Unity Homes Limited

Bluebell Court Care Home

Inspection report

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Date of inspection visit:
22 January 2019
23 January 2019

Date of publication:
13 March 2019

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?	Requires Improvement

Summary of findings

Overall summary

About the service: Bluebell Court is a purpose built care home in the Broughton area of Salford, providing both residential and nursing care for up to 69 older adults. There were 61 people living in the home at the time of inspection. There were two floors with lift and stair access, there were a variety of communal areas on each floor including, lounges, dining rooms and a sensory room. Outside there is a garden area which was being developed further to enable people to enjoy gardening.

Why we inspected: This was the first inspection since the home registered separately from The Willows in July 2018. We had brought the inspection forward in response to some concerns raised by a whistle blower relating to moving and handling practices. A specialist nurse advisor with relevant experience was part of the inspection team to support us to consider these concerns. We found evidence of good practice and could not substantiate the concerns raised. We discuss this in more detail in the safe domain of this report.

People's experience of using this service: People living in the home received good care which was responsive to their needs and preferences. Staff were skilled and received regular training to ensure they were up to date with their knowledge and best practice principles. People told us they felt safe and supported by staff who understood their needs. People had been supported to manage the risks they encountered in their daily life in ways that promoted their choice and independence. Risk assessments and care plans had been regularly evaluated to ensure they reflected any changes. People were supported to maintain their health and wellbeing and were referred to other health and social care professionals in a timely way. Most people said they enjoyed the food though some people felt it was just alright. People had a choice of when they ate their main meal as there were two cooked meals a day and alternate options if preferred.

Staff were observed to be kind and caring when interacting with people living in the home and with each other. Most people told us they felt cared for by the staff and praised their patience and sympathetic support. However one person told us they would like to have more time with the staff.

The home was well led by a committed registered manager who was accessible to all. The staff team worked well together and had shared values and a commitment to providing high quality care for people living in the home. The management team had robust systems in place which ensured care was provided as described in line with best practice guidelines.

This met the characteristics of good overall with requires improvement in one area. This was because the home had not submitted some notifications required by the regulations to CQC.

More information is in the full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was Safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not consistently Well Led.

The registered manager had failed to notify CQC when any applications to deprive people of their liberty had been made or of the outcomes of these. We were satisfied that no-one had been deprived of their liberty unlawfully. However, because of this we are unable to rate this domain any higher than Requires Improvement.

Bluebell Court 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: Two inspectors carried out this inspection along with a nurse specialist adviser with experience of pressure care and moving and handling and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service, the ExE at this inspection was experienced in caring for someone living with dementia.

Service and service type: Bluebell Court is a residential and nursing home providing support for up to 69 older adults most of whom were living with dementia. At the time of this inspection 61 people were living in the home, 28 of whom had nursing needs and 33 had residential needs.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection: This inspection was not announced in advance which meant they did not have any notice of us attending.

Inspection site visit activity started on 22 January 2019 and ended on 23 January 2019.

What we did: We reviewed information we had received about the service since it registered in July 2018. This included details about incidents the provider must notify us about, such as abuse. We reviewed concerns raised by a whistleblower and nurse commissioners. We sought feedback from the local authority safe guarding team, and spoke with other professionals who work with the service. We used this information to plan our inspection.

During the inspection we spoke with 13 people who lived in the home, three people's relatives, 11 members of staff, which included; nurses, senior carers, carers, one visiting professional and kitchen staff . We also

spoke with the registered manager and the deputy manager. We reviewed the care records for ten people, the medicines records for five people and the recruitment records of five members of staff. We looked at various records in relation to training and supervision of staff. We looked at audits and quality assurance procedures relating to the management of the home, which had been developed and implemented by the provider. Some of this information was received following the inspection visit.

We used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We observed three lunch services and one breakfast service. We spent time in communal areas observing how care was provided.

Good

Is the service safe?

Our findings

SAFE
Safe – this means people were protected from abuse and avoidable harm.

Assessing risk, safety monitoring and management
● Each person living at the home had their own risk assessment in place covering areas such as mobility, falls, choking, moving and handling and nutrition. Where risks were identified, there were details about how risk needed to be mitigated. In two peoples choking risk assessments it stated people should be provided with small tea spoons to eat with, making the food easier to swallow. At lunchtime on the first day of the inspection, we saw this was not provided for them. We raised this with the registered manager and observed teaspoons had been provided at the next meal service.
● Personal emergency evacuation plans (PEEP) were completed for each person and provided details about people's needs in an emergency.
● We looked at how people were supported to mobilise safely. We saw staff assisting people in safe way such as assisting people from their chairs using the hoist and also helping them to walk around the home if this was something they needed help with. We saw people wearing appropriate footwear to ensure they did not trip or stumble and we saw the environment was free from any trip hazards. Where people declined to wear their slippers or shoes we saw this had been recorded in their care plans and further advice provided for staff.
● We looked at how the premises were being maintained. Safety certificates were in place and up to date for gas, electricity, hoists, the lift, portable appliances (PAT) and water checks. These had all been serviced within the required timescales, with certificates of work completed held in a central file.

Staffing levels and staff recruitment
● Enough staff had been deployed to safely meet people's needs. Staffing levels consisted of six staff upstairs on the residential unit and seven downstairs on the nursing unit, with nurses and domestic staff in addition. The home was staffed by a nurse and three care assistants at night. The feedback we received from staff was that this was sufficient to meet peoples care needs. A member of staff said, "We have enough staff and we are never understaffed. We use agency staff which helps."
● We observed people's needs were attended to in a timely manner, with waiting times acceptable. People and relatives, we spoke with confirmed there was always a staff member available when they needed one.
● People's dependency levels had been calculated and this determined how many staff were required to assist them with their care.
● Safe recruitment procedures were in place, to ensure staff employed were suitable for the role and people were kept safe. Personnel files contained references, proof of identification, work histories and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions. We noted these had obtained prior to staff starting work at the home.

Using medicines safely
● We found peoples medication was administered, recorded and stored safely. Medicines were stored

securely in a locked treatment room which could only be accessed by staff. Peoples MAR were completed accurately, with appropriate records maintained by staff. PRN (when required) protocols were in place, which provided staff with information about when certain medicines needed to be given.

● Some people needed to have their medicines covertly (without their knowledge) and we saw this had been authorised by the persons GP.

● Staff had received training regarding medication and displayed a good understanding about how to ensure people received their medicines safely.

Systems and processes

● People and relatives we spoke with, told us they received safe care. One relative said, "The home is safe and mum's falls have reduced since coming here. There has been a big difference."

● Staff spoken with confirmed they had received training in safeguarding and were able to describe the different types of abuse that could occur and how to report concerns. A member of staff said, "Signs of abuse could be not eating, being withdrawn and changes in behaviour. I would report concerns to the seniors straight away."

● A log of all safeguarding concerns was maintained, along with any meetings minutes from case conferences and strategy meetings that had taken place. A poster was also displayed near to the entrance area, informing people of how to report any concerns they might have.

Preventing and controlling infection

● The home was clean and free from odours with robust infection control and cleaning processes in place. Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection. We observed domestic staff cleaning the home throughout the day and ensuring peoples bedrooms were fresh and tidy.

Good

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

● People who lived in the home had confidence in the staff. Comments included; 'They are good carers here and the food is good too. They look after people here, they know what their needs are. If I have a bad day the manager will take me into her office and talk to me about my worries until I feel better. I have no qualms about this place. Its 24-hour care here and people get exactly that.'

●We looked at ten people's care files. We found prior to admission people's needs and preferences had been fully assessed and care plans developed which were thorough and reflected good practice. This included descriptions of how to provide support in the most effective way for the person.

Staff skills, knowledge and experience

● Staff were skilled and knowledgeable about the people they supported. We reviewed the training records and found staff had received regular training which included; safeguarding, mental capacity, dementia awareness, moving and handling, communication, equality and diversity. Most staff had completed the care certificate which provides a good introduction for staff who have either no or limited experience of caring. Training had been provided face to face and on-line using elearning. Staff we spoke with told us; 'Training is brilliant, you have face to face and elearning, I have learned a lot.' And 'I feel I have had enough training to help people but I am learning all the time.'

● We interviewed three nurses who worked regularly at the home on a self employed basis. All the nurses we spoke with reported they had received training appropriate to their roles, including end of life medicines and PEG feeding. We could see catheter care training had also been planned. We reviewed the nursing records and evaluations of treatment plans which we found had been completed and maintained to a high standard. Nursing staff met together to share best practice and learning.

● Supervision is a one to one meeting with a member of staff and a senior to discuss any development needs and identify any areas which are going well and any areas which could be better. Supervision had been provided regularly in line with the home's policy. Supervision records reflected good practice, focussing on positive outcomes and achievements. Any areas of concern had also been addressed in a professional way.

Supporting people to eat and drink enough with choice in a balanced diet

● People liked the food, comments included; 'The food is nice, there is enough and it is hot.' And 'The food is lovely.' There was a four week menu which reflected people's preferences. Alternatives were available for anyone who did not want one of the options available. We saw a person being offered a sandwich when they had not eaten much of their lunch and noted they ate this happily. There were two cooked meals each day which ensured people had a choice when to eat their main meal.

● People had been supported to eat and drink. Records had been kept of all food and drink taken by those assessed as at risk nutritionally. Staff were clear about who needed modified/enriched diets and ensured it was provided and recorded it accurately. People had been referred to appropriate health professionals

when needed, for example, in relation to weight loss or swallowing difficulties. We observed breakfast and lunch services, including meals provided for people who ate in their rooms. We found people received their food and drink in the correct consistencies. On the first day we found people had not always had the support identified in their care plan. Two people had been given normal sized cutlery when their plan recommended using teaspoons, which could minimise swallowing difficulties. We discussed this with the registered manager and noted this had been addressed. We suggested the cutlery needed was included on the guidance for staff already provided in the dining room.

Staff providing consistent, effective, timely care within and across organisations
●Handover meetings were attended by all staff and the registered manager each morning. This ensured they had the most up to date information about people's needs and could discuss how they would provide support.
● Team working was effective. Staff said they felt part of a good team and we observed they communicated regularly with each other. A visiting professional praised the knowledge and skill of the team and observed how well they understood people and how to support them.

Adapting service, design, decoration to meet people's needs
● Bluebell Court is a modern purpose-built home which provides a variety of communal areas for people to spend time in. There were two lounges on each floor and a dining area. Upstairs there was a sensory room.
● There had been some adaptations to support people living with dementia to find their way around and access facilities. Toilet doors had a red painted door frame which research has shown can make it easier for people with dementia to identify. Photographs and signage outside each room provided more information at the entrance to the dining room, lounges and other communal areas. People had memory boxes outside their rooms and their photo on the door.

Supporting people to live healthier lives, access healthcare services and support.
● People had been supported to live healthier lives and had access to health professionals. Nursing records in relation to key areas of people's health needs had been maintained to a high standard which meant accurate information was provided to community based health staff which ensured people received treatment in timely ways. We saw evidence of effective working with other professionals in people's care plans.

Ensuring consent to care and treatment in line with law and guidance.
● We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● The home had an effective system in place which ensured applications for authorisation to deprive people of their liberty (DoLS) had been submitted to the local authority and renewals had been applied for in good time. Conditions attached to the DoLS authorisations had been followed, for example, reapplying if someone had been in hospital for more than 72 hours. We spoke with the DoLS team in Salford who advised the home were very effective at ensuring they met their obligations.
● Each person had been supported to sign consent in relation to key areas of their care. Where a person was not able to give their consent the home ensured a relative was consulted and where necessary best interest decisions had been completed.
● Staff understood the importance of gaining consent from and support. We observed staff regularly asking people before providing any care and support. Staff also asked people what they wanted to eat and drink.

Good

Is the service caring?

Our findings

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

Ensuring people are well treated and supported

● People who lived in the home told us they felt cared for by kind and patient staff. Comments included; 'Oh, they are kind, the staff chat to me and I can have a bath when I want.', and, 'The staff are kind and caring, they care about me.', and, 'If you are sad they will sit and talk to you.'

● Staff we spoke with demonstrated a commitment to the people they supported. Comments included; 'I feel really pleased that I have been able to help people.' We saw staff being kind and friendly throughout the inspection. We saw when a person had become upset and tearful a member of staff went over and hugged them each time. We saw another person smiled when a member of staff spent time chatting with them though the person could not respond verbally.'

● Care plans included details of what was important to people about their background, culture and lifestyle choices. Care plans also identified how people preferred to be supported to maintain their identity. This reflected good practice guidelines in relation to people with protected characteristics in the Equality Act. People had some access to a priest, a vicar and a rabbi. One person had been supported to express their faith with their family in a room which had been provided for their use.

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

● Communication guides in care plans provided clear information about how people could best express themselves. There were descriptions of people's facial expressions and other non-verbal gestures which may have indicated what the person wanted to communicate. Staff interacted positively with people and chatted about a variety of things. Staff gave people time to make decisions and respected their wishes.

Respecting and promoting people's privacy, dignity and independence

● Staff ensured they supported people to maintain their independence. We observed a person wanting to walk to another room was supported to do this when they declined to use the wheelchair. One person told us, 'The staff always ask how I am and they encourage my independence.'

● People were supported respectfully in ways which promoted their dignity and protected their privacy. We observed staff speaking discreetly with people. Staff we spoke with described how they supported people with personal care which ensured they felt comfortable.

Good

Is the service responsive?

Our findings

Responsive - This means people's needs were met through good organisation and delivery.

Personalised care:

● People's likes, dislikes and what was important to them was recorded in their care plans. Overall, we saw examples of where this was followed by staff, such as providing people with their favourite foods and assisting them with their daily routines.

● In one person's care plan it stated they liked to wear jewellery and have their nails painted in colours, however when we saw this person during the inspection, this had not been provided for them. We discussed this with the staff who advised the person preferred their family to do this with them at the weekend.

● Staff were responsive to peoples requirements such as ensuring their personal care needs were met and assisting them with tasks that were clearly detailed in their care plan. In two peoples care plans on the residential unit, their oral care assessment indicated they needed assistance from staff with their oral care, twice a day. However their personal care records did not indicate this was being done consistently, with records only confirming this was done once a day and sometimes not at all by staff. We discussed this with the registered manager who met with the team and established oral care had been provided but not recorded. An audit had identified some gaps in records which had been addressed.

● People's care plans contained person-centred information about their life histories and included information regarding childhood, employment, school years, hobbies and interests and details about their family.

● Care plans contained information about people's communication and if they required the use of any equipment such as glasses and hearing aids. Where this was the case, we observed people to be wearing them during the inspection. However we noted one person wasn't wearing their glasses as described in their care plan. We raised this with staff and they said this was because they often took them off, although this wasn't recorded in their care plan that this was what happened.

● There were different activities available for people to participate in if they wished. People we spoke with and their relatives confirmed this was the case and that a large variety of activities were always on offer. Records of activities people had taken part in were maintained and a photo album had also been created which showed what activities people had participated previously.

Improving care quality in response to complaints or concerns:

● People knew how to provide feedback about their experiences of care and information about how to make a complaint was displayed on the wall near to the entrance area if people needed to raise any concerns.

● People and relatives knew how to make complaints should they need to. A central log of complaints was made and we noted responses had been provided whether these were formal or verbal. These were maintained in an organised folder. A range of compliments had also been made, where people had expressed their satisfaction about the service provided.

End of life care and support:

● At the time of the inspection, the home were caring for one person who was approaching end of life. End

of life medication had been prescribed and was available to be administered if required. End of life care plans were also in place and considered peoples wishes and preferences. The home had completed the 'Six steps' training programme in 2018, with further training scheduled for this year (2019). We observed this person during the inspection and saw they appeared relaxed in bed, with additional pillows provided for them to aid their comfort.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Leadership and management

● The registered provider had a responsibility to notify CQC of incidents. We checked our records before the inspection. We found the provider had not notified CQC of applications for Deprivation of Liberty authorisations or the outcomes of these applications, as required by the regulations. We were satisfied that all appropriate applications to the local authority had been made and that no one had been unlawfully deprived of their liberty. We are considering our response to this outside of the inspection process. However, because of this we cannot rate the Well Led domain any higher than requires improvement.

● People who lived in the home praised the registered manager, comments included; 'The manager is excellent she is on call 24 hours a day. She is supportive and always has time for you. She treats us all the same.' And 'The manager is very good I can chat to her.'

● People who worked in the home also praised the registered manager and the management team. Comments included; 'This is a really well organised home, the registered manager is approachable and supports development.', and 'The home is well organised, everyone is approachable and the registered manager ensures any concerns are raised and dealt with.' All staff we asked said they were clear about what the registered manager expected of them in terms of quality of care and professionalism.

● Throughout the inspection we noted the registered manager was very present in the home and accessible to all staff and people living in the home. We found them to be professional and approachable at all times.

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

● There were clear shared values within the team who were committed to achieving positive outcomes for people based on best practice principles. Staff had been given a code of practice which identified the values of the organisation and the standards and quality expected. The manager promoted good practice and encouraged staff to understand and follow the home's policies and procedures.

● Information had been stored securely to protect people's rights to confidentiality.

Continuous learning and improving care

● An effective governance framework was in place which ensured the manager had a clear oversight of the service. Regular audits addressed all aspects of care. These included; checks of care plans and daily records, infection control, checks of bedrooms, communal areas and the treatment room. Spot checks and competency assessments in relation to medicines had also been completed. Where any issues had been identified an action plan had addressed this. The provider organisation completed regular quality assurance audits which addressed all areas of the service including staffing, training and supervisions. This ensured the manager had support and guidance and could identify and prioritise management tasks.

● Staff meetings were held regularly, the minutes of the most recent one included discussions about, individuals, practice and updates. Nurses had their own meetings which focussed on practice, treatment and areas for improvement. This ensured the team were consulted regularly and kept up to date with any

developments.
● There was a business continuity plan which described what action to take should there be an event which might disrupt the service. This included, power failure, fire, flood and failure of facilities including the lifts.

Engaging and involving people using the service, the public and staff
● The home had supported people to engage through surveys and questionnaires. We looked at an example of the questionnaires for residents to complete and found they had been provided in an easy read version which included pictures. This showed they had endeavoured to include feedback from as many people as possible. We could see the home had responded to people's concerns. In addition the constant presence of the registered manager ensured people were able to raise anything regularly.