Care Quality Commission

OBEE Ltd

Bliss Care Home

Inspection report

23 Cobham Road
Westcliff
Essex
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Tel: 01702351267

Date of inspection visit:
20 June 2023

Date of publication:
19 July 2023

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Bliss Care Home is a care home providing personal and nursing care to up to 15 people. At the time of our inspection there were 15 people using the service. The home is split over 3 separate floors, people have their own rooms with some shared communal facilities.

People's experience of using this service and what we found
People and their relatives gave us positive feedback on their experience of using the service. One person said, "There is always someone here when you need them, we are like one big family."

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so.

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 manager had systems in place to monitor the service, measure outcomes for people and make improvements where needed

Rating at last inspection.
The last rating for this service was good (published 29 December 2017).

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

Why we inspected
This inspection was carried following a safeguarding concern. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. This report only covers our findings in relation to the key questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Follow up
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 safe. Details are in our safe findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

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Bliss 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.

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

Inspection team
This inspection was carried out by 1 inspector.

Service and service type
Bliss 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. Bliss Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a manager in post who was going through the registration process.

Notice of inspection
This inspection was unannounced. We visited the service on the 20 June 2023.

What we did before 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. 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 9 people who used the service and 1 relative about their experience of the care provided. We spoke with 5 members of staff including the manager, chef and care staff.
We viewed a range of records. This included 2 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● People were happy living at the service. One person said, "We are well looked after."
● Staff had received training in safeguarding people from abuse and knew how to safeguard people. One member of staff told us "If I had a concern I would tell the manager or senior, if nothing was done I would report to an outside organisation like social service or CQC."
● Safeguarding concerns had been referred to the local authority safeguarding team appropriately to investigate. The manager had worked with the safeguarding team to ensure people were safe living at the service.

Assessing risk, safety monitoring and management
● Risk assessments were in place to assess people's needs and mitigate risks of harm to them.
● Risk assessments and care plans were person centred and provided guidance to staff on how best to support people.
● Where people had specific health care needs such as catheter care or choking risks, there were clear care plans and risk assessments in place to support staff to provide safe care.
● Fire risk assessments were in place to show the support people would need in the event of an evacuation, and staff completed fire training.
● General checks on equipment and the environment were maintained and the manager arranged for any issues to be addressed with the provider.

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

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
● The manager understood their responsibilities under MCA and had made appropriate referrals when

needed. Capacity assessments were in place and where needed best interest decisions applied.
● Staff understood how it was important to support people to make choices for themselves and continued to support people to do this.

Staffing and recruitment
● The manager told us they had recruited a full complement of care staff and did not need to use agency.
● The manager used a dependency tool to calculate the number of staff required each shift to support people. However, we found due to layout of the service and current needs of people being supported staff were not always visible or available to support people with well-being activities.
● The manager informed us their activities person had recently reduced their hours and they were currently looking for other external providers to come into the service to provide activities such as armchair exercises.
● Following the inspection, the manager informed us they were going to implement an additional member of staff working across the day to provide additional support and enhance people's daily well-being.
● People were appreciative of the staff and the support they received. One person said, "The staff really care." Another person said, "The staff do their best."
● Appropriate checks were in place before staff started worked including providing full work histories, references and a Disclosure and Barring Service (DBS) check. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
● People were receiving their medicines safely. One person said, "The staff put my pills on the table for me to take."
● There was an electronic medication system at the service. Medicine administration records provided staff with all the information they needed to support people safely with medicines.
● Where people were prescribed as and when required medicines (PRN), there were clear protocols and guidance in place for when people should receive these.
● We did a random sample of medicines held at the service and saw these matched correctly with stock levels and prescriptions.
● Regular audits were completed to ensure medicines were being managed safely.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using personal protection equipment (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 promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes
● People were able to receive visits from their relatives and friends and enjoyed trips out into the community with them.

Learning lessons when things go wrong

- The manager had systems in place to review accidents, incidents and safeguarding and share lessons learned when things go wrong.
- We saw learning from one incident around documentation and staff having access to 'do not resuscitate' documentation had been implemented. Paperwork was now accessible to other healthcare professionals such as paramedics or hospital staff should they need to see this.
- Lessons learned were shared with staff through meetings, handovers and supervision.

Good

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a new manager in post at the service and they had applied to become the registered manager with the CQC.
- People and staff were positive about the new manager. One person said, "I think [person name] will do well and make a difference here." A member of staff said, "The manager is very supportive, you can talk to them freely, they come and help, and you can discuss any problems."
- The provider was supportive of the new manager and had organised support for them from experienced consultants. With their support the manager was able to gain a good oversight of the service and had identified issues that needed addressing. The manager had a plan in place and was working through addressing these issues. For example, they had updated peoples' mental capacity assessments and do not resuscitate paperwork.
- In addition, the manager was reviewing all paperwork used and had identified a general updating of the environment the service required. The manager told us they were negotiating budgets for this with the provider but had found the provider was responsive to requests.
- Staff were supported in their role with regular meetings to discuss the running of the service and people's care needs. Regular supervisions sessions were held with staff and observations of their practice were undertaken.
- The manager understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

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

- Care plans were person centred, identifying how people wished to be supported. People were supported to maintain their contacts with family and friends and to take trips out into the community with them. One person said, "My children come and take me out 2 or 3 times a week."
- There was a person-centred culture at the service. Staff were positive about working at the service and providing the best outcomes for people.
- Staff shared the managers vision for people to be safe, happy and enjoy life. A relative told us, "[Person name] is very happy living here."

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

characteristics
● The manager had taken time to get to know people and relatives and had gathered emails and phone numbers to be able to stay in regular contact with them.
● People's views on their care were gathered through meetings and surveys. The manager had completed a recent survey when they took over at the service to get feedback on how the service was viewed and intended to repeat this after being in post for six months. The manager hoped this would show a comparison and identify improvements they intended to make.
● Feedback from a visiting healthcare professional gave positive feedback on the service.

Continuous learning and improving care; Working in partnership with others
● The manager supported staff to complete training including nationally recognised qualifications. Staff training was monitored to ensure they stayed up to date and had the knowledge and skills they needed to perform their roles.
● Training had been arranged from NHS training staff to boost staff learning and skills around a number of different subjects such as sepsis awareness.
● Quality monitoring systems were in place and the manager had good oversight of the service and where they needed to target improvements.
● The manager had developed good working relationships with other healthcare professionals including district nurses, dementia time, practice nurses and GP.