Anchor Trust

Bluegrove House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Bluegrove House provides care for up to 48 older people, some of whom have dementia. On the first day of our visit 41 people were living in the home.

The service was last inspected on 21 May 2014 when the regulations we looked at were met. The previously registered manager left the home to take up an area manager position with the provider. A new manager has been working in the home since September 2015 and she has applied to the Care Quality Commission to be registered as the manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were good arrangements to keep people safe from harm at Bluegrove House. Risks were managed well and people were protected from abuse. There were safe arrangements for dealing with emergencies.

People received their medicines as prescribed and they were managed safely. The provider had safe arrangements for recruiting new staff that meant they had enough information to assess them as suitable to work with people.

Staff were trained and supported to carry out their roles. Training was targeted to ensure staff had sufficient knowledge to care for people with particular conditions. People were supported to have enough to eat and drink. The meals met their nutritional, health and cultural needs.

People were cared for in line with the requirements of the Mental Capacity Act 2005. They were not deprived of their liberty unless this was properly authorised under the Deprivation of Liberty Safeguards.

The home worked closely and effectively with health care professionals to make sure people's on-going health care needs were met.

People experienced compassionate care from kind staff who treated them with respect. People's privacy and dignity were respected and staff supported them to maintain their independence as far as possible.

People's individual needs were taken account of in care planning and they, their relative or representatives were included in the planning process. A range of activities was provided and it was anticipated this would be further developed as an activities coordinator was appointed shortly before our visit.

People's views about their care and the running of the home were sought through meetings, surveys and consultation exercises.

The home had good management and auditing arrangements in place to ensure the on-going improvement

of the service people received.

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. Staff were knowledgeable about how to recognise abuse and the action to take if they had concerns about people's safety.

Health and safety matters were managed well and there were good arrangements in place for dealing with emergencies. Staff assessed risks and took action to mitigate them to keep people safe.

Medicines were managed well and there were safe arrangements for their storage, administration and recording.

Is the service effective?

Good

The service was effective. Staff received training and support for their work.

People had a choice of meals which met their nutritional, cultural and health needs. Staff worked with a range of health care professionals so people's on going health care needs were met in the way they provided care.

People were supported in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. People experienced kind care from staff who were respectful and maintained their dignity and privacy. People were encouraged to be as independent as possible. Staff supported people to maintain their relationships with their family and friends.

Staff were trained and knowledgeable about how to support people well at the end of their lives.

Is the service responsive?

Good

The service was responsive. People's individual needs were assessed and care plans developed to reflect them.

Some activities were available but had had been less frequent during a period when a dedicated post was vacant. The manager hoped that activities could be developed further as a new activity coordinator had been recruited recently.

People were invited to give their views about the service and changes were made when necessary. People knew how to complain and felt confident their views would be taken seriously and addressed.

Is the service well-led?

Good

The service was well led. Checks and audits were carried out to ensure the quality of the service was maintained and improvements made when necessary.

The manager and provider met the requirements of the home's registration and made notifications to the Care Quality Commission as required.

Bluegrove House

Detailed findings

Background to this 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 was planned to check 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.

The inspection took place on 28 April and 3 May 2016. Our first visit was unannounced. One inspector carried out the inspection.

We reviewed the information we held about the service including records of notifications sent to us. We spoke with seven people who lived at the home and with eight relatives and friends. We spoke with 12 staff, including, the manager, care manager, care staff and team leaders, a housekeeper and the chef.

We looked at personal care and support records for four people and medicines records for 10 people. We looked at other documents relating to the management of the service, including, health and safety records, minutes of meetings and staff recruitment, training and supervision records.

We received feedback about the home from five health and social care professionals.

Good

Is the service safe?

Our findings

People were protected from abuse because the provider had good arrangements to keep people safe. A person said they felt they and the other people living in the home were protected from abuse by staff, they said, "we're safe here". Another person said the night staff kept them safe because, "they check on us."

Visitors told us they felt their relatives were safe in the home. One said, "You hear such horror stories about what goes on in homes, but there is nothing like that here." They went on to say, "I have never heard a raised voice from staff here." They said they felt confident that the staff treated their relatives well. Another visitor told us they also felt confident that people were safe saying, "There is no aggression here."

Staff were knowledgeable about the different kinds of abuse and signs that someone may show if they were at risk of abuse. They were clear they would take to report the matter to senior staff who would then report it to the safeguarding authorities for investigation. Three members of staff had been designated as 'safeguarding champions' and other staff could approach them to discuss concerns they had about people's safety.

The provider ensured that people, visitors and staff had access to information about how to report abuse. Posters headed 'report abuse when you see it' were displayed in each unit. Leaflets giving the same information were available in the reception area.

A health and social care professional told us, "I think people are very, very safe [at Bluegrove House]." Another professional said, "I have never had any undue concerns about the safety of the [people]." A third professional said, "People are safe and happy."

Staff protected people from risks associated with their health conditions. They assessed risks and put measures in place to minimise them to keep people safe. Assessments identified the risks people experienced of falling. Staff put in place preventive measures including ensuring a person's walking aid was easily available and they wore well-fitting footwear. Risk assessments identified circumstances when people needed assistance to move safely. For example records for one person showed if they were on the floor they would need two staff to assist them using a hoist, but they were generally independent when walking.

Staff assessed situations when people's activities presented risks to themselves or others and put plans in place to mitigate the risks. Whenever possible staff involved family members in the discussions about balancing risk and supporting people's choices about the activities they followed.

People were protected in emergencies because staff knew how to respond to keep people safe. Staff knew who to request help from if first aid was required as each unit had a list of qualified first aiders displayed. The home had emergency equipment available including first aid kits, fire detection and safety systems. Staff undertook regular checks to make sure that the equipment was in good order and regular fire drills and tests took place. Each person had a personal emergency evacuation plan which described the assistance they would need to leave the building in an emergency.

The provider had ensured there was a range of fire prevention and fire safety arrangements in the building. Fire doors were fitted in corridors of the home and they were generally kept open by magnetic devices to allow people to walk easily in the corridors. The magnets released and the doors closed when the fire alarms were activated. When we visited the magnets were faulty and did not hold the doors open reliably. We saw a person holding a walking frame struggling to open a door so they could walk around. Staff noticed and went to the person's aid. The staff had responded appropriately and reported the fault to the organisation responsible for the building and they had attended several times to address the problem. We were told shortly after the inspection that the issue was resolved.

People were protected against unsuitable staff working with them because the provider followed safe staff recruitment procedures. People who applied for jobs provided information about their work history and they were interviewed by senior members of staff. The provider did checks of the person's suitability for the work by requesting at least two references, including one from the person's previous employer and checks of people's eligibility to work in the UK. They also did a check of Disclosure and Barring Service (DBS) records which included a criminal record check. The provider did not confirm staff in post until they had successfully completed a probation period of at least three months.

People were supported by adequate numbers of skilled staff to meet their needs. On daytime shifts a team leader worked in each unit with care staff. At night time a team leader was responsible for the three units and worked with three care staff. People told us staff responded quickly when they needed assistance and they felt there were enough staff to meet their needs. A relative told us, "There are enough staff to care for people." Staff told us the staffing numbers were adequate for the needs of the people they cared for.

People were protected from the risks associated with medicines. Staff gave people their medicines in line with the instructions of the GP. The home had secure storage facilities. The medicine administration records were in good order with no gaps and showed that medicines were given at the times prescribed. People told us staff gave their medicines at the correct times. Staff responsible for giving people medicines had specialist training. Some people had medicines prescribed which had to be administered by nurses so the community nursing service visited people at Bluegrove House.

The people living in the home were protected from the risk of infection because the home had good cleaning arrangements. The home was visually clean and there were no unpleasant odours. One relative commented about the home, "It is so clean." A health and social care professional told us they visited the home regularly and found, "The home is always clean."

Food hygiene was managed well. Environmental health officers assessed the food preparation facilities in the home in January 2015. They awarded a rating of five which showed the food preparation facilities in the home were well managed and had high standards of hygiene.

Good

Is the service effective?

Our findings

People were supported by staff who were trained for their roles. A relative we spoke with said, "The staff are excellent, they know what they are doing."

A member of staff praised the training they received from the provider saying, "When it comes to training Anchor Trust is really good." They said "We have 'e-learning' [computer based training] and we go to the office for training." They told us they had received training in dementia care which they found "useful". They said all of the staff had 'refresher' courses so their knowledge of dementia was up to date.

Staff completed a range of courses including health and safety courses such as managing moving and handling risks, safe use of bedrails, fire safety and evacuation training, controlling the risk of cross infection and food hygiene. Training related to the needs of people living in the home included personal planning, dementia awareness, nutrition and hydration awareness, falls awareness and medicines management. All staff received safeguarding and equality and diversity training. The majority of staff (94%) had achieved the Care Certificate and training for the remainder of the staff was planned.

Staff were supported to do their jobs by the supervision arrangements. Staff met individually with a senior member of staff to discuss their work and look at their training and professional development needs. One staff member said, "We have supervision with the team leader and they help us."

People were asked if they wished to consent to receive care and support from staff. People's records included documents which they had signed to confirm that they gave consent to staff providing care and assisting them with medicines. The Mental Capacity Act 2005 (MCA) provides protection for people who may not have the capacity or ability to make some decisions for themselves. The provider had issued guidance for care homes to use if a person's capacity to make decisions was in doubt. The guidance assisted staff to take action that was in line with the principles of the MCA and in the person's best interest.

People were cared for in a way that did not unlawfully deprive them of their liberty. The Deprivation of Liberty Safeguards (DoLS) gives protection to people from unlawful restriction of their freedom without the authorisation to do so. The managers were aware of the requirements of the legislation and had made applications for DoLS to the local authority as required. Staff had received training in MCA and DoLS, were familiar with their purpose and how to maintain people's rights.

People enjoyed the meals provided and they met their needs. One person said the meals were "very nice", and another person said the food was "very good, and we get a choice". A visitor told us their relative had "only complained [about the meals] once in six months." They felt "the food looks good and [my relative is] eating better." Other visitors told us their relative was provided with food that reflected their culture.

Staff ensured that people had enough to eat and drink to meet people's needs. People's risk of malnutrition was assessed using a Malnutrition Universal Screening Tool (MUST) which enabled staff to monitor people's condition. The chef was knowledgeable about people's specific needs relating to the meals. Some people

had been advised by a speech and language therapist (SaLT) to have meals of a particular texture. Other people needed food which was appropriate for their medical needs, such as diabetes and hypertension. The chef was confident and able to prepare the appropriate meals so people received the nutrition they required.

People's intake of fluids was monitored by staff. We heard a member of staff telling staff in a handover meeting between shifts details of the drinks a person had received, so they could take this into account in the care they provided. People had access to snacks and drinks throughout the day. We heard staff offering drinks and each lounge had cold drinks and snacks of fruit and cheese available to have when they wished.

People had access to healthcare services to maintain and promote their health. The home dealt with GPs from three local surgeries and we met a GP during our visit. If the GPs were not available to visit people staff at the home contacted the South East London out of hours service (SELDOC) when a person needed medical attention.

Staff took action to ensure people had access to the health care they required. People who came to live at the home were referred by staff to appropriate healthcare professionals. This ensured their ongoing health needs were assessed and met. For example staff referred a person who moved recently to the home to the GP, audiologist and members of a specialist older people's team.

A health and social care professional described their working relationship with the home as "pretty good". They said staff appropriately identified areas where their professional expertise was required and said staff provided information for their assessments of people. They described staff as "very helpful" and said they followed the professional advice they provided and people benefitted from their joint working arrangements.

People were assisted by the design and facilities in the building. A lift allowed access to everyone to all parts of the home. There was level access throughout the building and to the garden at the back of the home. All of the doors were wide enough to allow access for people using wheelchairs and grab rails were fitted to provide support for people who required it.

Good

Is the service caring?

Our findings

People said they were happy with the care staff provided. One person said "They [staff] look after us very well." Another person described staff as "very friendly".

A visitor told us they were, "very happy with the care" their relative received. They said their relative was "very happy" living at Bluegrove House. Another relative described the staff as "very caring" and said they did all they could to help people, describing them as "very accommodating."

A health and social care professional said, told us in their experience the staff were "passionate about care". Another professional told us "People are settled and happy" and they were provided with "excellent care." They described the home as having a good atmosphere, and said people were looked after by "friendly staff" who had "very good knowledge" of the people they cared for. Another comment we received from a professional was "I have only ever witnessed the [people] being treated with respect and compassion by the staff." A fourth professional said "people are happy and looked after well."

A member of staff said they felt it was important that people were cared for well. They said the people, "could be our mums and dads and so we treat people like [they are] family."

Staff saw people as individuals and had information about people's likes and dislikes. Each bedroom had a picture with the person's preferred name and had a picture to show something they liked. For example people who liked painting and drawing had art materials displayed.

We observed staff knocking on doors and waiting for a response before entering a person's bedroom. Staff assisted people with personal care with the doors and curtains shut in their rooms to maintain their privacy and dignity. Staff ensured people received medical treatment in privacy.
A health and social care professional told us, "The staff understand the importance of respecting the [people's] privacy and maintaining their dignity. They assist me in my job by bringing [people] to their rooms so that treatment can be undertaken."

Staff recorded people's views about the way wanted their care provided in their records. For example one person had stated they only wished to receive care from staff who shared their gender and this was recorded and respected.

People were supported to carry out the care tasks they were able to so they maintained their independence. For example a care plan described a person's personal care needs as "[they are] able to wash [their] face and upper body, but needs help with the lower body."

People were supported in the relationships that were important to them. Relatives and friends visited freely while we were at the home. Several visitors we spoke with described staff as "welcoming". We saw staff offering visitors drinks when they came to the home, being friendly, passing on information about their relative and asking about their own welfare.

People were supported at the end of their lives by staff who received specialist training and support in this area of care to assist them to be pain free and receive care which reflected their wishes. People, who wished to, had made advanced directives detailing their preferences for the end of their lives. Staff had access to specialist support from a hospice that advised, supported and trained them to provide good care for people and their relatives. Staff had been trained to carry out assessments of people's pain and depression so they could provide appropriate care that suited their needs. The training programme provided by the hospice was called 'Steps to Success' and the home had received an award for their achievements in this area in March 2016.

Good

Is the service responsive?

Our findings

Senior staff assessed people's needs before they came to live at the home to make sure they could meet them. Staff used the outcome of the assessments to agree a personalised care plan which reflected people's individual needs. Whenever possible the plans were drawn up with the person, and their family or representative. The care plans were person centred and took into account people's wishes and needs. Care plans were reviewed monthly and more often when people's needs changed.

A relative told us they were told by a manager they could look at their family member's care records and they were "grateful that [the manager] has encouraged us to do this." They said they had discussed the plan with the manager and agreed changes with them which they felt more closely reflected their relative's needs.

The staff passed on information between each other so people could receive consistent care. We heard in a handover meeting staff relating to the next shift information about people's health and welfare over the previous day and any requests they had made. For example one person had asked for a particular food in the afternoon and this was passed on so their wishes could be met.

People's diverse needs were recognised and respected. Care records included details of people's cultural and spiritual needs and how the home would help to meet them. A relative told us "The chef prepares [cultural] food and we bring things in for [relative]." Another person was supported to attend a day centre which was for people who shared their cultural background.

The provider was working with Middlesex University to pilot a project to develop more inclusive services for lesbian, gay, bisexual and transgender (LGBT) older people living in their care homes. The provider had established a LGBT advisory group and aimed to help make the organisation a safe and welcoming place for LGBT people and staff. Training was planned for all staff and particular staff members at Bluegrove House had been identified as LGBT champions. Posters about this initiative were displayed in the home and this helped to signpost the service's commitment to providing inclusive services.

People felt able to make complaints and said they would talk to staff or managers if they wished to do so. A person said "I would talk to [name], she's the one in charge" and added "I have never had anything to complain about." A relative said if they were unhappy with any aspect of the care "I would talk to the staff on the unit where my [relative] lives." Staff had an open attitude to complaints, one said, "There is always room for improvement and we want to make things better."

People were able to take part in a range of activities although these had been hampered as the activity coordinator post had been vacant for several months. A new post holder began work in the week prior to our inspection. They planned to work throughout the week so they could provide input at weekends and weekdays. The activity coordinator told us they intended to spend time with people living in the home getting to know what they liked to do and how they would like to spend their time.

A person told us they had discussed with staff the possibility of doing some gardening and hoped to do that. We saw a staff member provide some art materials so a person could draw and we saw previous examples of their artwork. Care records included details of people's preferred activities. For example a record said a person liked painting and playing games. A health and social care professional told us that during one of their visits "I was delighted to see one of the [people] playing dominoes with one of the carers which I thought was probably one of the most important things that carer did that day, as the [person] was having a great time".

In 2015 several activities were organised around the theme of a 'virtual cruise' and days were organised around a visit to a particular country. For example a Spanish day was held with music, craft sessions and food with a Spanish theme. The staff held discussions with people about similar events in 2016 and there were plans to have days organised around the theme of a train journey to a range of places.

People had the opportunity to contribute their views about the running of the home through surveys, consultations and meetings. In 2015 surveys of relatives were conducted by an independent research company. The findings were compared to the previous year's survey results. Any areas where a decrease in satisfaction levels were indicated resulted in the home putting in place an action plan to address the deficit. For example fewer people and relatives said they were aware of the complaints procedure than the previous year. The provider's response was to ensure that copies of the procedure were on display and reminders about how to complain were given in meetings. There was a suggestion box in the hall way of the home for people, relatives and visitors to use.

People had been consulted about their preferences so they could contribute their views to the provider's plan to purchase new furniture for Bluegrove House. The results were that most people preferred to have armchairs rather than sofas. The provider was taking this into account in their plans for the refurbishment.

Good

Is the service well-led?

Our findings

The manager had been appointed to their post in September 2015. She had submitted an application to be registered as manager with the Care Quality Commission and our assessment was underway. The manager was assisted by a care manager and each of the three units had team leaders who took charge of shifts. People and their relatives understood the management structure and who to talk to about concerns. Some of the team leaders had worked at the home for several years, the care manager had worked there for seven years and the previously registered manager was now the area manager. This provided stability in the management team.

Relatives told us they felt the management team worked well and they and people benefitted from their work. One relative said, "I've felt very supported by [a team leader], who is extremely dedicated. And I like [the care manager's] approach too."

People benefitted from a staff team where there was an open atmosphere. A member of staff said, "We have good managers, we have team meetings and we speak openly about what we think." Another said "My manager is very helpful and supportive; [they] will help out."

Minutes of team meetings showed managers discussed with staff the need for team working and for staff to reflect the provider's values and behaviours. The manager encouraged staff to be respectful, reliable, honest, straightforward, and to have personal accountability.

The manager and provider carried out a range of audits to ensure the ongoing quality of the service. The area manager was a regular visitor to the home and had provided support to the new manager when she joined the staff team. Areas for improvement which were identified on the area manager's monthly visits led to a plan for action. They recently discussed the improvements which were planned to the building. The provider had a dementia specialist who visited the home to advise staff on their care of people with the condition. Their visit included an audit and check of care files.

The management team carried out audits which included medicines, care plans and health and safety checks to make sure best practice was followed. Accidents and incidents were checked by the management team to establish if there were patterns and to identify areas which could be improved to prevent recurrence.

The manager submitted notifications to CQC as required.