

Bluebell Place Limited

Bluebell Nursing & Residential Home

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Bluebell Nursing and Residential 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. Bluebell Nursing and Residential Home provides accommodation and personal care for up to 80 older people, some people living with dementia and people who require nursing support.

This inspection was completed on the 5 and 6 September 2018 and was unannounced. At the time of the inspection, there were 71 people living at Bluebell Nursing and Residential Home.

At the last inspection on 26 and 27 April 2017, the service was rated 'Requires Improvement'. One breach of regulation was highlighted and this referred to Regulation 12 [Safe care and treatment]. The breach of regulation specifically related to poor medication practices and procedures. At this inspection we found that medication practices and procedures had improved and compliance achieved.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines. This meant people received their prescribed medicines as they should and in a safe way. The registered provider had made the required improvements since our last inspection to the service in April 2017.

Current national guidance and standards in relation to infection control required improvement. Improvements were also required to the physical environment of the service as some areas relating to the environment required redecoration and improvement. The Memory Unit had not been adapted to meet people's needs, particularly for people living with dementia. Not all people's care and support needs were sufficiently detailed or accurate, however we recognised this was a records-based issue and there was no impact to demonstrate people's care and support needs were not being met.

The service had 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 told us the service was a safe place to live and there were sufficient staff available to meet their care and support needs. Appropriate arrangements were in place to recruit staff safely. Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed to ensure their safety.

Staff were able to demonstrate a good understanding and knowledge of people's specific support needs to ensure theirs' and others' safety.

Staff received opportunities for training and this ensured staff employed at the service had the right skills and competencies to meet people's needs. Newly employed staff received a robust induction based on their level of experience in a care setting. Staff felt supported and received appropriate supervision at regular intervals and an appraisal of their overall performance. Staff demonstrated a good understanding and awareness of how to treat people with respect, dignity and to maintain their independence.

Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests. The registered manager was working with the Local Authority to make sure people's legal rights were being protected. People who used the service and their relatives were involved in making decisions about their care and support.

Where people were at risk of poor nutrition or hydration, this was monitored, and appropriate healthcare professionals sought for advice and interventions. People had their nutritional and hydration needs met. People told us that their healthcare needs were well managed. Staff were friendly, kind and caring towards the people they supported, and care provided met people's individual care and support needs.

People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

Quality assurance arrangements at the service were satisfactory and although issues relating to the environment and infection control required improvement, action was taken by the registered manager to address these.

We have made a recommendation about the premises, particularly for people living with dementia.

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 consistently safe.

Current national guidance and standards in relation to infection control were not being maintained and improvements were required.

Staff were knowledgeable about recognising abuse and knew how to keep people safe.

Risks to people were assessed and managed well. Recruitment practices at the service were robust and safe.

There were sufficient staff available to meet people's needs.

Medicines management was safe and ensured people received their prescribed medication.

Is the service effective?

Good 

The service was effective.

The physical environment of the service required improvement as some areas relating to the environment required redecoration and improvement. The Memory Unit had not been adapted to meet people's needs.

Staff received appropriate training and an induction. Arrangements were in place for staff to receive regular supervision and an appraisal of their overall performance.

People were supported to have their nutritional, hydration and healthcare needs met.

Staff had a good understanding of the Mental Capacity Act 2005 and how to apply these principles.

Is the service caring?

Good 

The service was caring.

Staffs practice ensured people received care and support that

was kind and caring.

People's privacy and dignity was respected and their independence was promoted where suitable.

People's preferences were documented and support was provided according to their wishes.

Is the service responsive?

Good ●

The service was responsive.

Although care plans required improvement to ensure these were detailed and provided guidance for staff to support people effectively, this was records based and there was no impact for people using the service.

People were engaged in meaningful activities to ensure their wellbeing.

There was a low incidence of complaints and these were managed well.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The service's governance arrangements were not always reliable and effective.

People, staff and relatives were positive about the registered manager and the day-to-day management of the service.

People and those acting on their behalf were able to express their views about the quality of the service.

Bluebell Nursing & Residential 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 the 5 and 6 September 2018 and was unannounced. The inspection was completed by two inspectors on both days. On the 5 September 2018 the inspectors were accompanied by two experts by experience. An expert by experience is a person who has personal experience of caring for older people and people living with dementia.

We reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection, we 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.

We spoke with 12 people who used the service, 16 relatives, four members of staff, two qualified nurses and the registered manager. Additionally, we spoke with one healthcare professional. We reviewed nine people's care files, six staff recruitment files, including supervision and appraisal records. We also looked at the service's arrangements for the management of medicines, staff training records, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

At our last inspection, we found that medicines had not always been managed safely. We asked the registered provider to take action to resolve these, and they wrote to us to confirm they had. At this inspection we found that medication practices and procedures had improved and compliance with regulatory requirements achieved. However, safe remained rated as 'Requires Improvement' as the service's infection control procedures were not being maintained.

Suitable arrangements were not in place to ensure the premises were clean and hygienic so that people were protected from the risk of infection. Several comfortable chairs in communal lounge areas were worn and discoloured. Four out of 10 crash mats which had a coated vinyl covering and placed on people's floor to protect them if they rolled out of bed, were no longer permeable and waterproof. Where people had bedrails in place to prevent them from falling out of bed, cushioned bumpers were in place to help protect the person from entrapment in the bedrails. The vinyl covering of nine bumpers were stained, worn and no longer permeable and waterproof. Four people's pressure relieving equipment, such as cushions were stained, and in some cases, the vinyl covering was worn and ripped to reveal the foam base.

The surface of some items of furniture, for example profiling beds, were compromised as the veneer and varnish was either worn or missing and not always as clean as they should be. Whilst accepting wear and tear cannot be avoided, these areas require more meticulous cleaning and monitoring from further deterioration. We also noted that some toilet seats were either not fitted properly, were broken and stained, whether in people's en-suite or within communal bathrooms. The plastic handle of the bath chair within one communal bath room was cracked and split. The registered provider wrote to us following the inspection to tell us that toilet seats that were discoloured or stained had been replaced immediately.

Where equipment was in place for giving liquid food for people who cannot eat normally, this was dirty and required cleaning to prevent the possible risk of infection. Curtain swags were dirty and dusty with cobwebs. A communal pile of male and female underwear was noted in a communal bathroom within the Memory Unit. Staff confirmed these were being used by people using the service. This was immediately brought to the registered manager's attention and they instructed the qualified nurse on duty to remove the items and that they should not be used.

Infection control audits were completed each month but had not picked up any of the issues identified and therefore these arrangements were not effective in supporting the management of safe infection control. For example, the most recent audit dated August 2018 recorded a compliance score of 97% with no actions requiring correction. The above demonstrated that current national guidance and standards in relation to infection control were not being followed, despite staff having completed and achieved up-to-date infection control training. The registered manager and provider's representative were shown our findings during the inspection. The registered manager following our discussions advised that equipment such as new crash mats and bedrail bumpers had been ordered and purchased. No rationale was provided as to why the above issues relating to infection control were not picked up sooner.

Some areas of the premises required redecoration and improvement. This referred specifically to peeling paint noted on walls within some people's bedroom, walls in people's bedroom that were stained and dirty and walls that had gouged or damaged plaster. Additionally, two people's call alarm equipment was not secure to the wall, some furniture and fittings were damaged. We observed several wardrobes which were not secured to the wall in people's bedrooms and could easily fall forwards with the potential to cause injury and harm. The registered manager provided an assurance that this would be addressed to ensure people's safety and wellbeing. Although the above was noted the registered provider has plans in place to decorate and renovate the service, in particular people's bedrooms.

Although the registered manager had initiated steps to address these and the registered provider had sent the Commission an update on their actions following our inspection, our judgement is that had it not been for the Commission's inspection, these areas of risk would not have been identified or addressed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff confirmed they had completed training in safeguarding people and this was verified from the records viewed. Staff demonstrated a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or the registered manager. Staff confirmed they would not hesitate to report any concerns to external agencies such as the Local Authority or the Care Quality Commission if the management team were not responsive and proactive. One staff member told us, "I am not going to sit back and let that happen. People deserve to have their human rights respected." Staff were confident the registered manager would act appropriately on people's behalf and in their best interests.

Staff knew the people they supported and were aware of people's individual risks and how these could impact on a person's health and wellbeing. Where risks were identified, suitable control measures had been considered and put in place to mitigate the risk or potential risk of harm for people using the service. These assessments covered a range of risks, such as the risk of poor nutrition and hydration, poor mobility and falls, pressure ulcers and moisture lesions and people at risk of choking. Our observations showed staff's practice reflected risks to people were managed well to ensure their wellbeing and to help keep people as safe as possible.

On one occasion during the inspection we witnessed poor manual handling practice whereby one out of two members of staff were seen to place their hand under a person's armpits when assisting them to mobilise. Although one member of staff acted appropriately in their own practice, they did not challenge the other member of staff they were working with, about their inappropriate practice. All staff had received up-to-date manual handling training. Although the above was poor practice, the person using the service was not seen to be distressed or in pain. We discussed our observations with the registered manager and an assurance was provided that steps would be taken to monitor staff's practice.

Additionally, four bottles containing hazardous liquids were found in a communal bathroom on the Memory Unit. These were easily accessible to people using the service, and if consumed or spilt on a person's skin, could place people at significant risk of harm. This was discussed with the registered manager and immediate steps were taken to remove these.

People told us there were always sufficient numbers of staff available to provide the support required to meet their care and support needs. One person told us, "I feel safe, I have got a buzzer and it is always within reach; and staff always come quickly." Another person told us, "I think the staffing is alright, [staff] holidays

make a bit of a difference, but I don't see any problems there." Our observations showed that people received care from a consistent staff team and shifts were well organised. The deployment of staff was suitable to meet people's care and support needs in line with information documented within their care plan. Support from staff was provided in a timely manner. Call bells to summon staff assistance were answered promptly and staff had time to interact with and provide assistance to people in a calm and unhurried manner. The registered manager and staff confirmed suitable arrangements were in place to address staffing shortfalls as they arose. This referred to asking staff employed by the organisation to undertake additional shifts or to use staff from an external care agency to cover unforeseen circumstances.

Staff recruitment records for four members of staff were viewed. Relevant checks had been completed before a new member of staff started working at the service. For example, an application form had been completed, a full employment history explored, written references relating to an applicant's previous employment was evident, proof of an applicant's identity had been sought and a criminal record check with the Disclosure and Barring Service [DBS] had been undertaken. Information was recorded as part of good practice procedures relating to the interview to demonstrate the outcome of the discussion and the rationale for the appointment. This showed staff employed had had the appropriate checks to ensure they were suitable to work with people using the service. Prospective employees' equality and human rights characteristics, such as those relating to age, disability, ethnicity, religion or sexual orientation, were considered when recruiting staff.

People's medication preferences were documented so staff knew how to give them their medicines in a way they preferred. We looked at the Medication Administration Records [MAR] forms for 17 out of 71 people from within two out of three units and found these to be in good order. These showed each person now received their prescribed medication at the times they needed them. Our observations showed people received their medication in a timely manner as the medication rounds were evenly spaced out throughout the day to ensure they did not receive their medication too close together or too late. People confirmed staff stayed with them while they took their medication. All staff who administered medication had attained up-to-date medication training and had their competency assessed.

Is the service effective?

Our findings

Although the service was effective, and people received good care, little thought had been put in place to maximise the suitability of the premises for the benefit of people living with dementia on the Memory Unit. Limited signage was in place to help people orientate themselves and did not follow best practice and up-to-date guidance to support people living with dementia. For example, there were few clear signs and symbols to help people to recognise their own bedroom. Several bedroom doors did not have a label to denote the person's name or provide a means of identifying whose room it was. There was a lack of sensory stimuli, such as orientation boards and information for people in an easy to understand format. Where these were in place, these were not accurate, for example several clocks did not record the correct time. Additionally, there were few memory boxes and objects of reference to help aid reminiscence or provide a stimulating environment.

We recommend the service review current best practice and up-to-date guidance relating to creating a better environment for people living with dementia.

Staff had up-to-date training in line with the organisation's expectations. Suitable arrangements were in place to enable staff to attain specialist training relating to people's specific care and healthcare needs, such as catheter care, pressure ulcer management and end of life care. Staff told us the training provided was suitable and this helped them to do their job well and to a good standard.

The registered manager told us staff received a three-day induction comprising of training in key areas appropriate to the needs of the people they supported and an 'in house' introduction to the organisation. Staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Staff confirmed they had received a minimum of three shadowing shifts. Staff without previous care experience or a National Vocational Qualification [NVQ] or Qualification and Credit Framework [QCF], were working towards the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life. Staff were positive about the organisation's induction. One staff member told us, "The induction was very helpful in showing me what was needed so I knew what to do."

Staff felt well supported and could ask for advice and help from senior staff or the registered manager, both work and personal related. Supervisions were completed at regular intervals, allowing staff the time to express their views, to reflect on their practice and to discuss their professional development. Supervision was used to check staff's knowledge and understanding of 'key' topics, for example, safeguarding, respect and dignity. Supervision was also used to manage staff performance where there were concerns about a staff member's practice.

People were consistently positive about the meals provided. One person told us, "Food is very good, cannot complain. They [staff] would do something for you [alternatives to menu choice], but I am quite happy with the choices." Another person stated, "The food is lovely. You get a menu choice and there is always fruit and vegetables, I have had bananas, strawberries and pineapple." A third person told us, "The foods spot on for

me, I have put on weight since I've been here, which in my case was a good thing."

The dining experience across the service was relaxed, friendly and unhurried; with staff talking with people using the service. People were supported to make daily choices from the menu provided and received food in sufficient quantities. Where people required assistance and support to eat and drink this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and were able to enjoy the dining experience at their own pace. People's nutritional and hydration needs had been assessed to support their wellbeing and quality of life.

People told us their healthcare needs were well managed. One person told us, "Doctors come every now and then to check me over." One relative told us, "I know about their [family member] medicines and they [staff] tell me straight away if anything changes." Another relative stated, "They [staff] always phone when they [family member] needs any additional medical care."

People using the service had access to local healthcare services and healthcare professionals to maintain their health and wellbeing, such as, to attend hospital appointments, to see their GP, District Nurse, Dementia Specialist Nurse or Community Psychiatric Nurse. People's care records showed their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Relatives confirmed they were kept informed of issues relating to their family member's healthcare needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 application 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.

Records showed that each person who used the service had their capacity to make decisions assessed. Staff had a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). They could explain what this meant in every day practice and how to apply it to support people living at the service. Staff were observed during the inspection to uphold people's rights to make decisions and choices. All observations showed staff sought people's consent prior to providing any care and support. Where people were deprived of their liberty, the registered manager had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval and where these had been authorised the Care Quality Commission had been notified.

Is the service caring?

Our findings

People were satisfied and happy with the care and support they received. One person told us, "It is like heaven, I am never rushed, they [staff] are never rough and they treat you well. Staff chat, listen to me and treat me like a friend." Another person stated, "The staff are all kind to me. On my birthday they [staff] made a cake and came into the room and sang Happy Birthday....it was very nice." A third person told us initially they did not want to be admitted to a care home but understood their care needs had changed and they required more help and support. They told us, "I can't speak highly enough of the home. I was alone before and couldn't cope but that's all sorted out, everything is sorted for me. I don't think there's a bad thing to say about the place."

All relatives spoken with were very complimentary about the care and support provided for their loved one. One relative told us their member of family had only been at the service for a short while, however during this time they had received a very good level of care. They told us staff were very kind, caring and clearly understood their family member's specific care and support needs.

Our observations showed that people received personalised care. People valued their relationships with the staff and spoke positively about individual staff members. People told us they had a good rapport and relationship with the staff who supported them, including newer members of staff employed at the service. During our inspection we saw that people and staff were relaxed in each other's company and it was clear that staff knew people very well and provided care and support that was caring, kind and considerate. One person required support to have their comfort needs met and asked a member of staff for help. The member of staff immediately told the person support would be provided but they needed to get an apron and some gloves. The member of staff went and got the items of equipment, came immediately back and assisted the person to have their care needs met. One person was noted to be sitting quietly at the dining table, having not touched their cup of tea. A member of staff enquired if their drink was hot enough. The person told them it was not and that was why they had remained sitting at the table. The member of staff instantly stated, "Don't worry, I can make you another one, I know you like your drinks hot, don't you." A replacement hot drink was promptly provided.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People and their relatives had been given the opportunity to provide feedback about the service through regular reviews and through the completion of annual questionnaires. There was also evidence to show people and those acting on their behalf had signed their care plan, confirming they had been actively involved in the care planning process and agreed the information recorded.

People told us their personal care and support was provided in a way which maintained their privacy and dignity. They told us they were treated with courtesy and respect by staff. Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering, keeping the door and curtains closed whilst delivering personal care, providing explanations to people about the care and support to be provided; and staff were observed to use the term of address preferred by

the individual. We saw that people were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People were supported to wear jewellery and clothes they liked that suited their individual needs, were colour co-ordinated and were appropriate to the occasion and time of year.

People's independence was actively promoted and encouraged where appropriate and according to their capabilities and strengths. Several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed they could manage some aspects of their personal care with minimal staff support and assistance.

People were supported to maintain relationships with others. People told us their relative and those acting on their behalf could visit them at any time and there were no restrictions as to when they visited, and they were always made to feel welcome.

Is the service responsive?

Our findings

Suitable arrangements were in place to assess the needs of people prior to admission to the service and they and their relatives were involved in this process. This ensured the service could meet the person's needs and provide sufficient information to inform the person's initial care plan.

Though some people's care plans provided sufficient detail to give staff the information they needed to provide personalised care and support, others were not as fully reflective or accurate of people's care needs as they should be. This meant there was a risk that relevant information was not captured or did not provide sufficient evidence to show that appropriate care was being delivered. Although the above records required improvement, we did not find or observe any impact on people's care during our inspection. These were records based issues that needed to be addressed to ensure risks to people were managed as robustly as possible and staff had the most up-to-date information available to provide a good level of care and support. An assurance was provided by the registered manager that these issues would be addressed as a priority.

People told us they could participate in leisure activities and social events that suited their needs and abilities, including group and individual activities. People confirmed they could choose if they participated or not and activities planned were displayed Monday to Friday. One person told us, "I don't do activities very much, but they [staff] always ask." A second person confirmed this by telling us, "I don't go to activities or to the church over the road, my relative takes me out." Others told us they liked to take part in whatever was happening at the service and comments included, "I like going to the activities."

Staff responsible for facilitating social activities at the service told us specific activities for people living with dementia were routinely provided. Since our last inspection to the service in April 2017, people living with dementia were enabled to attend monthly film screenings at the 'Beautiful Mind Cinema Club' in Thurrock, followed by afternoon tea. This supports people living with dementia to spend quality time with their loved ones in a 'supportive' environment. Staff responsible for facilitating this event told us on average five people and three to four relatives attended. Additionally, on a Friday people were supported to take part in dementia friendly bingo. The game is played at a slower pace, bingo boards use larger bold numbers and fewer numbers which make the game more manageable and easier for people to play.

People were supported by volunteers on a Wednesday to attend the local church. We were also advised that 10 people had joined the local library and received books every four weeks. People were also supported to play board games, magnetic darts, bowls, participate in quizzes and to complete jigsaw puzzles. Additionally, people also received one-to-one support where they were unable to attend group activities because of their physical complex needs or where they preferred to remain in their bedroom.

Information on how to make a complaint was displayed at the service and a comments box was also available in reception for people to provide their views about the service and any other information. The registered manager told us there had been two complaints made since our last inspection in April 2017. Information available demonstrated both complaints had been well managed, including details of the

investigation and the complainant had been responded to in a timely manner. One complaint had gone to the Local Government Social Care Ombudsman [LGSCO]. Information from the LGSCO showed their final decision did not uphold any of the allegations made by the complainant. The LGSCO looks at complaints about councils, other authorities and organisations, including adult social care providers.

A record of compliments was also maintained to capture the service's achievements. These showed relative's and visitors to the service were happy with the care and support provided for their family member or friend.

People had been consulted as to their wishes in planning for their end of life care. Advanced care planning documents had been completed setting out people's preferences for end of life care arrangements after their death, including involvement of the person's family. There was evidence to show the service worked collaboratively with other services and professionals, such as, local hospices and palliative support teams. The care records for one person demonstrated the person using the service and their family had contributed to a robust assessment with Bluebell Nursing and Residential Home and the local palliative support team. Where agreed, people had a Do Not Attempt Resuscitation [DNACPR] order in place. A DNACPR form is a document issued and signed by a doctor or medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation [CPR].

Is the service well-led?

Our findings

A registered manager was in post. No changes to the management team had occurred since our last inspection to the service in April 2017, however a new compliance officer had been assigned to Bluebell Nursing and Residential Home to provide on-going support to the registered manager and senior management team. The registered manager demonstrated an awareness and understanding of their key role and responsibilities and had resources and support available from within the organisation to help drive improvement and to monitor the quality of the service provided. Since our last inspection to the service required improvements had been made relating to the service's medication practices and procedures.

The registered manager monitored the quality of the service through the completion of several audits at regular intervals, for example, medication, health and safety and infection control. The findings of these showed a good level of compliance had been achieved and where areas for improvement were highlighted, an action plan was completed identifying the actions to be taken. Clinical audits relating to pressure ulcers, urinary tract infections, accidents and incidents including falls and nutrition were completed. These provided both qualitative and quantitative information and showed arrangements were available for the gathering, recording and evaluation of information about the quality and safety of the care and support the service provided, and its outcomes.

Current systems in place had not identified all the areas for improvement found as part of this inspection. This referred specifically to the service's infection control arrangements and the service's environment. Whilst we acknowledge the registered manager had responded and acted during our inspection to the issues raised, for example, removing the dirty curtain swags, ordering new crash mats and bedrail covers, instructing staff to make safe the hazardous liquid items found and to remove the 'communal' underwear from the bathroom; the registered manager's daily 'walk around' and quality assurance arrangements had not identified these prior to this inspection.

We discussed the above with the registered manager. They told us that the task of completing the service's infection control audits had been delegated by them to a member of staff. It was apparent that this arrangement was not working as well as it should. Although as the registered manager, tasks can be delegated to others, the registered manager maintains overall responsibility and oversight to ensure compliance is achieved.

The service has a dedicated unit providing care for people living with dementia. However, the registered provider and manager had not ensured the environment was suitable for people living with dementia. As already highlighted, best practice and up-to-date guidance relating to the premises had not been considered to ensure it was 'dementia friendly' and suitable for people living with dementia. Following the inspection, the registered provider wrote to us and confirmed there were plans in place to decorate and renovate the service, in particular people's bedrooms.

The use of questionnaires for people who used the service and those acting on their behalf were completed to seek their views about the quality of the service provided. A report of the outcomes was compiled in

December 2017 and this showed 46 responses were received. Comments from people were mostly positive and overall people recorded the quality of care provided as either 'good' or 'very good'. Comments included, "The staff are so welcoming and very helpful. It just puts your mind at rest-you don't worry when you leave them as you know they are well cared for" and, "All good, I wouldn't change a thing."

Staff told us the service was well led and they received good support, clear leadership and direction from the registered manager. They told us the registered manager was approachable and there was an 'open and inclusive culture' at the service. They found the registered manager to be supportive and communication systems within the service to be effective in enabling the service to fulfil its vision and values. Staff told us these included respecting the people who lived in the service and providing them with good care. The registered manager had developed information sheets on a range of themes, for example, MCA and DoLS, to enable staff to gain an easy understanding of these topics. Staff told us they found this very useful and newly recruited staff showed us they were carrying these with them to enable them to check their understanding and therefore their practice whenever they needed to.

Meetings for people using the service and those acting on their behalf were held at regular intervals to enable them to have a voice and to raise issues. Staff meetings had been held to give staff the opportunity to express their views and opinions on the day-to-day running and quality of the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment Suitable arrangements for making sure the premises were clean and hygienic required improvement and not all areas of the home environment ensured peoples safety.