

OBEE Ltd

# Bliss Care Home

## Inspection report

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06 December 2017  
11 December 2017

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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

This inspection took place on the 6 and 11 December 2017 and was unannounced. The inspection team consisted of one inspector.

Bliss Care Home provides accommodation and personal care without nursing for up to 15 persons who may be living with dementia. At the time of our inspection 11 people were living at the service.

The service has a registered 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, the service was rated Good, at this inspection, we found the service remained Good overall.

The service was safe. The provider's recruitment processes ensured that appropriate checks were carried out before staff commenced employment. There were sufficient numbers of staff on duty to meet the needs of people and keep them safe from potential harm or abuse. People's health and wellbeing needs were assessed and reviewed to minimise risk to health. The service had a good management and monitoring structure in place for medication.

The service was effective. People were cared for and supported by staff who had received training to meet their needs. The staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to health and social care services was made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences. Staff always worked to promote people's independence through encouraging and supporting people in their individual abilities.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and were updated if changes to people's needs was found. People were supported to follow their interests and participate in social activities. The service had a robust complaints procedure in place.

The service was well led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis. The provider told us that current systems and processes were being updated to ensure improvements to the service would be made in a timely way.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Bliss Care Home

## Detailed findings

### Background to this inspection

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## Is the service safe?

### Our findings

At the previous inspection in October 2015 the service was rated Good in this at this inspection we found the service remained Good.

People we spoke with and their relatives told us they felt safe living at Bliss Care Home. Some of the comments we received included, "Oh it is lovely here and they [staff] look after me and keep me safe." Another was, "The staff are very good and care for [relative] very well."

There were systems, processes and practices in place to protect people from abuse, neglect, harassment and breaches of their dignity and respect. Staff had very good knowledge of how to protect people from any potential harm and keep them safe. Staff were able to explain how people may be at risk of harm and abuse and how they would protect them to ensure they were safe. Staff we spoke with had a clear understanding of how to report any concerns with regards to people's safety. One staff member told us, "I would report to my manager or I know that I can contact police or social services." Staff were aware of the provider's whistleblowing policy which sets out how staff should report concerns within their workplace. One member of staff told us "I would be confident to do this as I have previously had to do this in a previous job."

Staff had the information they needed to ensure people's safety. Each person had care plans and risk assessments that were regularly reviewed in order to document current knowledge of each person's individual risks. The risks assessments that were viewed included, risk assessments for mobility, dietary intake, personal care and medication.

People were cared for in a safe environment. The provider employed maintenance staff for general repairs at the service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. There was also a policy in place should the service need to be evacuated and emergency contingency management implemented. Staff were trained in first aid and if there was a medical emergency staff knew to call the emergency services. Staff also received training on how to respond to fire alerts at the service.

There were sufficient numbers of staff on duty to meet people's assessed needs, we spoke with people who use the service and their relatives, those spoken to agreed that there were enough staff to assist everyone. Comments received included, "I would say there is enough staff on duty, they are always busy but do look after people well." And "I believe there is enough staff on shifts as everyone is cared for when they need it." Staffing rotas that we looked at reflected sufficient staffing levels.

The provider had a robust recruitment process in place, which showed that staff employed had the appropriate checks to ensure that they were suitable to work with vulnerable people. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

The service had a robust cleaning schedule in place. The cleaning of the service is carried out by designated

staff members. Inspection of people's rooms and communal areas we found rooms to be clean and tidy. People who used the service and their relatives we spoke to informed us, "I have never found it to be untidy or unclean." And "I think they do a great job keeping the home clean."

Staff understand their responsibilities to raise concerns and report incidents and near misses; and were fully supported when they do so. We saw from documentation that appropriate investigation had been completed following any reported incidents and that notifications had been completed if required.

## Is the service effective?

### Our findings

At this inspection, we found the service continued to be effective therefore the rating will remain Good.

People received effective care from staff who were supported to obtain the knowledge and skills they needed to provide continuous good care. The staff training records showed us that staff received training on relevant topics that would support them in their roles, this included training in moving and handling, nutrition and end of life care. We also saw that staff were provided with refresher courses on each topic.

Staff felt supported at the service, staff we spoke with told us, "I definitely feel supported here, we have lots of training that we go on which helps us to keep up to date on different subjects." Staff received an induction into the service before starting work and documentation on staff files confirmed this. The induction allowed new staff to get to know their role and the people they were supporting.

Staff told us that they received regular one-to-one supervision. Supervisions are used as an opportunity to discuss the staff members training and development and other subjects that staff may wish to discuss. Staff said that they had regular team meetings, and added the meetings were open and gave staff the opportunity to raise any issues they may have. Staff also received yearly appraisals.

People said they had enough food and drink and were always given choice about what they liked to eat. Throughout the inspection we observed people being offered food and drink. All staff were encouraging and supported people to have regular fluid intake throughout the day. Staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion; people were given the choice of where they wished to sit during the mealtime. For example, people were given the choice to sit at the dining table but they preferred to sit in the lounge area of the room to enjoy their meal. People we spoke with were complimentary about the food they are serviced at the service. One person told us, "Oh the food is lovely and so fresh. There is always plenty of choices for us to have."

A member of the staff team are designated as the 'cook' on each shift. One relative told us, "I think this is a great idea as everyone cooks differently and this means people have lots of variety on tastes." During the inspection we observed a person complimenting the staff member that had prepared the lunchtime meal and dessert. The comment was, "Oh that was absolutely lovely and the cake was amazing."

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any hospital appointments as scheduled. When required people were supported with access to their GP, district nurse and other health professionals. In addition people were supported to access dental care and vision tests these were completed by professionals that visited the home. When appropriate this was discussed with the person and their relatives, to ensure everyone was involved and kept up to date with any changes.

The service was maintained and the décor was good, staff told us that in a recent residents meeting views and ideas were sought from the residents on how the garden would be redesigned. People's ideas were valued by the provider and are going to be implemented in the design of the garden. People are also

consulted when décor is being updated to gain their views on colours and furnishings.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We reviewed applications that had been submitted by staff but were awaiting authorisation from the Local Authority. The staff had completed training on the MCA and had a good understanding of DoLS requirements.

# Is the service caring?

## Our findings

At this inspection we found people were as happy living at the service as they had been during our previous inspection. The rating continues to be Good.

Staff interacted with people in a respectful manner. Our observations during the inspection showed staff to be kind, caring and support people in a compassionate manner. People and relatives we spoke to informed us that the care provided in the home was very good and all the staff and registered manager were very caring. Comments received included, "They [staff] are very caring and are always able to give me any help I need." And "I think they [staff] are all so lovely and really do care. They are busy but always make time for a chat."

People and their relatives were actively involved in making decisions about their care and support. Relatives told us that they had been involved in their relative's care planning and would attend care plan reviews. Staff regularly reviewed people's care plans with their families where possible and changes were made if required. On reviewing people's care plans, we found them to be detailed and covered people's preferences of care.

People and relatives told us people were treated with dignity and respect and had their privacy respected. Staff had received training in treating people with dignity and respect as part of their induction. During the inspection, we observed staff assisting a person to the toilet. Staff stood outside the toilet and waited until the person called the staff to assist them again. People told us they were able to make decisions on how they wished to be cared for, for example, one person told us that they would choose when they got up and when they wanted to bed.

People were able to choose where they spent their time. The supporting manager told us that the service was currently advertising for an activities organiser which will enhance the activities that are offered at Bliss Care Home. Although there are some activities being carried out, people we spoke with told us that they would like more activities in the home.

People's independence was promoted by a staff team that knew them well. We observed staff encouraging a person to transfer from a chair to standing position independently. Staff told us that this person is part of the 'step down' procedure. This is when a person is discharged from hospital and is admitted to the home for a short period of time to enable them to regain confidence and abilities that will enable them to return to their own homes. A member of staff told us, "We [staff team] all know the residents very well and know what things are important to them, they may seem little things but they are important to that person so we ensure those things are done for them."

The staff told us that they encouraged visitors to the home. Relative's told us that there were no restrictions on the visiting times at the home. One relative told us, "The staff are very welcoming and always make time to have a chat about what has been going on with [relative]."

## Is the service responsive?

### Our findings

At this inspection, we found the service was responsive, the rating continues to be Good.

People's care and support needs were well understood by the staff working in the service. This was reflected in care plans and individual risk assessments. Staff encouraged choice, and control for people in relation to their individual preferences about their lives, including interests and maintaining relationships which were important to them. We spoke with a visiting GP who told us that he found the staff to be very knowledgeable about the people they cared for.

Staff had carried out assessments of people's needs before they were admitted to the service. They had spoken with, where possible, everyone already involved in caring for and supporting the person, in order to learn as much about the person as they could. Staff used this information to devise the person's care plan. Care plans were reviewed and changed as staff learnt more about each person.

Each person had a care plan in place. Care plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the people needed, in the way each person preferred. People's strengths and levels of independence were identified. The care plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would try to either deal with it or notify the manager or person in charge, to address the issue. We saw from records that a complaint had been received and it had been investigated and responded in line with the provider's policy.

Staff had been trained in End of Life care. One person in the service was currently on an end of life care plan. The care plan detailed their wishes and preferences and therefore staff knew how to care for this person in a dignified way.

## Is the service well-led?

### Our findings

The service had a registered manager but they were off work due to a health issue at the time of the inspection. An acting manager had been put in place to overlook the running of the service and give support to staff during their absence. The acting manager was knowledgeable about the service and the people living in the service.

People benefited from a staff team that felt supported by management and provider. Staff said this helped them to assist and help people to maintain their independence and showed that the people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use, which staff used to communicate important information about people's wellbeing during each shift. The communication book was available to all staff on duty and acted a point of reference for staff who had been off duty. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

People and their relatives felt at ease discussing any issues with the manager and staff. They informed us the service had a family feeling and this was due to the staff all working together. A relative we spoke with told us, "It is such a lovely atmosphere here, I know the manager is off and there is a new manager at the moment but I would feel comfortable to talk to them." Another relative said, "I really do think it is well managed here, I know I can speak to anyone and anytime I need to."

The acting manager and staff told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. People and their relatives also told us that they were involved in the continual improvement of the service; this could be through meetings or by speaking to staff on a one to one basis.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control and call bells. The manager and senior staff members carried out a monthly manager's audit where they checked care plans, management and administration of the service. This was to ensure that the auditing of the service would be robust and drive improvement. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.

The manager informed us that the service was continuously using past and present incidents as learning experiences for both staff and people using the service.

The service was transparent, collaborative and open with all relevant external stakeholders and agencies. It worked in partnership with key organisations to support care provision, service development and joined-up

care. For example, all staff worked closely with the local authority and also health professionals to ensure people received the care and support they need.