

# Bedford Borough Council Highfield

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This unannounced inspection was carried out on 01 February 2017. We had previously inspected this service in November 2014 and rated it Good. This inspection was carried out to review the current care being provided by the service.

Highfield provides accommodation and support for people who have various physical and neurological conditions, including dementia. The home is situated in a residential area of Bedford and is registered to accommodate up to 34 people. On the day of our inspection there were 33 people living at the service.

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.

The cleanliness of the service had not been maintained to an acceptable standard. We saw that there were a number of areas of the service which were not clean and we found that effective cleaning processes were not being implemented. During the inspection we saw that cleaning practices were not robust which had resulted in dust, dirt and stains to communal areas, toilets and bathrooms and people's bedrooms.

At times, people's dignity and respect were not being maintained. The service had not implemented sufficient systems to ensure that people always got their own clothing back from the laundry and people routinely had clothing go missing or had to wear somebody else's.

There were quality assurance systems in place at the service, however, they were not always effective. These processes had failed to identify areas of concern which were highlighted during the inspection and did not pick up on the fact that some paperwork was not being completed on a regular basis.

People felt safe living at the service. Staff members were knowledgeable about abuse and potential signs that it had occurred. They were prepared to report it and any other incidents, to ensure people were kept safe. Risks to people were assessed to ensure they could be as independent as possible whilst keeping safe. Staffing levels were sufficient to ensure that people's needs were being met and that staff were able to spend time with people engaging in conversation and positive interactions. Staff members also managed people's medicines and there were systems in place to ensure they were administered, stored and recorded correctly.

Staff members were provided with the training and support they needed to perform their roles. New staff were inducted to the service and were supported to get to know the people living there and the way the service worked. Staff received supervision to allow them to raise concerns and discuss any development needs they may have.

People were encouraged to make choices about their care and staff members sought their consent as much as possible. Where people could not give their consent, the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were followed, to ensure that decisions were made in people's best interests. People had choices about what they wanted to eat or drink and were provided with the support they needed to maintain a nutritious diet. They were also supported to book and attend appointments with healthcare professionals to help them be as healthy as possible.

There were positive and caring relationships between people and members of staff. Staff made sure they treated people with kindness and compassion and spent time talking to them and getting to know them. Care plans were in place to help guide staff and these were reflective of the care and support that people needed. People had been involved in the production of these care plans and they were regularly reviewed with people's input, to ensure they remained up-to-date.

Activities were available at the service to help people keep busy and to explore their own hobbies and interests. Staff members knew people well and had insight into their preferences and interests, which helped them to provide people with person-centred care. There were also systems to gather people's views and opinions about the service, including complaints. Where people had complained, the provider had ensured that appropriate action was taken to manage that and resolve people's concerns.

There was a positive and open culture at the service. People were happy and staff members were motivated to provide them with the best care they could. The registered manager was a visible presence and worked alongside the staff team to ensure they were supported to do their jobs.

We identified that the provider was not meeting regulatory requirements and was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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.

The cleanliness of the service had not always been maintained to an acceptable standard.

People felt safe at the service. Incidents and accidents were managed and potential safeguarding issues were reported appropriately.

Risks to people, staff and visitors were assessed and suitable control measures were in place to reduce risk levels.

There were sufficient numbers of staff on shift. Recruitment was robust to ensure that staff were of good enough character to be working with vulnerable people.

Medicines were managed appropriately.

### Is the service effective?

**Good** ●

Staff members received the training and support they needed to meet people's needs.

The service was effective.

People's consent to their care and support arrangements was sought. The principles of the Mental Capacity Act 2005 had been followed for people who were unable to make decisions for themselves.

Nutritional needs and preferences were being met and people were provided with a choice of food and drink.

Appointments with healthcare professionals, both within the service and the community, were supported by members of staff.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

People's dignity and respect were not always upheld by the

service.

Staff members treated people with kindness and compassion and spent time getting to know people.

People were involved in their care and support arrangements and were provided with information about the service.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care was person-centred and staff were aware of people's individual needs and preferences.

Activities were provided to ensure people were kept busy and had the stimulation they needed.

Feedback, including complaints, was welcomed and acted upon by the service.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well led.

There were quality assurance procedures in place at the service, however; these were not always effective in identifying areas for improvement.

The service had a positive and open culture. People were happy with the care they received and staff were motivated to perform their roles.

The registered manager was well known to people and visitors and was supportive of staff.

# Highfield

## 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 comprehensive inspection took place on 01 February 2017 and was unannounced. It was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for a person who uses this type of care service. An inspection manager also joined the inspection team.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This contained information about the service, what it was doing well and how the provider planned to develop it. We reviewed this PIR, along with other information we held about the service including the previous inspection report and statutory notifications. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We also contacted the local authority who have a commissioning role with the service.

During the inspection we spoke with 18 people who lived at the service, four visiting relatives and one visiting friend to seek their views of the care that people received. We also carried out observations of the interactions between people and members of staff and the support that staff provided. We observed the lunch meal service and activities being carried out at the service.

We also spoke with a number of staff members performing different roles at the service. These included one maintenance person, a member of the laundry team, the cook, a kitchen assistant and an administrator. In addition, we spoke with five members of care staff, one team leader, the deputy manager, the registered manager and the operations manager for the provider. There were also visiting professionals including a social worker and a senior practitioner for the physical disabilities team, who were willing to speak with us.

We checked the care records for six of the people living at the service to ensure they were up-to-date and were an accurate reflection of the care that people received. We also looked at staff records relating to six

members of staff which included their recruitment, training and supervision records. We reviewed further documentation relating to the running of the service, such as quality assurance checks and audits, to review how the service was being run.

# Is the service safe?

## Our findings

The cleanliness of the service had not been maintained to a sufficient standard. On arrival at the service we found evidence of dirt and debris, such as food crumbs, in communal areas of the service. As we were shown around the service we saw that there was also evidence of dust, dirt and debris in people's bedrooms and in the corridors outside their bedrooms. This was evident throughout the inspection and we did not observe any cleaning taking place to rectify these concerns.

We saw that communal bathrooms and toilets were not clean. There was evidence of dirt and dust in these areas, as well as a lack of personal protective equipment available for people and staff to use. For example, in one bathroom we saw that there was a seat lift to support people in and out the bath. This seat had brown dirt encrusted on it when we looked around the service in the morning and this dirt remained in place for the duration of our inspection. In the same bathroom we saw that there were dispensers on the wall for disposable aprons for staff to use, however; these were empty and were not replenished for the duration of the inspection. This showed that people were not able to use this seat to get into the bath without sitting on a dirty seat and that staff would not have access to suitable protective equipment when supporting people to bathe.

There were ineffective systems in place to maintain the cleanliness of the service. During the inspection we saw that there was a member of the housekeeping team at the service, however; we did not see robust cleaning taking place throughout our visit. We did not see any vacuum cleaning taking place, despite a large amount of dirt and debris on carpets throughout the service. We also observed a member of staff clean a spillage by wiping a paper towel on the floor with their foot. After this we saw that the floor was left dirty and no effort was made to clean it. We also saw that all the ground floor toilets and sinks in the housekeeping and laundry rooms had a blue cleaning fluid poured into them in the morning. We checked later and saw that this had not been cleaned away at all and had dried where it had been poured. As a result, people were not able to access clean communal toilets, which meant they had to use toilets that were dirty or had blue cleaning fluid encrusted in them. This showed that the cleaning procedures at the service were not effective to ensure that the environment and equipment in the service was clean and suitable for use.

There were systems in place to record when cleaning took place in the form of cleaning logs however; these had not been completed on a regular basis, so we were unable to determine whether or not cleaning was being completed on a regular basis. We spoke with the registered manager and the operations manager about the cleaning practices at the service, and showed them areas of the service which had not been clean for the duration of the inspection. They acknowledged the points we raised and assured us that they would take action to rectify the concerns which we raised.

The premises and equipment being used by the service was not clean. The provider had not ensured sufficient standards of hygiene, appropriate for the purposes of their use, had been met. This was a breach of regulation 15 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people we spoke with told us they felt safe. One person said, "Yes I feel I'm in safe hands here, my



daughter wouldn't let me stay here if I wasn't." Another person told us, "I feel very safe here, the staff are very good." People's relatives also told us that their family members were safe at the service. One said, "Yes she [family member] is safe here. The staff are good and she would soon speak up if there was a problem."

Staff members were knowledgeable about types and signs of abuse and the action they should take to protect people from harm. One staff member told us, "We get safeguarding training so we know what to look out for." Another said, "We all report any problems or concerns we have to make sure that people are safe." They went on to explain that there were systems in place to record all incidents and accidents at the service. The registered manager showed us that incidents and accidents were reported and recorded appropriately. Safeguarding concerns were dealt with individually and were reported to the appropriate external organisation, including the local authority safeguarding team and the Care Quality Commission (CQC).

Risks were assessed appropriately. Staff members were knowledgeable about specific risks to each person and were aware of where they could get further information regarding risks. One staff member told us, "There are risk assessments in people's care plans. They tell us what the risks are and what we can do to reduce them." We saw a range of risk assessments within people's files that addressed the risks that may be present within their lives. These included moving and handling, falls, pressure ulcers, malnutrition and environmental risks specific to each person. Environmental risk assessments for the building and equipment within the building was also in place. All the risk assessments we looked at were up-to-date and there was evidence of regular review, to ensure that risks to everybody at the service were minimised.

People told us there was enough staff on duty to meet their needs. One person said, "There are plenty of staff about. They are busy but if I call then someone comes." Another person said, "They bring in agency staff if they are short. Some new staff have started recently as well." Staff members also told us that there were enough of them on shift to meet people's needs. One said, "There are enough of us, they put the staffing up and that has really helped." During the inspection we saw that staff were able to meet people's needs calmly and without the need to rush or appear under pressure.

The registered manager showed us the staffing rota, which confirmed that staffing levels were consistently at the levels we observed. They told us that the service did use agency staff on a regular basis, and that they used the same members of agency staff where possible, to provide continuity of care for people. We saw that regular agency names were on the rota and spoke with one member of agency staff who had been working at the service for three months. They had been provided with a uniform to match full-time staff and were clearly seen as another member of the team. Recruitment records showed that appropriate checks had been carried out for regular and agency staff. These included Disclosure and Barring Service (DBS) criminal records checks and employment references, to ensure staff were of suitable character to work with vulnerable people.

People told us that staff members supported them to take their medication. One person told us, "I am happy with the support I get with medication. There are no problems." Another said, "I would ask for painkillers if I needed them, that's not a problem." During our inspection we saw that a person told a staff member that they were in pain, and asked if they could have their medication. We saw that the staff member responded quickly and was able to administer pain relief medication to the person as requested. Staff members told us, and records confirmed, that they needed to complete training before they could give medicines and that senior staff regularly reviewed their competence.

We looked at records relating to medication and found that they were completed in full. Medication Administration Record (MAR) charts were completed to demonstrate when medicines had been given and to record reasons if medicines were not given or refused. There was suitable guidance in people's care plans to

ensure that staff had information about how they liked to take their medicines and how to recognise when they may need pain relief. The systems for the administration of medicines at the service were robust and ensured that people received the medicines they needed, at the right time.

# Is the service effective?

## Our findings

Staff members received the training they needed to perform their roles. People told us that the staff understood their needs and how to care for them. One person said, "The staff are very good indeed. They know what they are doing and are always talking about the training that they do." Another person said, "I know they have training, they do it in a room here sometimes."

Staff members told us that they received an induction when they started working at the service, which included training to help staff gain the Care Certificate. This showed that they had been introduced to the basic standards of providing people with good care. New members of staff were also expected to shadow more experienced staff as they got to know the service and the people living there. During our inspection we saw that a new starter was being shown around and introduced to people and key tasks by an established member of staff.

There was also on-going training and support for staff. One staff member told us, "The training is really good and you can ask for other courses if you are interested in different areas." Another said, "We get lots of supervisions, which gives us the chance to talk about any problems and training we'd like." Records confirmed that staff completed regular training and refresher sessions in courses such as safeguarding, manual handling and dementia. We also saw that competency checks were carried out to make sure staff had the skills they needed to perform their roles. There were recorded supervisions as well as these and annual performance reviews for staff who had been employed for over a year to set goals and discuss development.

Staff sought consent from people before carrying out any care. One person told us, "I am always asked first by the staff. I have never been treated any differently here and I don't think anyone would be." Another person said, "Staff are good, they don't do things if I don't want them to." During our inspection we saw that staff were regularly chatting with people and asking them before doing anything. We checked people's care plans and saw that consent had been sought and recorded where people were able to give it.

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.

Staff members had a good understanding of the principles of the MCA. One staff member said, "We only use

that if people can't make decisions for themselves." Another told us, "We do what is in people's best interests." Care plans contained mental capacity assessments and showed that a detailed process had been followed to see whether or not people had mental capacity and to ensure that any decisions made on their behalf were in their best interests. Appropriate referrals had been made to deprive people of their liberty and the registered manager had a tracking tool in place to ensure re-applications were made in good time.

The service provided people with the nutrition and hydration that they needed. People told us they enjoyed the food on offer and that they had choice. One person said, "The food is very good and there is plenty of it." Another person said, "I just had ham egg and chips and it was very nice." A third person said, "I get to choose from two options and there is usually something I like. If not, they can make up something else for me."

During our inspection we saw that one person had finished their lunch but had told staff they were still hungry and would like some more. We saw that staff brought them another plate of food as requested. Drinks were regularly offered to people throughout the day. A staff member was regularly offering tea, coffee and cold drinks to people. One person asked a staff member to get them a drink of their whiskey which they had stored safely. The staff member was able to prepare the drink as requested.

Staff, including members of kitchen staff, were aware of people's specific dietary needs and preferences. The chef told us that they always made an effort to make sure people had the food and drinks that they liked and that any health or cultural needs were catered for. They knew which people needed a particular diet, such as pureed or low sugar and were knowledgeable about cultural issues which may affect food preparation. Care plans also documented people's specific needs and preferences, so that staff could refer to them and ensure people were catered for.

People were able to see health professionals as and when required. One person told us, "I have had a doctor and a nurse both come out to see me. My family have taken me to other appointments but I know the staff would help out if family were not available." Another person said, "I go to my hospital appointments, either with a family member or a carer." A relative said, "They take good care of her and make sure she sees the doctor when she needs them."

Staff members knew about people's health needs and conditions, as well as the appointments that they had and any changes to their care needs as a result. Staff were proactive in seeking support from healthcare professionals, to ensure people were supported to be in the best health possible. One staff member said, "The district nurses visit frequently and we ask for a referral to the dietitian if we notice weight loss." Medical appointments and their outcomes were recorded in people's care plans and these were updated to reflect people's changing health needs.

## Is the service caring?

### Our findings

People's privacy and dignity were usually respected by members of staff however; we saw some examples of when this was not the case. All of the people we spoke with told us that the laundry system operating within the home was not effective. One person said, "My clothes get lost quite often, even with labels in them." Another person told us, "I don't see why the clothes should be mixed up all the time. I was asked to put labels on them but it hasn't made any difference." Another person told us, "I've ended up wearing other people's clothes before and mine have been lost. I don't know what to do about it." This meant that people felt their dignity was not being respected and they were not being supported in a person-centred manner with their clothing and laundry needs.

We spoke with the registered manager and other staff members about the organisation of the laundry at the service. They told us, and we saw, that there was a system in place to ensure people had their laundry returned to them, however; they did accept that this did not always happen. We also saw that there was communal bedding in the laundry room, ready to go into people's rooms. One sheet which was ready to be used was heavily stained with brown marks. This further showed that the approach to laundry management at the service was not always mindful of people's dignity.

When we reviewed people's care plans we found that they usually promoted people's respect and dignity, however; in one care plan we found that this was not the case. We saw that there were photographs demonstrating physiotherapy exercises that staff were required to support the person with, however; the photographs showed the person in a state of undress. There was nothing to show that they were happy to have these photographs in their care plan, or if a more dignified alternative had been considered, such as drawings to demonstrate the same exercises. This demonstrated that people's dignity was not always considered during the care planning process.

People were not always treated with dignity and respect at the service. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were positive relationships between people and members of staff. One person told us, "The staff are lovely, I get on with all of them." Another person said, "I can't complain about the staff, they are so nice to us all." A third person told us, "The staff are very good, they know me well." Relatives also spoke highly of the staff at the service and the relationship they had with them. One relative told us, "I have a very good connection with staff."

Staff members were enthusiastic about their roles and wanted to provide people with the care and support they needed. They told us that they took time to get to know people and liked to talk to them about their lives and the things that were important to them. One staff member said, "I love working here. I like hearing people's stories and talking to them about their lives."

During our inspection we saw that interactions between people and staff were caring and positive. Staff had the time to chat with people and clearly understood and respected their needs. For example, whilst one staff

member was chatting with a person, they were able to introduce them to us and proudly tell us about some of that person's personal achievements in their past career. This clearly meant a lot to the person and showed that the staff knew about the people they were supporting.

People were involved in decisions regarding their care and were provided with information about what they could expect from the service. One person told us, "They discuss my care with me." Another said, "I do feel involved in my care." Relatives also told us that they had been involved in making sure people got the care and support that they needed. One relative explained that they had been invited to contribute to the content of their family member's care plan and were kept updated when anything changed. People's care plans showed that they had been involved as much as possible in making decisions about their care and that the support they received was reflective of their own choices. We also saw that people were provided with important information, including a user guide to the service. There were also notice boards in communal areas displaying information such as important contact details and activity schedules.

People were able to have visitors as and when they wanted. One person told us, "Yes I have family come in and see me. They can come in at any time." All the people we spoke with made similar comments. We spoke with one visitor who had a friend living at the service. They told us, "I live down the road, so I pop in all the time to see my friend. My mum used to live here many years ago as well. It's always been very friendly and open here." During the inspection we saw that visitors were able to come at any time and were warmly welcomed into the service by members of staff. We saw that people had recording forms within their files where contact with family members and friends could be recorded.

## Is the service responsive?

### Our findings

People received person-centred care from the service and received a comprehensive assessment of their needs before moving in to the service. One person told us, "I used to live independently, but I kept falling over. During some time here when I was recovering, we all discussed what my needs were and if I might like to live here permanently. I decided I was a bit unsafe at home now, so I would stay. All of my needs were assessed and I now get the support I need. I feel much better living here because there is always someone around in an emergency."

Staff members told us that assessments were always completed before somebody moved into the service, to make sure they were able to meet their needs and preferences, as well as allowing them to get any specialist equipment in place before people moved in. We saw pre-assessment paperwork within people's files which detailed their specific needs and wishes and provided staff with the basis of a care plan to work from, which was later updated as the service got to know people better.

People told us that staff members were aware of their specific needs and preferences and that they did everything they could to make sure these were catered for. People were able to make choices about how they wanted their care and support to be provided and staff members adapted their approach to ensure that each individual was happy. One person told us, "I have freedom to do things my way, I explain to carers what I like and we usually sort it out." Another person said, "I generally start getting ready for bed quite early, that works for me as I want to watch TV in my room."

Staff members had a good knowledge and understanding of the individual needs and preferences of the people living at the service. One staff member told us, "I really try to treat each person as an individual and get to know what they like." Staff were able to tell us about people's specific care arrangements and clearly knew the reasons for the care they were providing. One staff member told us about a person who needed to be re positioned on a regular basis. They said, "She has a pressure ulcer; we need to turn her every two hours." They also explained that the call bell system had been set up to provide staff with alerts to make sure that support such as this was never missed. We looked at repositioning charts in the persons room and saw that these were completed regularly. This showed that staff were aware of people's needs and took steps to make sure that those needs were being met.

Throughout our inspection we saw staff members working to ensure people's needs were being met. Staff worked hard to treat people as individuals and were aware of how they liked things to be done. We also saw that the service was working with people to develop their bedrooms into a space where they could feel comfortable and relaxed. For two people this included re-decorating the rooms in the colours of their favourite football teams, which was appreciated by those people. Care plans were in place for each person and they were personalised and reflective of the care and support that they needed. People had a 'this is me' section within their care plan which contained their photo and information about all their likes, dislikes, personal history and preferences.

People's needs were regularly reviewed. One person told us, "The staff check with me that everything is

alright. I have a sit down meeting where my daughter comes in and we talk over everything with the staff." Staff members told us that a 'Resident of the day' scheme was active within the service, where the records and general care of one individual was focussed upon and reviewed and updated as required. This helped to ensure that each person's care was robustly reviewed on a regular basis. Records demonstrated that this was the case.

People told us that they were able to take part in a range of activities. One person said, "There is often something going on to do. Singing, craft, games, that sort of thing." Another person told us, "We had a local choir in, that was good!" During the inspection we saw that a member of staff was going round and asking people if they would like to be included in an upcoming trip out to the theatre. We also saw that activities were carried out within the service and that staff worked hard to engage in meaningful activities with people.

There were systems in place for people and their visitors to provide the service with feedback, including complaints. People were aware of these systems and felt that they could raise any concerns they had and that these would be dealt with. One person told us, "I have complained in the past to the manager, she came to see me and we sorted it out." Another person said, "I speak to the team leader, he is very good." Relatives also told us that they were able to raise any concerns they had about the care people received.

The registered manager told us that all concerns were taken seriously and that they would take action to address them. They showed us the system which was in place to record formal and informal complaints. This showed that issues were logged and that appropriate action was taken in response to them. Issues were put right and the person who had complained was spoken to, so that they were aware of the changes that were being made as a result. We also saw that the service had received a number of cards and thank you notes, in recognition of the positive impact the service had on people and their families.



## Is the service well-led?

### Our findings

There was not always effective systems in place for the management of the service. We found that some quality assurance systems at the service had not been carried out in such a way as to ensure that care was being provided to a high standard.

We saw that the service had a system in place for housekeeping staff to record when they cleaned each room or area within the service. However; when we checked these sheets we saw that they had not been completed on a regular basis, with over half the days of one month having no cleaning recorded. These log sheets had not been reviewed as part of the service's quality assurance processes, therefore the concerns raised during the inspection regarding cleaning procedures at the service had not been identified and action had not been implemented to rectify this.

We also saw that there was a procedure in place to check the smoking room at the service on an hourly basis, to ensure it was clean and that there was no risk from cigarettes which had not been fully extinguished. When we reviewed the past months check sheets, we saw that the smoking room was not routinely checked every hour. We saw that on a number of days there were gaps in the checks which were carried out, some of which lasted for several hours. We spoke with the registered manager about this and they acknowledged that this concern had not been picked up during the quality assurance processes at the service. They also told us that they would be adapting the systems which were in place, to ensure checks were completed fully and that they would be reviewed as part of the oversight of the service.

The quality assurance systems in place at the service were not always operated effectively to enable the registered manager and provider to assess, monitor and improve the quality of the service, or to mitigate potential areas of risk. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager and deputy manager about other checks and audits which were in place at the service. They showed us that they carried out regular checks in areas such as care plans, nutrition and equipment, such as pressure relieving mattresses and cushions. We saw that these checks were completed regularly and were used to help monitor the performance of the service and contributed to the production of an action plan to help identify areas for improvement. We also saw that a satisfaction survey had been carried out to seek people's views and opinions. The results of this had been collated and was being used to help develop the service.

The service had a positive, relaxed atmosphere and culture. People were happy to be living at the service and felt that they had been well supported by members of staff. One person said, "It's very good here, I'm very well looked after." Relatives also felt the service had helped their family members. One told us, "They look after her so well here, we are very happy and very lucky to have them."

The ethos of the service was positive and staff members were motivated to be working there and providing people with the care and support they needed. People commented that they felt staff were happy in their

roles, which had an impact on the care that they were able to provide. One person said, "The staff seem to be happy." Another said, "They work well together as a team." A relative also told us, "Staff seem to be happy in their work." During the inspection we saw that members of staff were upbeat and appeared to be happy as they worked with people. This helped to create a warm and homely atmosphere in which people felt relaxed and able to express themselves in the way they wanted to.

There were systems in place to involve people in how the service was run and to provide them with regular updates about developments at the service. Resident and relative meetings were held on a regular basis and were used to provide people with useful information and to provide them with an opportunity to raise any concerns or issues they had in a group forum. One person told us, "I go to the meetings when I can." We saw that meetings were recorded and that the minutes were made available to people and their relatives. They contained information about what was discussed and any action which was agreed as a result.

We saw that the registered manager worked to ensure the service was open and transparent with external organisations, such as the Care Quality Commission (CQC). They worked with other teams to ensure people received the care and support they needed and were willing to hold up their hands if something went wrong and used it as an opportunity to learn for the future. They made sure concerns were shared with other organisations and completed statutory notifications to the CQC for incidents such as safeguarding concerns. This showed that there was an open and honest culture at the service.

The people we spoke with told us the manager was approachable and visible within the service. One person said, "Yes I know who the manager is, she comes round and says hello." Another person said, "The manager runs the place well, all the staff seem organised and I am happy." Relatives also told us that they were aware of who the registered manager was and that they could see them at any time if they felt they needed to. One relative told us, "I always see the manager when I visit."

Staff members told us that the registered manager was supportive of them and worked alongside them to ensure people's needs were met. They told us that they were approachable and friendly, however; they were willing and able to take action when necessary, to ensure staff were performing their roles as they should. One staff member said, "She is lovely, easy to talk to and the door is always open." Another told us, "She is great but she will put her foot down when she has to. If things aren't done, she will raise it."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  People were not always treated with dignity and respect at the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The quality assurance systems in place at the service were not always operated effectively to enable the registered manager and provider to assess, monitor and improve the quality of the service, or to mitigate potential areas of risk.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The premises and equipment being used by the service was not clean. The provider had not ensured sufficient standards of hygiene, appropriate for the purposes of their use, had been met.</p>

### **The enforcement action we took:**

Warning Notice