

Techscheme Limited

Bluebell Nursing Home

Inspection report

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Date of inspection visit:
23 October 2019
24 October 2019

Date of publication:
05 March 2020

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?	Outstanding ☆

Summary of findings

Overall summary

About the service

Blue Bell Care Home provides accommodation, nursing and personal care for up to 48 older people, some of whom are living with dementia. The home is arranged over three floors. At the time of our inspection there were 43 people who used the service.

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

People received a personalised, caring service. People told us they received very kind and respectful support from staff who promoted their abilities, knew them well and genuinely enjoyed their company. The whole staff group worked as a team to support people in a person-centred way. Care was planned, risk assessed and provided in full consultation and involvement of people and their relatives, where this was appropriate.

People, staff and external professionals were extremely confident in the management of the service. Everyone described an open culture where they were listened to. The enthusiasm of the nominated individual, registered manager and team to continuously improve the service, was evident by their commitment and dedication.

There were effective quality assurance processes in place, which supported the delivery of high-quality care. Staff were valued, and their achievements were recognised and rewarded. Teamwork was evident, with staff working together in delivering the values of the service. People were actively involved in the service and their feedback had led to improvements.

The environment was very clean and homely and was maintained to a high standard with personalised bedrooms. Audits and monitoring systems were used effectively to manage the service and to make improvements as and when required.

Relatives commented, "I feel the care my relative receives is individually suited to their needs, and they are very much treated as an individual"; "The staff keep me very well informed about my relative's condition and what's happening to improve things since they moved here from hospital" and, "I visit my relative daily and without fail, the atmosphere is lovely, and all the staff are so friendly and welcoming."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this.

The service was very well-led. The registered manager, management team and staff were extremely open to hearing feedback on the service and acting promptly to correct anything the inspection team identified. There was an open, caring culture that demonstrated staff were passionate about supporting people. Everyone told us that this culture emanated from the registered manager and nominated individual.

The provider's quality assurance processes were effective and there was a focus on continuous improvement and seeking out ways to offer personalised care. People, relatives and staff all felt valued as individuals and partners in their care and the running of the service. The registered manager provided empowering and high-quality support for staff to be able to do their job effectively. They, the staff team and the provider acted to ensure continuous excellent quality care, for people living at Bluebell care home.

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 this service was Good last report (published 19 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service 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 exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Bluebell Nursing 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 Care Act 2014.

Inspection team

Two inspectors carried out this inspection on day one and one inspector on day two.

Service and service type

Bluebell nursing home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 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 prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and six relatives about their experience of the care

provided. We spoke with eleven members of staff including the nominated individual, registered manager, assistant manager, nurses, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and 12 medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the home. One person said, "I feel safe here. It's a nice place to be. I used to live on my own and felt afraid and worried, there are plenty of staff around which makes me feel safe." A relative told us, "If I can't visit I feel confident in the knowledge that [person] is safe."
- Staff received safeguarding training and were aware of what action to take should they suspect abuse was occurring. Comments from staff included, "I would always pass concerns on if I was worried, "All staff care about the people living at Blue Bells" and. "I keep an eye out and would report anything worrying. That's an important part of my job."
- Staff could describe signs and symptoms of abuse and were aware of the provider's whistle blowing policy to protect people, should they need to raise concerns. All people, relatives and staff were confident they could raise any concerns with the registered manager and provider. They told us they would be listened to and their concerns would be acted upon.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and reviewed. Where people were at risk, appropriate strategies were put in place to mitigate the risk. People were monitored for risks of falls, choking and malnutrition. Staff were able to describe the risks each person presented and the strategies in place to reduce each risk.
- The nominated individual and registered manager had oversight of the external health and safety of the home. Regular maintenance checks were completed by external maintenance professionals on the passenger lift, moving and handling equipment, firefighting equipment, gas, electrical and water safety. Internal checks were also completed on fire alarms, emergency lighting, call bell alarms and water temperatures.
- Other risks in the home were assessed and monitored. The home had a fire risk assessment in place and staff were aware of the procedures to evacuate people in an emergency.

Staffing and recruitment

- The registered manager had ensured there was a good staff skill mix on each shift to meet people's needs. For instance, various ancillary roles, such as domestics and kitchen staff, enabled care staff to fully focus on providing person centred care to people. Staff told us they felt there were enough staff on each shift to meet people's needs safely. One staff member stated, "Yes there are enough staff on duty."
- Staff wore different coloured uniforms to distinguish their roles, this helped people who lived in the home to identify them.
- Systems were in place to check that the staff were of good character and were suitable to care for the people who lived in the home. Staff employed at the home told us they had relevant pre-employment checks before they commenced work, to check their suitability to work with vulnerable people. Records we

looked at confirmed this.

Using medicines safely

- Effective systems and processes were in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely and in accordance with best practice guidance. One person said, "They [staff] bring me my tablets regular as clockwork and ask if I need any [pain relief], as they know my [condition] can cause pain to me."
- Staff received training in medicines management and had their competency regularly assessed.
- The registered manager undertook regular checks and audits of the medicines system to ensure it continued to be managed in a safe way.

Preventing and controlling infection

- The service was clean and well maintained. One person said, "It is immaculate, clean bedding and the beds are comfortable too." A relative said, "The housekeepers are excellent." The housekeeping staff worked hard to ensure the home was clean and free from infection.
- There were two infection control champions who ensured cleaning rotas and schedules were completed.
- The laundry area was well organised to help prevent the risk of any cross infection.
- Staff confirmed there was a plentiful supply of personal protective equipment such as gloves and aprons. Staff were observed washing their hands at frequent intervals throughout the day.

Learning lessons when things go wrong

- The service was proactive in reviewing accidents, incidents and safeguarding trends. Outcomes and trends were shared regularly as part of staff meetings, to improve the way the service managed incidents. Learning was shared with staff. For example, improvements had been made to ensure safe storage of powders to thicken food. The nominated individual had recognised the risks to people and secure units were provided in people's room to store food thickeners. This had reduced the risks to people accessing these powders and choking.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had submitted appropriate applications to the local authority where it considered it necessary to deprive people of their liberty in accordance with the law. Systems were in place to monitor this.
- People's knowledge and skills had been assessed to determine what they could do for themselves in terms of managing their medicines and safety. However, it was not always evident the two-stage test of people's capacity had been undertaken prior to these decisions being made in their best interests. We discussed this with the registered manager who acted to address these concerns and completed mental capacity assessments in relation to decisions concerning restrictive practices, medicines and personal care. On day two of our inspection, the registered manager showed us records confirming that people had (LPA) Lasting power of attorney in place for health and welfare and finances. Best interest decisions had been recorded and involved relevant people when the person lacked capacity to make decisions.
- Staff had received training in the MCA and DoLS and understood their responsibilities in these areas. They asked for people's consent before providing any care or support. One person said, "Staff are pretty good. They check I'm okay and ready before they move me or do anything."

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

- People's needs were assessed by the registered manager prior to admission to ensure that their needs and preferences could be met.
- We spoke with people and their relatives and they told us they were involved in completing an assessment prior to moving in to the home.
- Support plans were thorough and contained person-centred information detailing what was important to each person. Records, including care plans and risk assessments were reviewed and updated when a

change in need was identified.

- Staff recognised the need to promote equality and diversity and their understanding was reinforced through training and the provider's policies and procedures.

Staff support: induction, training, skills and experience

- People and their relatives told us that staff had the skills and knowledge to support them. One person said, "I think the staff absolutely know what they are doing, they are very professional." A relative commented, "The staff are well trained and understand what needs to be done."
- New staff completed a detailed induction and did not work unsupervised until they were confident they could do so. One member of staff recently recruited, told us they felt their induction had been, "Very thorough."
- An ongoing supervision and performance-based appraisal programme was in place. Staff gave examples of training opportunities they had accessed in relation to their own development goals. Such as achieving professional qualifications in care for example, some care staff had been supported to complete the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in health and social care.
- Nurses had access to relevant clinical skills training. This included tissue viability, venepuncture, catheter care, and percutaneous endoscopic gastrostomy (PEG) feeds. PEG feeds allow nutrition, fluids and /or medicines to be put directly into the stomach through a flexible feeding tube.
- Nurses supported each other with maintaining their nursing registration and this was monitored by senior management. The provider had supported an internationally qualified nurse to update their equivalent training, which enabled them to register with the British Nursing and Midwifery Council and practice as a nurse.

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

- People enjoyed a positive meal time experience and were supported to have enough to eat and drink and to maintain a balanced diet
- People and their relatives were complimentary about the portion sizes, selection and quality of the food provided. One person said, "The food is fine, we do get a choice, it's decent food, we don't go starving." Another person commented, "There is always a choice of food. We get enough to drink, and we get a wide variety of cake." A relative shared with us how specialised diets were accommodated by the chef, "The food is great; [family member] is on pureed diet and it's really nice food. It is separated and well presented."
- The service had employed staff called 'butterflies' and they had responsibility to ensure people were given food and drink throughout the day. People told us they always had access to food and drink, one person said, "I have a snack box in my room that is refreshed every day, it has food I can eat when I fancy something."
- We spoke to a health care professional visiting the service who said, "The service is very good at identifying people at risk of dehydration, fluid balance charts are completed and analysed at night, people with low fluid intake are referred to their GP the next morning and the GP advises the registered manager if any intervention is required." Records were available to confirm this.
- Where required, staff worked with healthcare professionals to ensure people's specific nutritional needs were fully assessed and met.

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

- People had access to a range of visiting services, who regularly visited the home. A contact sheet had been kept in each person's care plan which detailed any involvement, including who the person had seen and what for, along with outcomes and action points, for example the chiropodist and optician.

- Where concerns had been identified, such as issues with skin integrity, unplanned weight loss or concerns with swallowing, we saw timely referrals had been made to external healthcare professionals such as GP's, dieticians, district nurses and speech and language therapists (Salt). This ensured people received the correct care and support.
- There was evidence of positive multidisciplinary team working with external specialist services such as mental health professionals, falls prevention team and physiotherapists to effectively meet people's needs. We saw strong examples of the positive impacts this had on people's lives.

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

- The premises was appropriate for the care and support provided. A lot of thought had gone into the design and layout of the service, to ensure it met the needs of the people living there. Communal areas were well planned and could be adapted to encourage activities and participation, there was a cinema screen for people to watch films on large screen, a room that had been laid out as a home in one room, with a sitting room, bedroom and indoor fountain.
- Relatives told us there was an area available for visitors to make tea and coffee. One relative said, "It is just like home from home I come in and make myself and my relative a hot drink then we sit and have a chat." Another relative commented, "Standards are high, and the atmosphere and environment are excellent." One person told us, "It [the home] ticks all the boxes. Another person said, "Surpasses all my expectations." The home was well adapted, and equipment provided was regularly checked and serviced to meet people's needs. People could bring items of furniture with them, provided it would fit into their private accommodation.
- There was a lift which was well maintained allowing all rooms to be easily accessed. Corridors were free from hazards to allow people to walk independently with minimal risk.
- People told us they often used the garden one person told us they had a bird aviary in the garden. They said, "When the weather is nice I sit in the garden and listen to the birds in the aviary."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 were treated with kindness and respect. People's comments included, "I am very satisfied and impressed with every aspect of life here"; "The stand out feature is the care and attention I get from the staff"; "I can't fault the care here. The care and courtesy of the wonderful staff is of the highest order" and, "The level of care here is exceptional, and the staff here find nothing too much trouble. It's normal to hear them say that people living here come first."
- We heard of many examples where the overall caring and compassionate nature of the home excelled. Without exception, everyone we spoke with told us staff made the difference by going the extra mile.
- Observations during the inspection showed staff were extremely kind, attentive and demonstrated a comprehensive understanding of people and their needs. They spent time talking with people and showed a great deal of empathy when reassuring people who appeared restless or upset. For example, we saw one person had a doll who they cared for. The person had reported to staff that their 'baby' was unwell. Staff spent time with the person talking about their worries, which reassured them and helped to reduce their concerns. This demonstrated that staff recognised there was an impact on the person's own wellbeing if they became worried about their doll.
- People's relative told us they were able to visit and always felt welcomed. We observed staff were completely open and relaxed when welcoming relatives and other visitors to the home.
- Staff were extremely positive about their work, and they spoke about people with great empathy and kindness. Staff described looking forward to coming to work because it felt like just spending the day with family. One staff member said, "I like it here, it's like a family. It feels homely and it doesn't feel like coming to work at all."
- The home promoted a staff champions programme, which involved staff members specialising in and promoting specific elements of care, such as dementia care, engagement, art therapy, a care programme promoting respect and kindness and oral care, staff said, ' we gain advice and support from each other and have found having the champions in care, enables us to keep our practice up-to-date and this helps us to deliver outstanding appropriate care,' This ensured high standards across all areas had been maintained.
- The caring approach at the service extended to staff too. One staff member told us how the managers and other staff had supported them during illness, they provided flexibility in working hours and supported them to maintain their work. They said, "I have never come across so many people who spend their day caring for people and yet have time for me, the management and staff team are exceptional in their attitude and willingness to deliver the highest standards of care and attention to people and support to their staff." This

encouraged mutual care between people and staff and supported the development of healthy relationships.

- The whole of the staff team had a passion for promoting and protecting the unique identity of each person living at the home. For example, staff recognised people who liked to have their own space and did not want to join in group activities. Staff respected their wishes, whilst ensuring they did not experience any form of discrimination or isolation.

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

- Relatives told us staff respected and championed people's ability and right to 'take control' of their own decision making. This was achieved by the staff's commitment to developing an individual and personal approach that worked. As a result, people became a valued participant in their care reviews with their relative's or an advocacy service's support if needed.

- People spoke very highly about the staff's approach and kind nature and how they made each day different. People told us they got on well with 'familiar faces' who knew them well.

- Staff knew exactly what worked well for people. For example, a person said, "When I first came to the home I had a bed in my room, previously at home I had slept in an armchair and liked to sleep in the armchair. The management listened to my wishes and provided a recliner chair that met my needs and made me feel I was in control of my care and needs."

- People's voices and individual choice was key to ensuring they were provided with what they wanted. Whether related to food, choice of care staff, activities or how their own care routine preferences were provided; people were listened to and their choices respected. A relative said, "The little things that are often missed, are done with no fuss."

- In addition, relatives told us they could tell by the staff's actions, they were proud to care for people and one said, "Staff are in it for the right reasons." People said staff were extremely warm and pleasant. One person said, "Staff are brilliant, I have been unwell for a few days and restless all night the staff made me comfortable, gave me hot honey and lemon drinks and held my hand. Staff changed my pillows several times to make me comfortable, they were brilliant they are absolutely ace."

- The staff team said they worked seamlessly together and adopted strong principles of care. They told us they cared because they wanted to, not for any other reasons. A typical comment was, "I want to do my absolute best and we all go the extra mile. A resident will say, 'can you just... and we will'."

- We saw a letter from a person who had used Blue bells for recuperation after an operation, on discharge the home gave the person a bouquet of flowers to go home with, the person said in the letter, 'If I was to say that I had been on holiday in a nursing home people wouldn't believe me, but I have never said a truer word. The blue bell nursing home is so special a real home from home, I was moved by the happy atmosphere that exists between staff and people living in the home. They say laughter is the best medicine in life, there is plenty of that in the Blue bells.'

- The service encouraged people to maintain close links and relationships with their family members and friends. Relatives told us they could visit any time and they always felt welcome and included. One relative said, "I always feel very welcomed here, it is a lovely place."

- The nominated individual arranged for one person to use skype to contact their family abroad and arranged monthly care reviews via skype involving the family the person and staff. We saw a letter from the family who said, "Communications between the home and family are outstanding, even though we are thousands of miles away we feel involved and kept up to date with our relatives care. My relative tells me how lucky they are to have been placed in a brilliant home with staff that will give up their own time to make peoples life fulfilling."

- Regular meetings with management, families and advocates enabled people to express how the home could work better. As a result, people had chosen how to spend some money that had been donated on specific equipment designed to stimulate memories and promote activities and interests, in addition, a memorial garden had also been created and was regularly visited by families of people who had passed

away. Feedback from families was, this provided them with comfort.

- Feedback about the service from people, their families and external professionals always mentioned the service in outstanding terms. People said, "The staff here have time for you. They are always relaxed and happy and have time to chat and even banter with you" and, "I can't fault the care here, the staff are the most wonderful, outstanding staff."

Respecting and promoting people's privacy, dignity and independence

- Respect for people's privacy and dignity was at the heart of the service, with a sense of equality between people and staff. People said their choices were sought, respected and followed and staff supported people to maintain their own cultural faiths and beliefs.
- Staff encouraged people to do things themselves where possible. When people required support, staff went that extra mile. For example, staff prepared baths or showers for people with their favourite towels, toiletries and personal items. A relative explained how staff understood when to step in and when to withdraw support so people kept some independence and control. They described how a staff member had sung sensitively to their relative which reduced any agitation the person felt at the time. They said their relative's condition had declined but, "They [staff] have sensitively cranked up support." As their relative needed more support from staff, they told us this was, "Phased in gently, so if she can do it herself that's fine. If not, they step in." They said this approach had great success.
- Staff spoke of how the registered manager advocated the importance of spending time with people. A staff member said, "[Registered manager] is very supportive, we never feel any pressure to rush things. The people living here always come first, other jobs can always be done later."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People received care and support in a way that was responsive to their needs. This was achieved through personalised care plans, which people and their families were involved in developing and reviewing.
- Staff were skilled and knowledgeable about people, what was important to them and what their preferred routines were. It was clear that a person-centred approach was embedded in staff's every day practice. They ensured each person had their care delivered at a time they preferred, and in a way, which supported them to have their preferences met.
- People told us staff had excellent skills and an understanding of their individual needs and wishes. One person said, "Your every wish is catered for. The staff go out of their way to help you any way they can."
- People's individual psychological and social needs were explored and known to staff, who supported people in a skilled way, one person said, "I used to have problems sleeping when I was at home, when I came to Blue bells the staff spent time with me to look into why I was not sleeping, they arranged for the GP to see me and other specialists, after a while they found it was due to my fear of being alone at night, now the staff are wonderful they reassure me before going to bed, leave a small light on, chat with me during the night and make me snacks if I want them, if I am awake they always sit and comfort me during the night they always make time for me, they have really helped me as I feel a lot less anxious at night."
- There was an atmosphere of joy and comfort within the home because people were happy. People were supported by staff that were responsive to their needs and offered regular engagement through board games, music therapy, flower arranging, art and pictures. These created enjoyable experiences for people and photographs were taken that demonstrated this.
- The service was also using technology to provide more variety in activities. We observed people using an interactive screen to play games, one person was completing a jigsaw on the screen and was happy to explain how it worked to us. Another person told us that they liked using the screen as there were many different activities they could enjoy.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans and shared with staff.

- The management team and provider were aware of the AIS and had met this requirement.
- Information about the service was provided in alternative formats such as easy read and large print where required to make it easier for people to understand.

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 take part in activities. An activities coordinator developed activities based on what people wanted to do.
- People accessed the community and visited local amenities. In addition, they were able to join in a range of activities at the home including; 'juke box memories', cards and dominoes, movie afternoon, beauty salon, sing-a-longs and quizzes.
- The home has a 'Namaste' care room, this meant connecting with people in the end stage of dementia through comfort, sensory stimulation, and being present in the moment. There was a 'Namaste' champion who designs the delivery of care to meet people's wellbeing. On the day of inspection, we saw the positive effects this made to people, for example one person was restless and anxious prior to attending the session, after their time in the Namaste room the person was relaxed and looked comfortable. Another person told us they loved having their sessions in the Namaste room and a relative said, "It is such a wonderful time for them, my relative really enjoys the session, they are relaxed and participate within the session. My relative loves the room as it is set up with things from the past, it really does benefit them greatly."
- The registered manager gave an example of a person who wrote their name and the daughters name on the table the manager said, "Wouldn't have thought it was possible as before using the table we had very little response from the person". The table is mobile and can be taken round to people's rooms. The sensory room is used for small groups or individuals, reminiscence, food and sensory activities. The registered manager said sensory items are also taken round rooms to include people in activities in their own room.
- Regular visitors to the home included singers, dancers and an animal zoo. A newsletter and an activity board displayed the activities on offer. There was an information screen in a central area that displayed a running description of events that have taken place in the home and upcoming events were displayed.
- Arrangements for social activities were innovative, met people's individual needs, and followed best practice guidance so people could live as full a life as possible. For example, seasonal displays were made in the lounges that reflected what season it was. At the time of our inspection there was a display made for the Halloween period. Trips were organised around people's interests and requests. Trips included taking picnics and hot drinks to places people visited as children, such as the beach or the countryside. People were also supported to go shopping in the local community if they wished. This had impacted positively for people. One person told us the trips meant they, "Maintained links with places they loved so much."
- For those less able or choosing not to leave the service, there was a shop in the home, which had opening times and proved a popular meeting place for people to stock up on treats for themselves or loved ones. The staff member who ran the shop checked what people wanted and would make every effort to get in people's individual requests. The shop was based on a trolley that could be taken to people's rooms. Items bought at the shop were paid for through a fund from the provider.
- The staff team included two activity organisers who were skilled and passionate about their role. They worked hard to ensure people's past lives were explored so they could tailor activities to these. They had 'boxes', that contained activities that were meaningful to individual people and could be dipped into and used to create positive memories. One person told us they have lived locally all their lives and it is great to sit with people and look back at old pictures and book from the local area they said, " they bring back so many happy memories, sometimes I get upset but the staff give me a big hug and that makes me feel better."
- The service took a key role in the local community and was actively involved in building further links. Contact with other community resources and support networks was encouraged and sustained.
- A person was assessed for the provision of an individualised wheelchair to support them to socialise

within the home and the local community this improved their involvement in activities both in the home and away from the home.

Improving care quality in response to complaints or concerns

- The registered manager, nominated individual and staff worked efficiently and collaboratively with each other, people, relatives and other agencies, to constantly learn and improve the service. A relative said, "We have been in meetings and if a professional has asked for something like a record [the registered manager] has always got it to hand. They are so well-organised and know where everything is."
- A local nurse practitioner visited the home regularly to review people's care plans and GP's carried out regular reviews of people's medicines. This enabled people to reduce the amount of medicines they were prescribed and ensured changes in medicines were monitored and managed in a timely manner.
- The home received bulletins from CQC, the association for care, training & assessment networks (ACTAN), NHS, local authorities, and the general medical council (GMC). The registered manager used these to identify relevant good practice recommendations and implemented at Bluebells Nursing Home.
- Records showed complaints had been managed in line with the provider's procedure and used to improve the quality of the home.
- A copy of the provider's complaints procedure was on display and included information about how to make a complaint and what people could expect if they raised a concern.

End of life care and support

- At the time of our inspection no one was receiving end of life care. Anticipatory medicines were held for people whose health was likely to deteriorate rapidly.
- Staff received training on end of life care and plans, support and guidance was obtained from a local hospice.
- The staff had organised a memorial area in the garden, there was a fountain and families had painted names on pebbles that surrounded the fountain, a memorial service is held at Easter time and well attended by families and people living at the service.

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 the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The home had an open and positive culture, due to the registered manager and nominated individual's attitude and contribution. Staff said the registered manager operated an open-door policy. People said they were listened to and their wishes acted upon. One person said, "A brilliant place, she [registered manager] runs it really well." A relative told us, "I'm very impressed all the way through. We looked at other homes and this one is in a league of its own, especially the staff." A staff member said, "I have worked in the health sector for a long time and the nominated individual and registered manager are the best I have come across."
- The organisation's vision and values were clearly set out and understood by staff. They were explained during induction training and revisited at staff meetings.
- Staff reflected the organisation's vision and values as they went about their duties. Staff had also made their own set of values and had displayed them on the notice board. There were clear lines of communication and specific areas of responsibility, regarding record keeping.
- The registered manager not only led by example, they had created an inclusive and empowered staff team. It was clear throughout the inspection the registered manager went above and beyond to ensure they were connected to people living at the home and their relatives. We observed many positive interactions that demonstrated they genuinely cared what people thought and wanted, the registered manager demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders. Annual surveys were used to gather the views of people, relatives and professionals. The surveys showed positive responses. When action was needed this was completed such as, playing music at a lunch time and given prior notice of events (which saw the introduction of the newsletter). Comments from surveys included; "A happy environment, attentive staff and genuine care manifests itself at this home at all times" and "Residents always happy, like home from home."
- Monthly resident meetings had been held, to capture people's views of the home and the care provided, as well as to discuss any future plans. People were actively involved and asked for feedback and suggestions. Relatives were welcome to attend, although quarterly meetings specifically for them had also been facilitated.
- Staff meetings were regularly held, which provided staff with an opportunity to raise any issues or concerns, as well as being involved in decisions about the home. Staff told us they felt listened to and their views were considered.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager and staff were extremely open and honest with people. A relative said, "The registered manager is excellent because when you ask her something she answers straight away. Nothing's ever hidden and everything's out in the open. This gives me so much confidence in the home."
- Staff followed the provider's policies and procedures when incidents and accidents occurred. Relatives were informed of any issues that related to their family members' safety and well-being and staff went above and beyond to reassure them and consider the impact. For example, following one safeguarding incident, staff took the person involved to see their family member, to reassure them that their relative was unharmed. This demonstrated an understanding of the concerns both the person and relative may have had as a result of the safeguarding incident.

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

- The home and organisation's quality assurance systems were highly robust and contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets, for example improvement have been made to people's environment, electronic systems had been put into place to monitor people's experiences of care, care records were electronically stored, the voices of staff delivery care to people had produced a Blue bell picture with staff values that reflected how staff would deliver high quality care to people.
- Detailed and robust audits were carried out by the registered manager and the nominated individual. They were up to date and demonstrated that prompt action was taken where needed, with an action plan for any on-going work identified.
- Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.
- The home's previous rating was displayed and available on the organisation's website.
- The registered manager had positive oversight of the service and supported staff to understand risks and receive feedback when required. For example, they conducted a series of spot checks on night staff, looking at fire safety, positioning and staffing. There was a daily heads of department meeting where risks, concerns, upcoming events and good practice were shared and then cascaded down to staff.
- Staff told us they felt very supported and liked working at the home. One member of staff told us "I want you to know that Bluebell is the best care home I have ever worked at in many years of working in care." They went on to say, "The management team are fantastic and should be very proud of what they and their staff achieve every single day of the year, I could not work in any other home after working here as nothing else would compare."

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

- The most recent questionnaire for people using the service showed overwhelmingly excellent comments regarding staff meeting their care needs. The relative's survey was also very positive as were those of visiting healthcare professionals and staff. One health care professional said, "I am of the opinion that the care provided by the Blue bell care home is exceptional and should be congratulated," another said, "I have visited many homes over the past 18 months and this home is definitively one of the best, the staff are very caring and particularly 'person focused'."
- The provider had embraced technology to engage people through virtual reality. This gave them the opportunity to experience places of interest around the world, quizzes, interactive activities they may not have had the opportunity to visit. Equally, it was used to prompt memories of places people had visited.
- The registered manager and provider supported staff to develop their skills and knowledge and would promote staff internally where possible. For example, one staff member had joined as a care assistant and

as their knowledge and experience developed, they were promoted to senior care assistant and eventually team leader. During the course of these promotions they were encouraged and supported to do a National Vocational Qualification (NVQ) level 3, which is a recognised qualification in health and social care. They were also put on a team leader training course. This demonstrated a commitment by the provider to develop a strong staff team that felt valued.

- A huge amount of work had been done to develop links with the local community and this has increased since the last inspection. Neighbours and members of the community were regularly invited to attend fundraising events, parties and activities. People were not socially isolated and felt part of the local community which made them feel involved and happy.

Continuous learning and improving care and working in partnership with others

- Staff were encouraged to carry out reflective practise to drive improvement in their work with people. The provider had induction programme which set out very clear guidelines for staff with the values and work ethics expected.

- The home continued to work closely with organisations within the local community to share information and learning around local issues and best practice in care delivery.

- Feedback from professionals cited collaborative working arrangements. One visiting professional told us they had a positive relationship with the registered manager and were kept informed and made to feel welcome when they visited the home.

- The provider had used feedback and their own learning to develop a model of care delivery (Staff rostering system). The model of staff deployment was calculated every day to meet the changing needs of people. This meant the staff available to support people could be adjusted on a daily basis. The home had additional ancillary staff and shorter shift times to ensure staff were deployed to meet people's individual needs. For instance, if a person needs had increased the system would show additional staff were required.

- The registered manager and staff worked efficiently and collaboratively with each other, people, relatives and other agencies to constantly develop and improve the service