In Safe Hands Home Care Limited

Bluebell House Residential Care Home

Inspection report

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23 June 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 15 and 23 June 2016 and was unannounced. The home provides accommodation for up to 19 people, including some people living with dementia care needs. There were 17 people living at the home when we visited. The home was based on two floors connected by stair lifts; there was a lounge and a dining room where people were able to socialise.

There was a registered manager in place. 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.

We previously inspected Bluebell House in April 2015 when we identified areas the home could improve. At this inspection we found appropriate action had been taken.

Providers are required to notify CQC of significant events, so we can monitor occurrences and prioritise our work. We found one occurrence had not been notified to CQC as required, although it had been reported to the local authority and appropriate action taken by the registered manager. The registered manager stated they would ensure this did not happen again.

Recruitment procedures had not ensured that all required information and pre-employment checks had been completed before new staff commenced employment.

People felt safe at Bluebell House. Care staff knew how to prevent, identify and report abuse. Risks to people were managed appropriately and there was a system in place to analyse and learn lessons from accidents and incidents that occurred.

Appropriate arrangements were in place for obtaining, storing, administering and disposing of medicines. People received their medicines when needed from staff who were suitably trained.

People liked the food, had enough to eat and drink and received appropriate support to eat when needed. They were supported to access healthcare services, including doctors, nurses and specialists.

People had confidence in the knowledge and the ability of staff to provide effective care; staff were suitably trained and supported in their work. People felt staff were available when they required them.

Staff followed the principles of legislation designed to protect people's rights and freedom. They sought consent from people before providing care and support.

People were cared for with kindness and compassion. Interactions between people and staff were positive and staff clearly knew people well. People's privacy and dignity were protected at all times.

People received personalised care and support that met their needs and were involved in planning the care and support they received. Staff demonstrated a good awareness of people's individual support needs and responded promptly when their needs changed. Care plans provided sufficient information to enable staff to provide care in a consistent way.

People were encouraged to make choices about every aspect of their lives. They were able to take part in activities suited to their interests. People knew how to raise concerns and the provider acted on feedback from people.

People were happy living at Bluebell House and told us it was run well. Staff enjoyed their work, were motivated and felt supported by the registered manager.

The manager promoted an open and transparent culture. Visitors were welcomed at any time. The environment was supportive of people living with dementia and people had access to the outdoors and fresh air.

There was an effective quality assurance system in place, together with a development to further improve the quality and safety of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Recruitment practices had not ensured that all pre-employment checks were completed before new staff commenced working in the home. There were enough staff deployed to meet people's needs.

Most staff understood how to keep people safe in an emergency. People were protected from the risk of abuse; staff knew how to identify, prevent and report abuse.

Individual risks to people were managed effectively and people were supported to take risks that helped them retain their independence.

Medicines and infection risks were managed safely.

Is the service effective?

Good

The service was effective.

Staff followed legislation designed to protect people's rights and freedoms. People were supported to access healthcare services when needed.

The environment was supportive of people living with dementia and people had access to the outdoors and fresh air.

People received a varied and nutritious diet and they were supported appropriately to eat. Staff knew how to meet people's needs; they were suitably trained and supported in their work.

Is the service caring?

Good

The service was caring.

People were cared for with kindness and compassion. Staff knew people well, interacted positively and supported them to build friendships.

People and their relatives were positive about the way staff

treated them. People were treated with respect. Dignity and independence were promoted.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support. Staff demonstrated a good awareness of people's individual needs and responded effectively when their needs changed.

People were encouraged to make choices about every aspect of their lives. They had access to a wide range of meaningful activities tailored to their individual interests.

The provider sought and acted on feedback from people. There was a complaints policy in place and people knew how to raise concerns.

Is the service well-led?

Good

The service was well-led.

People and their families felt the home was well organised. Staff understood their roles, were motivated, worked well as a team and felt valued by the registered manager.

The service had an open and transparent culture; visitors were welcomed and links had been developed with the community.

A suitable quality assurance process was in place, including formal audits and informal monitoring of the service.

Bluebell House Residential Care 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 inspection took place on 15 and 23 June 2016 and was unannounced. The inspection was undertaken by two inspectors.

Before the inspection the provider 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. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We spoke with seven people living at the home, two visiting relatives and two health care professionals. We also spoke with the registered manager, six staff and the chef.

We looked at care plans and associated records for five people and records relating to the management of the service. These included staff duty records, staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas and 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.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in April 2015 we found that the systems to assess and manage the risks relating to infection control were not fully in place. At this inspection we found that action had been taken and these risks were now managed appropriately.

Hand washing facilities were in place in the outside laundry area. Infection control audits had been undertaken and the registered manager told us they were the designated infection control lead. Additional action had also been taken to provide a hand washing and hygiene area for staff outside of people's bedrooms. This meant staff would be able to wash their hands following providing care or prior to other activities such as supporting people with food and drinks. The home was visibly clean and we saw the cleaner completed task sheets confirming when cleaning had been undertaken. The registered manager stated they monitored cleaning on a daily basis whilst in the home.

Recruitment procedures had not included all the necessary pre-employment checks being completed prior to staff commencing work at the home. Two new care staff had commenced working before Disclosure and Barring Service (DBS) checks had been received. The DBS helps employers to make safer recruitment decisions. One care staff member brought their DBS certificate into the home on the second day of our inspection and there was evidence that a DBS check had been applied for in respect of the other staff member. However, this and the initial check that the staff member was not on the list of staff barred from working with vulnerable adults had not been received for the second staff member. Two references from previous employers had been received; however, a full employment history including explanation of any gaps in employment was not available for one of the new staff members. The registered manager stated they would request the missing information about employment history and employment gaps from the staff members.

The home was in the process of recruiting more permanent staff and was using agency staff to ensure people received the care they needed. In addition to agency staff, some existing staff had increased their hours to ensure there were always sufficient staff deployed to meet people's needs. Duty rosters showed that wherever possible consistent agency staff were in place providing continuity of care for the people living at Bluebell House. Agency staff said they had not received an induction to the home; however, they felt this did not impact on the care they provided as they usually worked with a permanent member of care staff. The registered manager took immediate action to introduce an induction checklist for agency staff and we saw this in place on the second day of our inspection.

People told us care staff were available when they needed them and we heard call bells responded to promptly. Staffing levels were determined by the registered manager who said they listened to care staff and worked some direct care shifts which enabled them to assess if staffing levels were adequate. Staff said they felt there were usually enough staff to meet people's needs.

Suitable arrangements were in place for obtaining, storing, and disposing of medicines. For one person the GP had recently prescribed a medicine to help with their seizures. However, we saw that this was not being

administered as per the prescription and staff told us this was to be given when the person was anxious. The person did not have any 'as needed' guidelines for the medicine; however, following staff consultation with the prescribing GP, this was in place on the second day of our inspection. Clear guidance had been developed to help staff know when to administer other 'as required' medicines, such as pain relief. This included individual signs some people may show when they were in pain.

Staff administering medicines had received appropriate training and had their competency assessed. We observed staff administering medicines to people and saw they followed best practice guidance by administering and recording them individually. Medication administration records (MAR) contained no gaps and confirmed people had received their medicines as prescribed. An appropriate system was also in place to help ensure prescribed topical creams were applied when needed and not used beyond their safe 'use-by' date. In May 2016, a medicines audit was completed by the pharmacy who supplied the home. This had identified a need for an alternative thermometer for the medicines fridge and the home taken action to put this in place. The registered manager stated they intended to undertake a medicines audit at random times on a monthly basis following the audit tool used by the pharmacy.

People told us they felt safe at Bluebell House. One person said, "I feel very safe; the staff are pretty good." Another person told us, "Yes I don't have any worries about my safety here". Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse, and how to contact external organisations for support if needed. The registered manager described the action they would take should a safeguarding concern be brought to their attention. The actions described would help ensure people remained safe. Investigations into safeguarding incidents were thorough and where necessary, appropriate steps had been taken to protect people.

Risk assessments had been conducted and measures had been put in place to reduce the likelihood of people developing pressure injuries. These included staff training in skin care, encouraging people to eat well and mobilise as often as possible. Staff were aware of people who needed to use special cushions or mattresses and we saw these being used consistently. However, all the mattresses we checked were set incorrectly for the person's weight and there was no process in place to ensure the correct settings of mattresses were maintained. The registered manager arranged to contact the mattress suppliers to get them adjusted and implement new systems to ensure the settings were monitored regularly.

The risks of people falling were managed effectively. Staff knew the support each person needed when mobilising around the home and provided it whenever needed. When people fell, their risk assessments were reviewed and additional measures put in place where needed. For example, one person had fallen from bed, so staff had obtained a hospital bed with bedrails to prevent this from happening again. Another person told us they needed the bed rails "to keep me safe". A third person said they liked a staff member to walk with them because "they give me confidence."

People were supported to take risks that helped them retain their independence and avoid unnecessary restrictions. For example, one person chose to smoke cigarettes. A risk assessment and management plan had been completed, which safeguarded the person as well as other people living at the home. One person was at risk of choking and was awaiting an assessment by a speech and language therapist (SaLT). The GP had recommended the person received a soft diet to reduce the risk, but the person had chosen to eat a more normal diet. The person understood the risks and told us they preferred a more normal diet but had agreed to avoid a few very high risk items. Staff had discussed this with the person and recorded their decisions. Staff respected the person's wishes but monitored them discretely from a distance. The registered manager told us they were continually reviewing the situation to help ensure the person did not come to harm while eating.

An appropriate system was in place to assess and analyse accidents and incidents across the home and action lessons learnt from them. For example, the registered manager told us they were planning to move a person from an upstairs room to a vacant room on the ground floor to reduce the risks to the person. Following an incident when a person had slipped on a wet decking area, action was taken to resurface the decking with a non-slip substance.

There were arrangements in place to keep people safe in an emergency, such as in the event of a fire. However, not all new and agency staff were aware of the correct procedure to take should the fire alarms sound. Fire detection and emergency equipment was in place and was checked regularly to ensure it would work in an emergency. Personal evacuation plans were available for people; they included details of the support each person would need if they had to be evacuated and were kept in an accessible place. Arrangements were in place with a nearby business which could be used to shelter people in an emergency and staff had been trained to administer first aid. Rescue medicines were held for one person with epilepsy and had been used by paramedics.

Good

Is the service effective?

Our findings

At our previous inspection in April 2015 we found the home was not meeting the requirements of the Mental Capacity Act (MCA) 2008. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. We found action had been taken and staff now followed the principles of the Mental Capacity Act (MCA) 2008.

The MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Some people had a cognitive impairment and assessments showed they were not able to make certain decisions. These included decisions around the delivery of personal care and the administration of medicines. Care plans also considered the support a person may need to make a decision. Staff had documented decisions they had made on behalf of people, after consulting family members and doctors where appropriate.

Staff sought verbal consent from people before providing care and support by checking they were ready and willing to receive it. Records confirmed that staff complied with people's wishes; for example, one person often refused personal care. Staff described how they respected the person's decision and would then return shortly after and try again. The person's care plan detailed the action staff should take which correlated to that described by staff. The registered manager was aware of the lead person for the local authority for the MCA and told us how they had sought guidance from them when required.

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. The application procedures for this in care homes 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. We found the provider was following the necessary requirements. The registered manager had applied for DoLS authorisations where necessary and was waiting for these to be assessed and approved by the local authority. Staff understood their responsibilities and knew how to keep people safe in the least restrictive way.

The provider had undertaken refurbishment and redecoration of many areas of the home. The colour schemes supported people living with dementia or visual disorders. Large signs supported people to find their way around the home. Handrails along the main corridors had been painted a contrasting colour. They stood out against the cream walls, making them easy for people with poor eye sight to spot and use. A new shower room had been created to provide people with the choice between a bath or a shower. The lounge had been redecorated since our last inspection and there was an on-going programme to redecorate bedrooms as they became available. There were further plans to increase the lighting in some areas of the home.

People were positive about the meals at Bluebell House. They said they liked the food and they were able to make choices about what they ate. One person said, "[Staff] keep us well fed and we get plenty to drink."

Another person told us "The food is fine and if you can't eat it they give you something else." We saw people were able to change their minds at lunch time and could request a different meal to that ordered. For example, we saw one person requesting a different dessert which they received. The chef said they always prepared extra in case this occurred. People received a varied and nutritious diet including fresh fruit and vegetables. Staff were aware of people who needed special diets or had particular food preferences and we saw these were provided. The chef was also aware of people's preferences and specific dietary needs which they said they were able to meet. Daily records showed people had received sandwiches and snacks in the evening and at night when requested.

Staff monitored the amount people ate and drank using food and fluid charts. Fluid charts were fully completed. However, no guidance was available to inform staff how much each person should be encouraged to drink and staff did not total the amount people had drunk each day to assess whether this had been sufficient. The registered manager stated they would remind staff of the need to improve record keeping and would be monitoring this. Some people needed to be encouraged to eat and this was done in a discrete and supportive way. Staff said they had plenty of time to support people and we saw they did not rush people with their meals.

People had confidence in the knowledge and the ability of staff to provide effective care. One person said, "We get well cared for here." Another person told us "We get all the help we need" Staff demonstrated a good understanding of the needs of the people they cared for and how to communicate with them effectively. For example, care plans advised staff to give people time to process information and we saw staff doing this when speaking with people and supporting them to make choices. We observed staff using moving and handling equipment in an appropriate manner with two staff always present. The registered manager had arranged for staff to receive additional continence promotion training. Staff told us this had been interesting and they were able to use this in their day to day practice.

The registered manager had audited the training files and identified that certificates were not available for all staff although they were aware staff had undertaken most of the training. They were now ensuring that all staff completed refresher training. One staff member attended the home during the inspection to undertake training and told us they had done this previously but were renewing the training. New staff received induction training, which followed the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people. Most longer term staff had obtained vocational qualifications relevant to their role or were working towards these. Senior staff told us they were being supported to undertake higher level 5 qualifications. They were positive about these and felt they helped them develop their care and management skills.

People were cared for by staff who were appropriately supported in their work. Staff received a range of supervisions with the manager or a senior member of staff. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, and discuss training needs. In addition, plans were in place to complete yearly appraisals of staff. Staff told us supervisions were beneficial; for example, they said they had requested additional training and this had been arranged. The registered manager also worked some direct care shifts which they said enabled them to supervise how staff provided care for people.

People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, specialist nurses and chiropodists. The registered manager had arranged for an optician to visit the home enabling everyone who wished to have their vision checked and purchase new spectacles if required. They had also arranged for an audiologist to attend the home to undertake hearing tests and obtained details of a mobile dentist should this be required. Health information about people was

known and records showed that when required staff consulted GP's and out of hours services such as paramedics and 111. Two visiting health professionals were positive about the way Bluebell House met people's health care needs. They told us they were contacted appropriately and that staff followed their guidance. Records showed staff had sought advice when they had identified concerns such as changes to people's skin condition or when they thought people may have a urine infection.

Good

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person said of the staff, "They are fantastic, really more like family". Another person told us staff were "wonderful" and "friendly". These comments were echoed by other people we spoke with.

Without exception, all the interactions we observed between people and staff were positive and friendly. We saw a person talking with staff. Staff listened to what the person was saying although their ability to communicate was very limited due to their dementia. Staff spent time with the person and responded appropriately to them. At other times we saw staff kneeling down to people's eye level to communicate with them. Staff gave people time to process information and choices were offered. Staff did not rush people when supporting them. We heard good-natured banter between people and staff showing they knew people well. People were clearly relaxed and comfortable in the company of staff. Staff spoke warmly about people and knew how to relate to them in a positive way.

Staff supported people to maintain family relationships. The registered manager told us how one person had had limited contact with their family but they were supporting the family to rebuild the relationship. A visiting relative was offered tea and also emotional support. They told us they had been very anxious when they had heard their relative had moved to a care home but were very happy as the person seemed settled and relaxed. This showed staff considered the needs of the person's extended family as well as those of the person themselves.

People's privacy was protected at all times. Before entering people's rooms, staff knocked, waited for a response and sought permission from the person before going in. Confidential care records were kept securely and only accessed by staff authorised to view them. All bedrooms were for single occupancy ensuring privacy whilst people received personal care. People told us staff always remembered to close curtains and doors before providing care.

Staff treated people with dignity and respect. For example, they described practical steps they took to preserve people's dignity when providing personal care. People said they could choose the gender of the care staff member, or request particular staff members, to support them with personal care. This information was also included in care plans. One person's care plan stated 'I am a proud lady who likes to look nice'. The plan then directed staff to check the person's clothing was appropriate and coordinated. Staff quickly noted that a person's skirt had got caught up and was exposing their upper legs. Staff sorted this out in a quiet and effective way without drawing other people's attention to the issue.

When people moved to the home, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received. People had signed care plans to show involvement and agreement with their care plan. Comments in care plans showed this process was on-going and family members told us they were kept up to date with any changes to the health of their relatives. Keyworkers had a monthly review meeting with designated people to discuss their care plans and how they wanted their care needs to be met. Keyworkers were a named member of the care staff team who had

particular responsibilities for named people. Care files contained information about people's preferences, and we saw a 'this is me' document produced by the Alzheimer's society had been completed for people living with dementia. This detailed information about people's lives, preferences and what was important to them. Interactions we observed at lunch time showed staff knew what people liked and knew about people's backgrounds. For example, a staff member commented positively to a person about their previous job as a book-keeper. Other records showed people's views were sought about end of life plans and if they wanted staff to manage their medicines.

People's independence was promoted. At lunch time staff encouraged a person to eat without taking over. Staff noted another person was not eating well with a knife and fork and discreetly gave a them a spoon which the person then managed to use to eat the rest of their meal on their own. Prior to lunch, staff encouraged a person to help lay tables and we were told another person helped with caring for some pet fish and hamsters. The new activities organiser told us of plans to involve people in the garden. Care staff described how they encouraged people to do as much for themselves as they could which reflected information in care plans. These specified what people could do for themselves and what they needed help with. For example, one stated 'give flannel and towel and I can wash hands and face'.

The registered manager had identified a need for staff to undertake additional training including end of life care. Once completed this would help staff to have the skills and understanding to provide end of life care in a sensitive and competent way.

Good

Is the service responsive?

Our findings

Following our previous inspection in April 2015 we recommended that the registered manager considered the provision of activities to ensure they met people's individual needs. The registered manager told us they had recently appointed an activities organiser whose role would be to organise and provide activities suited to people living at Bluebell House. People were aware of the new activities staff member and told us they were looking forward to their starting work so they could undertake more activities. On the first day of the inspection we saw people being encouraged to play skittles with a staff member. Other people told us they enjoyed watching TV and especially sport. External musical entertainers were also contracted to provide a service. People told us they enjoyed the 'Guitar man' who came every two weeks.

People received personalised care and support that met their needs. One person said, "The staff always come if I need them and are very helpful". Another person said staff "respect my choices and independence when showering". When people's needs changed the registered manager was responsive. For example, they had identified a person had increasing mobility needs and was arranging for them to move to a ground floor room which would be both safer for the person and also promote their freedom to move around the home. We saw staff spending time trying to sort out a person's hearing aids, showing they were also responsive to people's daily needs. The registered manager described how they had supported a person to move to alternative residential accommodation when they had been unable to meet the person's needs.

When we spoke with staff, they demonstrated a good awareness of people's individual support needs and how each person preferred to receive care and support. For example, they knew which people needed to be encouraged to drink; the support each person needed with their continence; and when people liked to get up and go to bed. They recognised that some people's mobility or cognitive ability varied considerably from day to day and were able to assess and accommodate the level of support they needed at a particular time.

Care plans provided information to enable staff to provide appropriate care in a consistent way. Records of care viewed confirmed that people received appropriate care and staff responded effectively when their needs changed. For example, one person had been identified as needing a hospital style bed and staff had arranged for one to be provided. People or their relatives had signed care plans demonstrating they had been involved in identifying how their needs would be met. Care plans contained specific individual guidance where necessary. For example, one person had epilepsy and had experienced seizures. There was guidance for staff within the person's care plan as to the action staff should take if a seizure occurred.

People were supported and encouraged to make informed choices. For example, when medicines were being given, staff checked people were happy to receive them and explained what they were for. At lunch time there were lots of pleasant informal interactions and staff checked that people were enjoying their meals. Choices of drinks were offered at the table and people were seen having different meals, showing choice was available. People were asked "have you finished" and offered second helpings before plates were taken away. Care records also showed choices were respected. One person's daily notes stated "didn't want a shave today'. Care staff described how they supported people to make choices about clothes on a daily basis. The registered manager told us they were looking into inviting a clothing retailer to visit the

home for a clothes party which would enable people to purchase clothing of their choice.

The provider sought and acted on feedback from people. When people had been living at Bluebell House for approximately a month the registered manager sent them or their relatives a survey to seek their views on the service they were receiving. Surveys were also sent out yearly to other people who had been living at the home for longer periods of time. We viewed the returned surveys for the previous year. These were all positive about the care people had received. Comments included 'very impressed with all the care and attention' and another simply said 'thankyou'. One person had identified that they were concerned by another person who had kept entering their bedroom. The registered manager explained the action they had taken to reduce the risk of this continuing including providing the person with a lock for their bedroom door.

The registered manager also sought people's views via meetings. We viewed the minutes of the most recent meeting in June 2016. This had included a relative as well as people living at Bluebell House. The meeting provided an opportunity for people to comment on menus and activities as well as anything else they wished to give their views about. A copy of the meeting minutes was available for all people and visitors in the entrance hall.

People knew how to complain and there was a suitable complaints procedure in place. One person told us, "If I had any complaints I would talk to the couple [registered manager and husband] who own the place". Another person said, "I would tell the boss [registered manager], they would sort it out". Nobody we spoke with raised any concerns or complaints. There was information about how to complain available for people or visitors in the home's hallway. The registered manager said there had not been any formal complaints. They identified that by speaking with people on a daily basis and relatives when they visited they were able to rectify any minor concerns before they became formal complaints.

Good

Is the service well-led?

Our findings

Everyone we spoke with was positive about their experience of living at Bluebell House and felt that it was well run. One person described Bluebell House as "like a home, like a family". Another person said, "The staff are all wonderful, they are around when I need them". People said they liked the environment which they felt was homely and that staff were around to talk with them when needed.

Staff told us they enjoyed working at the home. Comments included: "I love working here, it's like a home from home" and "I love coming to work here". We observed staff worked well together which created a relaxed atmosphere and was reflected in people's care. We saw positive, open interactions between the registered manager, staff, and people who appeared comfortable discussing issues in an open and informal way. The registered manager was also the director of the company which owned Bluebell House. They regularly worked as a member of the care staff team and were aware of people's needs.

Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory work. Whilst most significant events had been notified to CQC, we identified one safeguarding incident which had not been notified as required. The registered manager had reported the incident to the local safeguarding team and taken all necessary action to protect people. Checks of CQC records showed all other incidents had been notified and the registered manager stated they would ensure CQC were notified of incidents promptly in the future.

There was an open and transparent culture within the home. Visitors were welcomed and there were good working relationships with external professionals. People said the registered manager was always around and they felt able to talk to them about any concerns. They were confident these would be sorted out. Staff said they were able to raise issues or concerns with the registered manager and were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission (CQC) if they felt it was necessary. The registered manager was aware of their responsibilities under the duty of candour requirements and we saw evidence of this being complied with in the way of a letter sent to a relative following an incident between two people living with dementia.

There had been changes in the directors of the company who owned Bluebell House. The senior director, who was also the registered manager, contacted CQC to inform us of the changes and reasons for these. They had subsequently held a staff meeting where staff were informed about the changes and individual supervision meetings had been held with staff. We saw staff had responded positively to the provider's openness. People were also formally informed about the management changes during the residents' meeting held in June 2016.

Formal and informal systems were in place to monitor the quality of the service people received. The registered manager said that working directly with care staff enabled them to informally monitor the way staff worked and thus monitor the quality of care provided. They also provided on call support. The registered manager said they ensured the quality of the service provided by talking to people, relatives and

staff. More formal quality assurance systems were also in place, including seeking the views of people about the service they received. Surveys had been sent to people, visitors and external professionals. The surveys could be completed anonymously and those already completed showed everyone was happy with the service provided at Bluebell House.

The registered manager undertook formal audits of the service including those relating to infection control, health and safety, care plans and other records. The registered manager had invited the pharmacy who supplied medicines to undertake a medicines management audit and they planned to introduce this on a regular basis. There was a development plan in place to improve the quality and safety of the service. This included enhancing the environment; improving the content of care plans; and appointing lead staff members for medicines. The registered manager shared with us their 'to do' book. This recorded actions they had identified as being required and showed those that had been completed. This showed the registered manager was continuously identifying areas of the service that could be improved and working to achieve these.

The registered manager had contracted with a service which supported care home providers. This covered all aspects of managing a care home and provided policies and procedures, updates and information to keep the service up to date. There were a range of policies and procedures which were relevant to the home and service provided. These were reviewed internally by the registered manager and amended when required. Policies and procedures were available to all staff at all times. This ensured that staff had access to appropriate and up to date information about how the service should be run. The registered manager had developed links with a nearby care home and had visited the home to gather ideas as to how they could further improve Bluebell House. They had completed the Provider Information Return (PIR) when it was requested. This is a form providers of services complete before the inspection, telling CQC about important aspects of the service.

The registered manager had control over budgets within the home and were able to authorise expenditure. This meant there was no delay as they were able to directly contact external professionals and approve emergency repairs to ensure the safety of the environment and services provided. Repairs were therefore completed quickly with limited impact on people.