

Bluebell Place Limited

Bluebell Nursing & Residential 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?

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 Nursing and Residential Home is a care home providing the regulated activities of personal and nursing care to up to 80 people. The service provides support to older people, people living with dementia and those people who require nursing care. At the time of our inspection there were 80 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

Improvements were required to assess people's mental capacity, supporting decision-making and best interest decision-making. We have made a recommendation about this. Staff supported people to take part in social activities. People benefitted from an environment that met their needs. Staff communicated with people in ways that met their needs. Staff supported people with their medicines in a way that promoted their health outcomes.

Right Care:

Information about risks for people using the service were not routinely identified but there was nothing to suggest the lack of information impacted on the delivery of care provided. People had a care and support plan. Staff understood how to protect people from abuse and harm. Staff had received training on how to recognise and report abuse. There were enough appropriately skilled and competent staff to meet people's needs. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People were protected by the service's infection, prevention, and control of infection arrangements.

Right Culture:

Governance processes were generally effective, but improvements were required to ensure shortfalls were identified and addressed at the earliest opportunity. The registered manager had the skills, knowledge, and experience to perform their role. Staff gave honest information and suitable support, and applied duty of candour where appropriate. Feedback and complaints were dealt with in an open, transparent, and timely way. The provider sought feedback from people, those important to them, staff and professionals and used

the feedback to develop the service.

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

Rating at last inspection

The last rating for the service under the previous provider was Good, published on 25 July 2021.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. We will work alongside the provider and 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 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 Nursing & Residential 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 completed by 2 inspectors on both days of inspection and 2 Experts by Experience on 1 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.

Service and service type

Bluebell Nursing and Residential 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. Bluebell Nursing and Residential 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 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 14 people who use the service and 17 relatives about their experience of Bluebell Nursing and Residential Home. We spoke with the operations manager, registered manager, and the deputy manager. We also spoke with 9 members of staff, including a qualified nurse, senior care staff, care staff and a dedicated lead who facilitates social activities.

We reviewed a range of records. This included 12 people's care records and 14 people's medication administration records. We looked at 4 staff files in relation to recruitment, and a further 4 staff files relating to training and supervision records. A variety of records relating to the management of the service, quality assurance information and policies and procedures were viewed.

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. At this inspection the rating has changed to 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

- Not all risks to people's safety and wellbeing were identified, assessed, and recorded. Where these were recorded there was not enough detail as to how the risks posed should be mitigated. This meant we could not be assured staff had all information required to manage the person's risks in a safe and effective way. However, although the records relating to risk were not up to date and required improvement, the actual care provided demonstrated there were no risks or negative impact for people using the service.
- Where a person's care records demonstrated they could become anxious and distressed and their behaviours impacted on others, risks relating to the above were not robust to mitigate the risk or potential harm for people using the service.
- Fluid intake records viewed showed people's fluid targets were not always met. No information was recorded to demonstrate how this was being monitored and addressed to mitigate their risk of dehydration. Where people required their body to be repositioned at regular intervals because they were at risk of developing pressure ulcers, records demonstrated this was not happening as stated. Following the inspection, the service's improvement plan was updated to reflect the above was now being checked.
- Where people had a catheter in place, not all risks associated with the catheter had been considered or recorded, for example, bladder spasms, leakage around the catheter, blood or debris in the catheter tube, dehydration and the importance of monitoring people's fluid intake and output. A catheter is a medical device used to empty the bladder and collect urine in a drainage bag. People who had this medical device in place told us staff looked after their catheter care well.
- Personal Emergency Evacuation Plans [PEEPs] documented the level of staff assistance necessary to evacuate safely. No consideration had been made to identify the person's physical and neurological needs which would affect their ability to evacuate, their ability to communicate and understand instructions and where they could be anxious and distressed. This is a bespoke plan for people who may have difficulties evacuating to a place of safety without support or assistance from others. Following the inspection, information was submitted to us confirming people's PEEP had been reviewed and now included relevant information.
- Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective.

Staffing and recruitment

- The provider had systems in place to assess people's dependency needs. However, not all of the assessments accurately reflected people's current care and support needs.
- People using the service and their relatives told us there were usually enough staff available to meet theirs

or their family member's needs. Comments from people using the service included, "There are enough staff. Staff pop in to check how I am doing", "Sometimes there are enough staff and at other times not. I have to wait a bit at busy times" and, "Mostly there are enough staff. At 8.00am they are very busy. Around this time, they could do with a few more staff. I sometimes have to wait for my incontinence pads to be changed. You can also wait a bit for a cup of tea when you want one." Relatives told us, "As far I can tell, there are enough staff" and, "There are just about enough staff."

- Variable comments were provided by staff in relation to the service's staffing levels. Some staff cited there were enough staff whilst others told us, in their opinion, they did not think there were sufficient numbers. Where people were commissioned to receive 1 to 1 care and support, people received this as agreed and funded. Relatives spoke positively about their family member's 1 to 1 provision. A relative told us, "I'm happy to see [family member] gets on with their staff, in particular with their 1 to 1, who they've hit it off with really well."
- Despite the above comments, observations during both days of inspection demonstrated the deployment of staff was appropriate to meet people's needs.
- Staff recruitment records for 4 members of staff were reviewed. Relevant checks were completed before a new member of staff started working at the service. This included an application form, written references, proof of identification and Disclosure and Barring Service [DBS] checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider confirmed there was good staff retention and since our last inspection there has been a significant reduction of agency staff usage.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I feel totally safe here. Staff are always popping in to check I am okay. I have no concerns about anything", "I do feel 100% safe here, because staff look after me so well. I have no concerns" and, "I do feel safe, 10 out of 10." Relatives' comments were also positive and included, "[Family member] is much safer now they are here. They couldn't cope alone any more at home" and, "[Family member] is safe. We have no concerns about their safety."
- Staff were able to tell us about the different types of abuse and describe the actions they would take to protect people from harm. Staff confirmed they would escalate concerns about a person's safety to the management team and which external agencies would need to be notified, such as the Local Authority and Care Quality Commission. A member of staff told us, "If I saw physical, verbal, or sexual abuse, I would report to the manager. If I was still worried, I would call the Local Authority."

Using medicines safely

- Medication practices ensured the proper and safe use of medicines in line with good practice standards and relevant national guidance.
- Medication Administration Records [MAR] demonstrated most people received their medicines as prescribed. Where there were gaps on the MAR, we discussed this with the registered manager. The registered manager told us the above was because of supply issues by the local pharmacy. Since our inspection the provider has changed to a different pharmacy supplier and has not encountered any supply issues.
- The medication rounds were evenly spaced out throughout the day to ensure people did not receive their medication too close together or too late. Observation of staff practice showed staff undertook this task with dignity and respect for the people being supported.
- Staff who administered medication were trained and had their competency assessed to ensure they remained competent to undertake this task safely.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection and responding effectively to risks and signs of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- Relatives were able to visit their family member without any restrictions imposed and in line with current government guidance. We observed a steady flow of visitors to Bluebell Nursing and Residential Home throughout both days of inspection.
- People's comments about the service's visiting arrangements were positive. Comments included, "The visiting arrangements are very flexible, [relative] visits every week" and, "My visitors can come whenever they want to visit me." Relatives confirmed there were no visiting restrictions.

Learning lessons when things go wrong

- The registered manager was open and honest about the shortfalls found during the inspection and acknowledged there was work to do to improve the gaps identified.
- Accident and incidents were logged and monitored to identify potential trends and themes.
- The registered manager confirmed discussions were held with staff to support improvement and lessons learned. This was through staff meetings and other stand-alone meetings when required.

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 our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- People's capacity to make decisions had been assessed and these were individual to the person.
- Where people had a sensor mat or bedrail in place to keep them safe and to stop them falling, no assessment of capacity was completed or considered for less restrictive options or to demonstrate the equipment in place was in the person's best interests, including if the restrictions were necessary and proportionate.
- Where MCAs were in place these did not provide sufficient detail as to who was involved in making the decision and how the decision had been made and reached. We discussed this with the registered manager. An assurance was provided this information would be included going forward.

We recommend the provider considers current guidance or seeks guidance from a reputable source relating to mental capacity and best interest assessments.

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

- People's needs were assessed prior to their admission to the service. Relatives confirmed they had participated in this process.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

Staff support: induction, training, skills, and experience

- Staff had received both mandatory and specialist training in key subjects. Staff told us this consisted of both face-to-face and e-learning. The provider confirmed a designated trainer for the service had been introduced to promote and monitor training for staff.
- Staff received an induction when newly appointed to the organisation. Staff were given the opportunity to 'shadow' more experienced staff to ensure they understood the routines of the service and to understand their roles and responsibilities.
- Staff confirmed they received formal supervision, and it was a two-way process. Staff told us they felt supported and valued by the management team. A member of staff told us, "The manager is ready to listen, the team leaders and seniors are supportive."

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

- Comments about the quality of the meals provided were positive. People using the service told us, "I enjoy my meals here" and, "The food is lovely and there is plenty of it." A relative told us, "The food is brilliant, [family member] always enjoys it. They get fresh fruit to eat and plenty of fluids. In the evenings they have sandwiches or there is a hot food choice available."
- The dining experience for people was positive. People were offered different options of food and drink at each meal. Meals were well presented, considering people's individual food and dining preferences. For example, if they liked a big or small plates of food, favourite food items and if they required specific cutlery, such as a spoon.
- Where people required staff assistance this was provided in a respectful and dignified manner. People were not rushed to eat their meal.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals, such as dietician and Speech and Language Therapy Team [SALT] were consulted for advice and support.

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

- Staff worked well with other organisations to ensure they delivered good joined-up care and support.
- People's healthcare needs were met, and they received appropriate support from staff. Records demonstrated people were supported to attend medical appointments, for example, to the GP, hospital, and other healthcare services as needed.
- Relatives confirmed staff were responsive to their family member's healthcare needs and were kept informed of their family member's healthcare needs and the outcome of any healthcare appointments. Comments included, "They [staff] inform me and other members of the family about all of my [family member's] appointments. I always go with [family member] to their appointments" and, "I am always kept up to date with [family member's] appointments. I do not have to worry, and information is willingly provided by staff."

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

- People's diverse needs were respected as their bedrooms were personalised with their personal possessions around them.
- People had access on each floor to comfortable communal facilities, comprising of a lounge and large separate dining area. Adaptations and equipment were in place in order to meet people's assessed needs.
- Since our last inspection, the provider had made significant improvements to the interior and exterior of the service. This included redecoration of peoples' bedrooms, lounge and communal areas, including flooring being replaced. Kitchenettes throughout the service had been revamped.

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 our last inspection we rated this key question Good. The rating for this key question has remained Good. 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's comments about the quality of care they received were positive. Comments included, "This home looks after me very well, all of my care needs are met. The staff know me very well" and, "Yes, they give me the care I need."
- Relatives confirmed they were happy with the care and support provided for their family member and that staff were kind, caring and attentive. A relative told us, "The care for [family member] is very good." The relative told us often when they visited, the television was on a channel their family member enjoyed. Their family member was given opportunities to remain in bed and to spend time within the communal lounge. The relative could not fault the care and support provided. Another relative told us, "The staff are absolutely marvellous, I can't speak highly enough of them, absolutely brilliant, friendly and will bend over backwards to help the residents here."

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

- People and those acting on their behalf had been given the opportunity to provide feedback about the service through the completion of a satisfaction questionnaire.
- People and those acting on their behalf had been given the opportunity to attend periodic meetings. This provides support and information and enables people to keep in touch with what is happening at the service.

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

- People were supported by staff to maintain their independence. Information from people's daily care notes demonstrated people were supported to complete their own personal care tasks, where appropriate, and to maintain their independence with eating and drinking.
- People told us staff treated them with respect and dignity. Comments included, "I do feel respected. They [staff] are very careful to listen to what I say and want. The staff always consider my dignity" and, "They [staff] always treat me with dignity and respect. I would let them know if they did not." Relatives confirmed their family member was always treated respectfully and with dignity. A relative told us, "Oh yes, ever so much so, and my family. They [staff] treat us respectfully, always."
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People's clothing was colour coordinated and people were supported to wear items of jewellery.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. 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; End of life care and support

- People received personalised care that was responsive to their needs. Staff demonstrated a good understanding and knowledge of people's individual care and support needs, including their individual likes, dislikes, and personal preferences.
- People who used the service had a support plan in place describing their individual care and support needs; and the delivery of care to be provided by staff.
- Where people were judged to be at the end of their life, a care plan recorded their decisions about their preferences for end-of-life care. Information demonstrated the service worked with healthcare professionals, including the local palliative care team. This was to ensure the person received a dignified and pain-free death that was as comfortable as possible.

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.

- Care plans had communication records in place to guide staff on how best to communicate with the people they supported.
- The activity programme was in an easy read and pictorial format to enable people with a disability and/or living with dementia to understand the information. Consideration should be made to provide this in a large print format to assist people who have an impairment with their vision.

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 supported to maintain relationships that were important to them, for example, with family members and friends.
- The service had a dedicated lead to facilitate social activities for people living at Bluebell Nursing and Residential Home.
- People using the service and relatives told us there were regular activities available at the service. A relative told us their family member joined in with karaoke, bingo, quizzes, and regular coffee mornings. Several people told us they had enjoyed the coffee morning which had been held the day before. People also confirmed there were opportunities to undertake art and crafts and small gardening projects. External

entertainers visited the service periodically and some people were supported to visit the local shopping centre.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service.
- We were confident that any concerns or complaints would be listened to, taken seriously, and acted upon. Comments from people using the service and relatives included, "I could tell any member of staff and the management team about anything. I know I would be listened to, and any concerns dealt with", "I have no concerns about anything. I can talk to the manager and any member of staff about [family member]" and, "I feel confident to raise concerns and have done so in the past and will continue to do so."
- A record of compliments was maintained to capture the service's achievements.
- A record of compliments relating to the quality of care people received at Bluebell Nursing and Residential Home was also recorded on a well-known external website. In the 12 months prior to our inspection 12 out of 13 reviews submitted by people's relatives had awarded the service between 4 and 5 stars for their overall experience, with 5 being the maximum.

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. At this inspection the rating has changed to 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.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The quality assurance arrangements monitored the experience of people being supported through its internal auditing processes.
- Shortfalls identified at this inspection were not routinely identified by the service. For example, in relation to risk management, monitoring people's fluid intake and repositioning of their body, care planning and ensuring best interest assessments were robust. Improvements were required to ensure action plans accurately reflected where measures were completed and addressed. Following our inspection to the service, the registered manager confirmed, weekly clinical governance meetings had been introduced to help identify where improvements were required and actions to be taken.
- Statutory notifications were not routinely sent to the Care Quality Commission following a serious injury or where a safeguarding concern had been raised with the Local Authority. For example, 2 people in September 2023 sustained significant skin tears but no statutory notification was forwarded to us. Providers must inform us of all incidents that affect the health, safety and welfare of people who use services. The registered manager was signposted to guidance displayed on our website and requested to forward notifications discussed during the inspection to us retrospectively.
- The management team were aware of their role and responsibilities. The registered manager told us they received good support from their operations manager and received regular formal supervision.
- Relatives were complimentary regarding the management of the service, signifying the service was well managed and led. Comments included, "It's brilliant, this [Bluebell Nursing and Residential Home] is a fantastic place for [family member] to be in, [family member] has hit the jackpot being here", "This place is well managed" and, "This place is very well managed, 10 out of 10." Relatives also stated they would recommend the service to others. A relative told us, "I have regularly recommended this place in the past." Relatives told us they would recommend the service to others.
- Most staff were positive about the management of the service, confirming they were supportive. Where less favourable comments were raised, this primarily related to the service's staffing levels.

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 provider and manager understood their responsibilities under the duty of candour. Where concerns and complaints were raised with the provider or the registered manager, formal apologies were provided.

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

- The provider recognised the importance of seeking people's, relatives, staffs, and professional's views about their experience of Bluebell Nursing and Residential Home through the completion of a satisfaction survey. This had been sent to all parties between February and September 2023. The reports cited both positive and negative comments, areas for improvement and an action plan.
- Staff meetings were held regularly to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.

Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the local authority, healthcare professionals and services to support care provision.