

PJ Care Limited

# Bluebirds Nursing Home

## 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

Bluebirds Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Bluebirds Nursing Home is registered to accommodate up to 25 people; at the time of our inspection, there were 24 people living in the home. The service provides care and support to people who have a range of neurological conditions, including dementia.

At the last inspection in January 2016, the service was rated good. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. 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.

People were supported to develop and maintain life and social skills and maintain as much independence as possible, using individually created support programmes. These programmes were developed and overseen by a skilled, multi-disciplinary staff group, who shared a strong person centred ethos.

People told us their relationships with staff were positive and caring. We saw that staff treated people with respect, kindness and courtesy. People had detailed personalised care plans in place to enable staff to provide consistent care and support in line with people's personal preferences.

Staff had been appropriately recruited in to the service and security checks had taken place. There were enough staff to provide care and support to people to meet their needs.

People were consistently protected from the risk of harm and received their prescribed medicines safely. Staff followed infection control procedures to reduce the risks of spreading infection or illness.

The care that people received continued to be effective. Staff had access to the support, supervision, training and on-going professional development that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

Staff understood the principles of the Mental Capacity Act, 2005 (MCA) and ensured they gained people's consent before providing personal care. People were encouraged to be involved in decisions about their care and support and information was provided for people in line with the requirements of the Accessible Information Standard (AIS).

People knew how to raise a concern or make a complaint and were confident that if they did, the management would respond to them appropriately. The provider had implemented effective systems to manage any complaints that they may receive.

The service had a positive ethos and an open and honest culture. The registered manager and unit manager were present and visible within the home. The provider had systems in place to monitor the quality of the service and continually drive improvement.

Some improvements were required to ensure that records provided a clear account of the care provided to people. We discussed these concerns with the management team and were assured that appropriate action had been taken to improve staff practice.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Bluebirds Nursing Home

## 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.

This second comprehensive inspection took place on the 13 and 17 April 2018. The first day of the inspection was unannounced and we spoke to relatives on the telephone on the second day.

The inspection was undertaken by one inspector and a specialist nursing advisor.

Prior to the inspection, the registered manager had completed a Provider Information Return (PIR) This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR within the required timescale and we took the information into account when we made judgements in this report.

We reviewed the information we held about the service, including information sent to us by other agencies, such as the local safeguarding authority and Healthwatch; an independent consumer champion for people who use health and social care services. We also contacted commissioners and asked them for their views about the service. Commissioners are people who work to find appropriate care and support services for people.

During our inspection, we spoke with two people who used the service and three people's relatives. We also spoke with sixteen members of staff including care staff, senior care staff, nursing staff, activities staff, therapy staff, housekeeping and catering staff and members of the management team. We looked at four records relating to people's care needs and five staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, quality surveys that had been carried out by the provider, training information for staff and arrangements in place for managing complaints.

## Is the service safe?

### Our findings

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. One person's relative said, "I have no concerns about [person's name's] safety, the staff are brilliant and provide exactly what is needed." Staff were able to tell us about signs they looked out for which may suggest somebody was at risk of harm and the action they would take. One member of care staff said, "I have raised concerns in the past, I reported them to the nurse, who contacted the on call manager, who sent a report to the safeguarding team."

People's medicines were safely managed. Registered nurses managed and administered medicines within the home. We observed staff administering medicines to people and we saw that they were patient and offered each person the support they needed.

Staff had received training in medicines administration and their competencies were tested regularly. Medicines were stored securely and medication administration records were completed accurately by nursing staff. People we spoke with were happy that their medicines were administered correctly and on time. The medicines policy covered receipt, storage, administration and disposal of medicines.

Risks to people were assessed to ensure that staff could support people in a safe manner. We saw that people had risk assessments for things such as falls, moving and handling, nutrition, skin care and infection prevention. Risks were identified and the action needed to minimise these risks clearly recorded. The staff we spoke with told us that they received the information they required to keep people safe, reduce the impact of risk, and provide appropriate support to people. All the risk assessments we saw were regularly reviewed.

The provider followed safe staff recruitment procedures and there were enough staff employed by the service to cover all the care required. Records confirmed that criminal records checks were completed and references obtained from previous employers. The provider had taken appropriate action to ensure staff at the service were suitable to provide care to vulnerable people.

People were protected by the prevention and control of infection. We saw that all areas of the home were clean and tidy, and that regular cleaning took place. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection. Staff carried out regular checks of the cleanliness and suitability of equipment and the environment to minimise the risk of the spread of infection.

All staff understood their responsibilities to record and investigate any accidents and incidents that may occur. Where incidents had occurred within the service, these were reviewed by senior staff and action taken as necessary. We saw that through regular team meetings and staff supervision, any concerns were regularly shared within the staff team to enable learning and improve practice. Records were updated to reflect any changes in people's needs to enable staff to support people in the safest manner possible.

## Is the service effective?

### Our findings

People received pre-admission assessments of their needs before moving in to the service to ensure that their needs could be met. One person's relative told us, "[Family member] was in another home and the manager came there to do the assessment. It was very comprehensive, we talked about [family member's] needs and what they would do to support them." The information gained during the pre-admission assessment was used to develop risk assessments and plans of care for people that were updated as staff got to know the person.

People received care from staff that had the skills and knowledge to provide the right care for people using the service. Staff received induction training based on current best practice and on-going training in areas such as, health and safety, moving and handling, infection control, and safeguarding. All the staff we spoke with felt the training was of a good standard and enabled them to confidently support the people living within the service. One member of care staff said, "We have all done the Care Certificate, new and existing staff have done it, all of the training here is very good." We saw that training records were maintained and kept up to date.

People's needs were met by staff that were effectively supported and supervised. One member of staff said, "I have all the support I need, we have regular supervision meetings, and support and guidance is always available."

People were supported to maintain a healthy and balanced diet, and choices were always offered. One person told us, "The food is very nice and we get a choice." We saw that lunch was offered to people in the dining area which was a relaxed experience, and those that required help with eating received it. We saw that people were also able to eat within their own rooms if they were not able, or did not want, to eat in the dining area. Food and fluid monitoring took place for those that required it, and information around dietary requirements was documented within people's files.

People were supported to access a wide variety of health and social care services. The service provided an internal multidisciplinary team, which included physiotherapy, occupational therapy, speech and language therapy and neuropsychology. We saw information recorded in people's care plans regarding advice that had been provided to ensure people were receiving support in the best way to meet their needs.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One person's relative told us that their family member had a medical condition that required on going monitoring by hospital staff. Staff from the service regularly accompanied the person to these appointments. We saw that referrals were made to various health professionals as people required, and details of the outcome of referrals and appointments were recorded within people's files. Staff we spoke with had a good understanding of people's health needs.

People's needs were met by the adaptation, design and decoration of premises. There was a range of communal areas available for people to spend time in and we saw that people were supported to move

freely around the home. People's rooms were comfortable and personalised and any equipment they required to meet their needs was readily available, for example equipment to support them to move. There was accessible garden space for people to use in good weather, and people had space for privacy when they wanted it.

People were encouraged to make decisions about their care and their day-to-day routines and preferences. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA.) The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff told us, and records showed they received training on the MCA and DoLS legislation. The management team and staff understood and worked within the principles of the MCA legislation. Staff were observed to promote equality and diversity and demonstrated their responsibility to protect people from any type of discrimination.

## Is the service caring?

### Our findings

People told us they were treated with kindness and respect by all staff. One person said, "Yes, the staff are nice." Another person's relative said, "The staff are brilliant, they're very caring and think of the little things that matter." We observed staff interacting with people in a positive manner, and saw that staff clearly knew people well and were able to take the time they needed to build positive relationships with people.

People were supported to express their views and be actively involved in making decisions. A keyworker system was in place, which allocated staff to people, and ensured people had a consistent member of staff to speak to about their care. One person's relative told us, "[Family member] has a named nurse/keyworker and communication is very good."

Care plans we looked at reflected people's personal choices and informed staff of the way in which people wanted to receive care. People's relatives told us that if their family member lacked capacity to be involved in their care planning, they were consulted on their behalf. One person's relative said, "I've attended review meetings, [family member's] care plan is reviewed regularly and I'm made aware of any changes."

Staff respected people's wishes in accordance with the protected characteristics of the Equality Act. People were supported to maintain relationships with friends and family. One person's relative told us, "The staff have been fantastic, they look after [person's name] so well. The staff are friendly and I feel like they've become part of the family." All the staff we spoke with told us that people were encouraged to express themselves and have a voice.

People's privacy and dignity was respected by staff. We saw that staff knocked on people's doors before entering, and that care plans outlined how people should receive care in a dignified manner. During our inspection, we observed staff were respectful in their interactions with people. People's confidential information was protected and kept securely.

People were supported to be as independent as they were able to be; staff encouraged each person to achieve as much as they could by themselves. Therapy staff provided many examples of how staff worked with people to maintain and develop their independence such as; individualised activity programmes, individualised sensory programmes and use of adaptive equipment. For example, physiotherapy staff facilitated a regular falls prevention class, where people completed exercises designed to optimise their balance and strength and increase their mobility.

The management team were aware of the need to support people to access advocacy services when required and advocacy information was available. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

## Is the service responsive?

### Our findings

People had individualised care plans, which detailed the care and support they required; this ensured that staff had the information they needed to provide consistent support for people. People told us that they had been involved in deciding how their support would be provided. Records also demonstrated that people were involved in the assessment and planning of their care through regular reviews.

Throughout our inspection, people told us and we observed that staff supported people in accordance with their care plans. For example, where people required support to manage their behaviour, this was provided appropriately. One person's relative said, "[Family member] was very unsettled in their previous home, but they've settled in so well here, previously we felt like [family member's] carers as well as relatives, but here the staff support [family member] so well." They explained that they were now able to enjoy their visits with their family member as they had total confidence that staff were responsive to all their needs. People's pressure relieving mattresses were set to the correct pressure for each person's weight and people were helped to change their position to relieve their pressure areas regularly as detailed in their care plans. We viewed records of care provided to people and saw that some records would benefit from more consistent completion. This was discussed with the management team who agreed there was a need to ensure these records contained consistent details of the care people had received.

Staff used good communication systems to ensure the effective sharing of information and handover of information between individual staff and staff teams. This system ensured that staff were updated promptly regarding any changes to people's care needs and responded appropriately.

Staff understood the need to meet people's social and cultural diversities, values and beliefs. Staff were passionate about providing meaningful activities for people that were enjoyable and would enable people to maintain their skills. One person said, "I go out with staff to music concerts, to a singing group and we do quizzes, there's lots of activity." Group activities on offer were appropriate to people and their interests. These included a group dedicated to supporting people to maintain their executive functioning skills, where people were encouraged to take part in quizzes and board games. We observed a variety of activities taking place throughout the day on both a group and one to one basis.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. For example, people's care plans contained information regarding their communication needs and written information was available in different formats.

People we spoke with told us they knew how to make a complaint or raise a concern. One person's relative said, "I have no complaints, but I know who to speak to if I ever did." We saw that there were procedures in place to deal with complaints effectively and records of complaints and investigations were fully completed.

The service provided end of life care and staff had received appropriate training to provide such care. We saw feedback that had been provided by the relative of one person who had received care from staff at the end of their life. They wrote, "[Person's name's] decline and eventual death were treated most sensitively and all was done to properly care for [them]. We were very fortunate to find such an excellent home for [them] and commend PJ Care as an organisation and in particular their Bluebirds Nursing Home." Staff respected people's end of life wishes and made every effort to ensure they could remain at the service if this was what they wanted.

## Is the service well-led?

### Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was registered for two locations in Milton Keynes and divided their time between the two services. Bluebirds Nursing Home also had a unit manager in post, who was based at the service.

People using the service, relatives and staff confirmed they had confidence in the way the service was managed. The registered manager and unit manager were aware of their responsibilities; they had a good insight into the needs of people using the service.

The provider strived to look at ways to continuously improve the service. They worked in partnership with other services to improve the care and support people were provided with. For example, staff had worked closely with community advanced nurse practitioners to ensure appropriate care and support was provided to people and hospital admissions were avoided unless necessary.

The service had a positive and open culture that encouraged people using the service, relatives and staff to influence the development of the service. The provider regularly sought feedback from people through meetings, feedback forms and surveys. We saw that quality questionnaires were completed by people's relatives, which enabled them to provide their view of the service their relative received. We saw that feedback was positive.

Staff said they had good support from the management team and the provider. Senior staff were approachable and listened to their feedback about the service. One staff member said, "I have had a lot of support and any ideas we have, we can raise them in meetings and we are listened to." Staff had regular opportunities to meet with directors of the organisation. As part of an initiative called, "Tea for Twelve" staff had the opportunity to meet directors on an informal basis to discuss any concerns or ideas for improvements. An outcome of these meetings was that the provider had decided to cover the cost of health vaccinations required by staff for their job role.

The service was well organised and staff were all confident in their roles and responsibilities. The service had developed many of its staff into senior roles and provided specialist training to staff so that expertise was available to people living in the home. The provider had been given a platinum 'Investors in People' award, to acknowledge the strong sense of development and opportunity within the staff team. The service had also been awarded the "Placement of the Year Award" as a result of feedback from student nurses that had experienced placements in the home as part of their nursing degree.

The provider continued to run the 'Star Awards'. Staff were nominated by people, relatives or staff and were recognised for making a contribution that made a positive difference to people's lives. Staff told us that this initiative was positive and continued to motivate them to think of extra things they could do to improve their

work with people and the wider staff team.

Established quality assurance systems were in place to continually assess, monitor and evaluate the quality of people's care. Quality checks and audits were completed regularly throughout the service. We discussed with the provider the improvements that were required to the consistency of some records and were assured that this would be actioned promptly. We saw that managers completed full detailed checks on many aspects of the service, and recorded any areas that were required to be improved upon.

There were regular management meetings where all aspects of the service were discussed with the provider, ideas were shared, and actions implemented to enable improvements to be made. For example, the provider had implemented an internal safeguarding board, which consisted of senior staff to ensure consistency in their response to safeguarding concerns. All the staff we spoke with told us they felt that the management team were very responsive to the needs of the service, and improvements were identified and acted upon promptly.

The provider had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law. They also shared information as appropriate with health and social care professionals; for example social workers involved in commissioning care on behalf of people.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.