would rectify the concerns.
- During the inspection we saw a person was at risk of harm and requiring increased supervision. The person's risk assessments had failed to identify this. We raised our concerns with the registered manager, who agreed to review and take action and address the concerns.
- People's care records completed by staff did not match their needs in their care plans. For example, weight monitoring, repositioning, fluid intake and personal care. We saw no harm caused by this, but it placed people at an increased risk of harm. For example, one person was at risk of weight loss and required their weight monitored monthly. However, their care records did not reflect they were receiving this support.
- Staff did not consistently record people's repositioning needs or personal care in line with their care plans. We shared this with the registered manager who told us they would review their monitoring processes.

Systems were not sufficiently robust to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm. This is a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Regular checks were carried out for fire safety. Checks for equipment, gas and electrical safety had been carried out by registered contractors as required by law.

Using medicines safely

- People's medicines were not always managed safely and in line with best practice.
- Not all people had protocols for medicines prescribed for "as and when" (PRN). However, nursing staff, showed good insight into when people would need to take PRN medicines and what it was used for.
- Medicine audits were completed; however, had failed to identify staff were not always recording where they had supported people with their prescribed creams. This meant people could not be assured creams were administered in accordance to how they are prescribed.

The proper and safe management of medicines was not consistently demonstrated. This placed people at risk of harm. This is a breach of regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were stored safely and securely, with daily room and fridge temperature checks being taken.

Staffing and recruitment

- Staff were not always recruited into the home safely.
- The provider was not following safe recruitment processes. Full employment histories were not being obtained to ensure staff were of good character. We shared these concerns with the registered manager who sourced the information the following day.
- The home was actively recruiting staff and relied on agency to fill some carer shifts. Agency staff members told us they worked with a permanent staff members to complete observations and gain understanding of people's care needs.
- Relatives told us they see regular staff members, one relative said, "Staff offer familiarity, it's nice to see the same faces".

Systems and processes to safeguard people from the risk of abuse

- People were safe from the risk of abuse. The provider had systems and processes to safeguard people from abuse.
- Staff received training in safeguarding and understood the procedures to follow if abuse was found or suspected. Staff told us they felt any concerns would be listened to and acted upon.
- The registered manager understood their responsibilities regarding the action to take to protect people from harm.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises, some areas of the lounge were in need of cleaning, and we saw gaps in the cleaning records. This was shared with the registered manager.
- We were not assured that the provider was supporting people living at the service to minimise the spread of infection. People were not supported with hand hygiene before they ate their meals.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. Relatives told us they were happy with the visiting arrangements.

Learning lessons when things go wrong

- Accidents and incidents were being recorded and reviewed by the registered manager, actions had been taken where risks had been identified.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People could not be assured their needs would be fully assessed by the provider. The provider had an initial assessment process but did not consult with the person or their family as part of this process.
- Relatives told us they were not involved in the assessment process. Care plans demonstrated relatives did not participate in regular updates when they were reviewed.

Staff support: induction, training, skills and experience

- Staff had completed a training programme in order to meet the needs of the people at the home. However, we saw some staff had not completed training around modified diets. Gaps in training for staff was shared with the registered manager, who told us they would review their records and speak with staff to ensure all required training was completed.
- Staff who were new to care had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider used agency staff. We spoke with an agency staff member who told us they worked alongside a permanent staff member until they were competent to work alone.
- Staff were able to demonstrate they had retained the knowledge gained in training. For example, staff could identify signs of abuse and how and when to report it.
- New staff completed a 2-week induction programme and shadowed experienced staff whilst they got to know the people supported at the home.

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

- People's mealtime experience was not always positive.
- We observed some people were not receiving the physical support they needed to access and enjoy their meals. This was raised with the registered manager on the first day of our inspection. On the second day we saw improvements had been made and people were offered the support they required at mealtimes.
- People were asked if they still wanted their preference for lunch, where they changed their mind, people were offered an alternative choice of meal.
- People told us they were happy with the food and choices provided, one person told us the chef had made them "a beautiful fruit cake" for their birthday.
- People's dietary requirements and preferences were shared with kitchen staff who had received the

required training and demonstrated knowledge of peoples modified diet needs.

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

- The home worked in conjunction with other agencies to meet the needs of people living at the home.
- People's care records confirmed the involvement of other professionals in providing care such as the persons doctor, nurses, dieticians and specialist nurses in skin care.
- Where people needed to visit the hospital for consultations, staff supported them. One person told us, "I had to go to hospital and a carer came with me, which was good".
- The GP or Advance Nurse Practitioner complete a weekly ward round at the home to review and respond to the needs of the people living at the service. Management at the home, including nurses notified the surgery should a person's needs change.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The home was working within the principles of the MCA.
- Best interest decisions were in place for people who were subject to restrictions and were on a DoLS. We saw these were reviewed regularly and there was evidence in peoples care files of family involvement in best interest meetings.

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

- People lived in an environment that was accessible and met their needs.
- Staff encouraged people to access the lounge and dining room. There were also areas of the building which offered people a quiet space.
- Bathrooms had been adapted to support people with physical disabilities, such as specialised baths and walk in showers.
- People were happy with their bedrooms which were personalised with their belongings.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People were not always supported to express their views or be involved in making decisions about their care.
- People could remain in their rooms if they did not wish to join others in the communal areas.
- People were given choices about where they would like to sit and what they would like to eat and drink.

Respecting and promoting people's privacy, dignity, and independence

- Staff shared good knowledge of privacy and dignity, however we found some practices for promoting people's dignity could be improved. For example, people were not always prompted to use cutlery when eating their meals or offered support to change soiled aprons.
- People could not be assured they would always be treated with dignity and respect. We saw positive interactions with staff who were encouraging people to be independent with their mobility. However, we observed 4 staff members failed to respond to a person's repeated request for interaction. This resulted in the person becoming increasingly agitated, which impacted on other people in the lounge. We shared these concerns with the registered manager.
- A person told us they had raised concerns about their privacy and had requested to move bedrooms, this had been actioned promptly by the registered manager. When we asked the person if this has resolved their concerns, they told us "- It's great now".
- Where people were being supported with their end of life care needs we saw this was done with kindness and compassion by staff. A relative told us "[Person] has always been treated with dignity and kindness, as have we".

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

- Staff spoke fondly about the people they cared for, and we observed some warm and positive interactions between staff and people living at the home. However, we also observed interactions where people's preferences were not always listened to. For example, a person had chosen not to wear an apron for lunch, staff chose not to respect their decision and put an apron on the person anyway.
- Staff demonstrated knowledge of people's needs and personal preferences. For example, a person had recently started their end-of-life journey, staff were aware of the changes to their care needs.
- We observed people were familiar with other staff members such as the domestic staff, cook and the maintenance person, who took time to have positive interactions with people.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Care plans were in place for people, and where specific health needs had been identified, additional care plans had been written. For example, people had care plans for their diabetes, nutrition, and wound care needs. However, these had not always been consistently reviewed to ensure they contained up to date information about people's needs.
- Relatives had been informed about people's healthcare changes and medical involvement their family member had received, where the person has consented for this to happen.
- People had life stories in their care plans which enabled staff to have a good understanding of their historical lives.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Pictorial prompt aids and visual menus were available for people to have reference to when making choices about what they would like to eat, if they were in pain or needed to use the bathroom. However, we did not observe these being utilised by staff during the inspection. This meant some people were not fully supported to make choices or decisions independently.
- People had communication care plans in place, these identified how staff should communicate effectively, for example, using hand gestures and facial expressions.

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 not supported in activities and hobbies that met their needs. The provider had not sought people's opinions and choices about activities taking place at the home.
- We saw activity timetables in communal areas of the home. However, we did not see these taking place. We discussed this with the registered manager, they told us the home used to have activities provided by external sources, but these had stopped during COVID-19, and had not yet been recommenced.
- The provider had recently employed a new activity co-ordinator who was liaising with outside agencies to develop the homes activity schedule. They told us they were hoping to have a therapy dog visit the home in the coming weeks.
- The local church visits the home once a month to offer a service for the residents.

End of life care and support

- Not all people had been consulted about what they wished for their end of life pathway.
- Where End of life plans were in place, details of people's choices and wishes had been explored and detailed.
- People had ReSPECT forms which had been reviewed to gather peoples wishes for emergency care and treatment.

Improving care quality in response to complaints or concerns

- The home had an effective complaints process in place which allowed the registered manager to investigate concerns in a timely manner. There had been 1 complaint in the last twelve months which had been resolved.
- People and relatives we spoke with told us they knew how to make a complaint if they wished to do so.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems and processes had not consistently identified the issues we found during the inspection. For example, audits in place had not identified the concerns we found in relation to daily monitoring charts of people's care needs. When reviewing people's daily charts, we found significant gaps in relation to fluids, repositioning and personal care.
- Daily walk arounds and clinical meetings were completed by the registered manager, however, these required further development to ensure the information gathered was factual. For example, records of these checks stated all charts had been completed, however we found gaps in charts they had checked.
- The provider's senior management team visited the home to complete service audits and support the registered manager. We reviewed some of the audits completed by them and found they did not always identify areas of concerns. This meant opportunities for learning lessons were not always maximised. For example, audits stated that records of care provided had been fully completed, but we found that these had not.

The provider failed to ensure systems and processes were in place to assess, monitor and improve the service. This was a breach of Regulation 17, (Good governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was working towards completing actions from the local authority quality visit and was receptive to our feedback from the inspection. Where we asked for some assurances, these had been actioned the following day.
- Staff were clear about their roles and responsibilities and through conversations with inspectors demonstrated they knew the people and their care needs well.

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

- People were supported to make their own decisions about their day to day care. However, regular resident's meetings were not held and people were not asked for their views on the development of the home through surveys. This meant opportunities to gather people's views, and to influence the development of the home were not always effective.
- Management were approachable and visible in the care home. We saw the people clearly knew the deputy and registered manager well. Feedback from relatives and staff had been obtained through surveys, but

some of this had not been actioned which may drive improvements in the home. For example, we saw feedback from satisfaction surveys, families had requested to be involved in peoples care planning reviews, but this had not been actioned.

- Staff said they were supported and valued by management. Staff felt able to make suggestions and share concerns and said they would be listened to. Staff member's comments included, "You can always go to the registered manager, they listen, "and "Good management, they listen and are approachable". The registered manager told us they had an open-door policy for staff.

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

- Feedback surveys had identified families would like more involvement in their relatives care planning.
- Historically, the provider held resident and relative meetings to capture people's voices and suggestions to make improvements at the home. The registered manager told us these had not recommenced since covid, but there were plans to restart these in the near future.
- Staff were given the opportunity to share concerns and discuss their performance through regular supervision sessions with management at the home.

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.

- The registered manager demonstrated good knowledge of their responsibilities about being open and transparent with people when things go wrong, and how information should be shared with external agencies.
- The provider understood their responsibilities for notifying the CQC for events such as DoLS authorisations, change of manager and abuse and neglect.

Working in partnership with others

- The provider worked in partnership with a number of different health and social care professional's to support people's needs and achieve the best outcomes.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems and processes did not promote the safe administration of medicines. People's care was not always delivered as assessed and planned.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Audits were not robust enough to identify shortfalls in the service. Records were not always accurately completed. People's views were not systematically gathered and used to improve the home.