



Arolygiaeth Gofal

Cymru

Care Inspectorate

Wales

Inspection Report on

Bluebell House

Barry

Date Inspection Completed

15/12/2022

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About Bluebell House

| | |
|--|---|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | Amethyst Healthcare Ltd |
| Registered places | 3 |
| Language of the service | English |
| Previous Care Inspectorate Wales inspection | 30 June 2022 |
| Does this service provide the Welsh Language active offer? | This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture. |

Summary

This is a focused inspection of Bluebell House relating to the oversight and governance of the service. People continue to live active lives and do things they enjoy. Care staff are kind, caring and respectful to people. The environment is suitable to meet people's needs. There is a consistent staff team that know people well. Care staff are supported through supervision and training. There are detailed care plans that inform staff how best to support people, so they receive the right support and achieve their personal outcomes. People have good access to health care and receive input from other health professionals. There are systems in place to store and administer medication. The provider is investing in systems to ensure that policies and procedures are up to date, this is an improvement since the last inspection. There is a new Responsible Individual providing appropriate governance arrangements. There are improvements in the oversight of the service to monitor and review the quality and safety of care being provided to people.

Well-being

The service does not provide an 'Active Offer' of the Welsh Language. Currently there are no people living in the home that communicate in the Welsh language. However, if this is needed in the future the service provider will ensure that arrangements are made to accommodate the Welsh language.

People receive a service information guide in a format that is accessible and is to be reviewed annually. People are supported to keep in touch with relatives and those who are important to them. People are given opportunities for positive risk taking in relation to many aspects of their day-to-day life, the provider takes a sensitive and inclusive approach when supporting people to achieve their outcomes.

Care staff offer excellent communication support to people with complex communication needs. People have support to be part of their local community. Care staff understand the needs of people they support and what is important to them. Individual rights and choices are respected. People are given the opportunity to share their views and opinions through regular group meetings at the home. People receive feedback and updates on meeting items, which is an improvement since the last inspection. The provider is making positive changes to the way personal plan review meetings are held. Further improvements are being made to ensure all relevant people can contribute to the review process which is an improvement since the last inspection. We expect the improvements to be fully implemented at the next inspection.

The governance and oversight of the home is formalised, which is an improvement since the last inspection. There is a nominated RI and a clear improvement plan. Staff are aware of the new management structure and the RI is responsive to the needs of the service. The provider keeps the Care Inspectorate informed of changes within the management team. People are being cared for by staff that are trained for their role, but they have not completed all necessary training. The improvement plan includes further staff training to meet the needs of people at the service.

Care and Support

People are given a service user guide in a format that is accessible. How to raise a concern or complaint is displayed in the home. People have a good relationship with care staff, there is a strong bond evident between people. People should receive a service user agreement that informs them about what to expect from the service. The RI is taking immediate steps to update the agreement for people living at Bluebell House. The statement of purpose accurately details what people will receive from the service, the document is kept up to date and is available upon request to people and significant others.

People are encouraged to voice their opinions and views on a day-to-day basis and at service user meetings with care staff. There is ample opportunity for people to speak with the RI and share their views. People decide on how they would like to spend their day. Routines are tailored to people's preferences, and we saw strong evidence of people taking part in day trips and holidays and social events.

People are supported by care staff who are well informed to meet their personal outcomes. Staff have access to detailed and current personal plans. The home has an established core team of care staff who have an in-depth knowledge of the people they support. People benefit from consistency and continuity of care.

The service retains people's information securely. The quality of the information is detailed and personalised. Detailed personal plans and risk assessments inform care staff how people like to receive support and how best to meet their personal outcomes. Personal care plans are regularly reviewed. The provider is making appropriate changes to the review to evidence when the person or their representative is included in the process.

People maintain their health and well-being. Acting on recent engagement feedback, the provider is taking positive steps to ensure that people have access to more home cooked foods and fresh produce. Records show that people access a range of services to monitor and support people with their health. The service works closely with health care professionals and prompt referrals are made to health services when required. People get support from trained staff to have the right medication at the right time. The RI is taking steps to improve the medication auditing system and introduce a more robust medication policy. We expect the updates in medication procedures and monitoring to be fully operational at the next inspection. The RI has oversight of the medication system when completing visits to the home. All staff complete on-line medication training; however, the provider will be expected to evidence staff competencies.

Environment

The home has good access to local facilities and places of interest. It offers a pleasant, homely environment. The home is well maintained, communal areas are accessible, doorways and corridors are widened to enable wheelchair access. Decoration of the communal areas has enhanced the environment.

The home is hygienic and clutter free, there is adequate room for equipment. Cleaning equipment and products are stored safely. Medications are stored safely and securely to keep people safe from harm. There is a good supply of PPE throughout the home. The home has ample natural light and ventilation. The fixtures, fittings and furnishings are of a good standard. People can be assured regular visits from the RI to the home ensures good oversight of the environment. Staff tell us that the provider acts quickly to make repairs and upgrade equipment when needed.

Bedrooms are personalised and meet the needs and preferences of people; room sizes are good and there is storage for personal items. Bathrooms are spacious and people are included in decisions when changes to their rooms are proposed. There is a separate visitors room for formal meetings, which is an improvement since the last inspection.

The garden is accessible with a lawn, established plants and a seating area. The lounge doors lead on to an accessible outdoor seating area. The garden is fully enclosed with an area of shade and offers a peaceful and safe environment.

People are given opportunities to develop independent living skills and are supported to do so. There are restrictions around accessing the kitchen without support which meet the needs of people living in the home. Care staff tell us people are encouraged to take part in kitchen activities and develop their skills should they choose to.

People live in a safe home and are protected from harm. Should people require full supervision to leave the premises, appropriate Deprivation of Liberty Safeguard (Dols) agreements are in place to keep them safe from harm. The level of security is appropriate to the people living there and to the service being provided. Staff do not always check the identity of visitors to the service and the provider is taking immediate steps to remind staff of their responsibilities. People have a personal emergency evacuation plan specific to their individual support needs in case of an emergency.

Leadership and Management

There is an improvement in the governance arrangements since the last inspection. The RI is in regular contact with the service provider to ensure the service operates safely and effectively. The service is regularly monitored, governance oversight is structured. Staff tell us they know the RI and there are positive developments with communication. The RI is responsive when dealing with concerns and complaints. Communication with the inspectorate is good.

The RI visits the home on a regular basis and speaks with staff and people at the service. Staff tell us the changes in the structure provides them with greater support in their role. The RI is developing a culture of transparency, staff tell us they feel confident to raise a concern to the RI directly. The provider must continue to develop a culture whereby all staff feel assured their views are listened to and concerns acted upon by the management team.

Staff tell us that they are aware of the new policy and procedure system; however, not all staff have read them. The provider is to ensure that staff have the time and resources to develop their knowledge and understanding of all policies.

The RI completes detailed records of visits which inform the provider of the quality of the service. The initial quality of care review contains minimal information. Future quality care reviews must contain information from monitoring and engagement activities about the quality of the service people receive and to meet regulatory requirements.

The RI takes responsibility for the improvement action plan which is regularly reviewed. Improvements are being made to care documentation and engagement activities to better capture information from people and their representatives. People attend meetings and their views are documented. The provider is inviting people and their representatives to be included in decisions about the service and environmental improvements. There is an auditing system in place to monitor the service, changes are being made to the system to positively impact on service delivery. The statement of purpose accurately describes the management structure. CIW are kept informed of structural changes.

The management team tell us they have access to the RI and guidance to better understand the regulatory requirements of their roles.

The governance of the service is being better managed, people can be assured the service is experiencing positive changes as a result. The service provider is making progress in addressing areas of improvement since the last inspection. We expect all remaining improvements to be met at the next inspection.

Summary of Non-Compliance

| Status | What each means |
|---------------------|---|
| New | This non-compliance was identified at this inspection. |
| Reviewed | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |
| Not Achieved | Compliance was tested at this inspection and was not achieved. |
| Achieved | Compliance was tested at this inspection and was achieved. |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

| Regulation | Summary | Status |
|------------|---|----------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |
| 6 | The service is not operating in accordance with the regulatory requirements. We cannot be fully assured that the service provider has put sound governance arrangements in place to ensure the service operates safely and effectively. | Achieved |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

| Area(s) for Improvement | | |
|-------------------------|--|----------|
| Regulation | Summary | Status |
| 16 | People or their representatives should be given the opportunity to be involved in their review to seek their views and preferences | Reviewed |
| 58 | There should be robust medication audits to maintain oversight of the management of medicines. The medication policy to be revised in accordance with current guidance | Reviewed |
| 36 | Although staff are trained for their role this must also include other areas to understand the needs of people they currently support. | Reviewed |
| 20 | People should have a signed copy of a service agreement to inform them of the terms and conditions of the placement. | Reviewed |
| 35 | Recruitment procedures must be consistently followed to ensure that vulnerable people are protected. | Reviewed |
| 8 | The service provider failed to have effective systems in place for monitoring, reviewing and improving the quality of care and support. | Reviewed |
| 70 | CIW have not been informed of the appointment of the manager even though they were registered with Social Care Wales on 04.10.2021 | Achieved |
| 79 | There are no arrangements in place for policies and procedures to be kept up to date with current guidance. | Achieved |

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