

In Safe Hands Home Care Limited

# Bluebell House Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Bluebell House Care Home is a residential care home providing personal care for up to 19 people aged 65 years and over including people living with dementia. At the time of the inspection there were 18 people living at the home.

The home is based over two floors. Stair lifts provide access to most first floor bedrooms. Most bedrooms had en-suite facilities. Level access is available to an enclosed external decked area.

### People's experience of using this service and what we found

The environment was warm and homely. We observed positive communication between staff, people and their relatives. People and their relatives all gave us positive feedback about the home and told us that staff were very kind and caring.

Individual and environmental risks were managed appropriately. People had access to any necessary equipment where needed, which meant people were safe from harm. Staff had received fire safety training and fire drills had taken place so that staff knew what to do in the event of a fire.

Appropriate recruitment procedures were in place to help ensure only suitable staff were employed. There were sufficient staff to support people's needs. Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

There were appropriate policies and systems in place to protect people from the risk of abuse and the management team and staff understood the signs to look for.

People were supported to take their medicines safely and as prescribed. They were able to access health and social care professionals if needed, received enough to eat and drink and were happy with the food provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care plans contained detailed information about them and their care and support needs, to help staff deliver care that was individual to each person. The management team reviewed the care and support provided to people to make sure it continued to meet their needs.

Staff showed an understanding of equality and diversity. People were treated with dignity, and their privacy was respected. Activities had been developed in line with people's wishes and there were varied and

interesting options to promote people's health and well-being.

The management team (provider/registered manager and deputy manager) carried out regular checks on the quality and safety of the service and understood their regulatory responsibilities. People and their relatives said the management team were open, approachable and supportive. Staff were very positive about the management team and told us they were very supportive and approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection The last rating for this service was requires improvement (published 21 November 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Bluebell House Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by two inspectors.

#### Service and service type

Bluebell House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. The deputy manager had commenced the process to become the registered manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with seven people living at the home and two visitors. We observed care and support provided for people in communal areas and viewed the majority of the home. We spoke with members of staff including a chef, five care workers, the activity lead, the deputy manager and the provider.

We reviewed a range of records including four people's care records and multiple medication records. We looked at staff files in relation to recruitment, training and staff supervision, as well as a variety of records relating to the management of the service, including audits, policies and procedures.

#### After the inspection

We reviewed additional information the provider sent us. We spoke with three relatives by telephone. We also spoke with one visiting healthcare professional.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place and followed to protect people from the risk of abuse.
- People and their relatives said they felt safe using the service. A person said, "There is nothing I'm worried about here."
- Staff had completed training in safeguarding adults and were aware of the action they should take should they identify a safeguarding concern. This included keeping the person safe and reporting concerns appropriately.
- When safeguarding concerns had been identified staff had acted promptly to ensure the person's safety. The manager understood their responsibilities and knew the actions they should take should people or staff raise a safeguarding concern to them.
- Staff were confident if they raised a safeguarding concern with the manager, it would be taken seriously. One member of staff told us, "I'd tell (name of manager) or (name of deputy manager) I know they would sort it out but we also have the numbers for safeguarding (local authority team) if we needed to report it outside (the home)."
- Records confirmed that all safeguarding concerns had been reported and investigated appropriately, in liaison with the local safeguarding team.

Assessing risk, safety monitoring and management

- Systems were in place to identify and manage risks within the service.
- Risks to people's personal safety had been assessed and plans were in place to minimise them. These were linked to the individual person and covered areas such as their support needs and health conditions. Risk assessments were comprehensive and care plans provided staff with clear guidance about how to reduce risks for the person without restricting their rights and independence.
- Staff were knowledgeable about the risks associated with people's needs and could tell us what action was needed to promote people's safety and ensure their needs were met.
- Equipment, such as hoists, were maintained according to a strict schedule. In addition, gas and electrical appliances were checked and serviced regularly.
- Fire safety risks had been assessed by an external fire safety specialist and detection systems were checked weekly. Personal emergency evacuation plans had been completed for each person, detailing action needed to support people to evacuate the building in an emergency.

Staffing and recruitment

- People were supported by appropriate numbers of consistent, permanent staff.
- People told us they felt there were enough staff who knew how to look after them. One person said, "They (care staff) are all really nice, they come when I need them."
- Care staff told us they felt there were enough staff available and we saw people were supported without being rushed. One staff member said, "They (management team) listened to us when we said we needed more (staff)." The management team had identified a need for additional staff during the afternoon and this had been provided. A staff member said "The extra 2-6pm (staff member) has helped a lot."
- Staffing levels were determined by the number of people using the service and the level of care they required. The provider monitored the staffing levels by observing care and speaking with people and staff to ensure that staffing levels remained sufficient. For example, two care staff commenced their day shift at 7am and the others at 8 am to supplement the night staff. This meant there were enough staff available at this busy early morning time.
- People were supported by consistent staff. Short term staff absences were covered by existing staff members or a member of the management team; this helped ensure continuity of care for people.
- The provider had clear recruitment procedures in place. Records confirmed these were followed and had helped ensure that only suitable staff were employed.

#### Using medicines safely

- Arrangements were in place for obtaining, storing, administering, recording and disposing of medicines safely.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.
- Medication administration records (MARs) confirmed people had received all their medicines as prescribed. However, where additions or amendments had been made to MARs two staff had not checked the accuracy of the handwritten changes. The deputy manager took immediate action to ensure records were correct and that two staff would check these in the future.
- For people who were prescribed medicines to be administered on an 'as required' (PRN) basis, there was guidance to help staff understand when to give them and in what dose.
- There were effective systems in place to help ensure topical medicines were used as prescribed. The date creams had been opened was recorded, to help ensure they were not used beyond their 'use by' date.

#### Preventing and controlling infection

- People said they felt the home was clean. One person told us, "They (staff) do the cleaning, I think they do a good job of it."
- Appropriate arrangements were in place to control infection, with comprehensive audits completed as per the provider's audit schedule. The home was clean and housekeeping or care staff completed regular cleaning in accordance with set schedules. Infection control risk assessments were in place and the deputy manager was planning to complete an annual statement of infection control at the end of the year. Hand hygiene points were available around the home.
- Staff had been trained in infection control techniques and had access to personal protective equipment, including disposable gloves and aprons, which we saw they used whenever needed. Hand hygiene points were available around the home.
- The laundry was organised to help ensure clean items did not come into contact with those waiting to be washed. Potentially contaminated laundry was managed safely. A separate sluice area was also available.
- The deputy manager was aware of the action they should take if there was an infection risk at the home.
- The local environmental health team had awarded the home four stars for food hygiene. The deputy manager informed us action had been taken to address the issue that had meant they had not been awarded the maximum five stars.



### Learning lessons when things go wrong

- There was a system to record accidents and incidents. We viewed records and saw appropriate action had been taken as necessary.
- The provider and deputy manager were keen to develop and learn from events. All accidents or incidents were reviewed by the management team and where appropriate, such as following falls, with the local authority falls team. This enabled any trends or themes to be identified, so action could be taken to mitigate the risk and prevent reoccurrence. For example, the deputy manager described how they explored ways to reduce the risk of falls using multi-factorial risk assessments. These considered all the factors that could potentially contribute to a fall.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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.

- Where people did not have capacity to make decisions, MCA assessments had been completed such as for personal care and receiving medicines. These had included consultation with those close to the person and decisions had been made in the best interests of the person. These had been fully documented.
- Where people had capacity to make decisions, we saw they had signed their care plans to indicate their agreement with the proposed care and support.
- Staff were clear about the need to seek verbal consent from people before providing care or support. People's right to decline care was understood. Care staff said that should people decline care or medicines they would return a short while later to again offer assistance. Daily records of care showed that if people declined care, such as a bath, their wishes were respected by staff.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found that where necessary applications had been made to the relevant authority and nobody was being unlawfully deprived of their liberty.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive assessments were completed before people moved to the home. Care plans were then developed to include people's identified needs and the choices they had made about the care and support they wished to receive.
- Staff followed best practice guidance, which led to good outcomes for people. For example, they used recognised tools to assess the risk of malnutrition and the risk of skin breakdown. Each person had an oral

care plan in place and staff supported people in accordance with the latest best practice guidance on oral care.

- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. Their diverse needs were detailed in their care plans, including gender preferences for staff support.
- Staff had completed training in equality and diversity and told us they were committed to ensuring people were treated as individuals.
- The service made appropriate use of technology to support people. An electronic system allowed people to call for assistance when needed and movement-activated alarms, linked to the system, were used to alert staff when people moved to unsafe positions. Care staff used hand held radio communication devices to enable them to keep in contact with each other.

Staff support: induction, training, skills and experience

- People and family members told us staff were knowledgeable and competent. Comments included: "They (staff) all seem competent and friendly" and "They (staff) are perfect, they know what they are doing."
- Staff completed a range of training to meet people's needs, which was refreshed and updated when required. The provider had a clear training plan and training was pre-scheduled for the coming year.
- Staff spoke positively about the training they received. For example, one staff member said, "We do lots of training new and refreshers. We have also done choking training that was so useful for some of our residents."
- New staff completed a programme of induction before being allowed to work on their own. This included a period of shadowing more experienced members of staff. Staff who were new to care were supported to complete training that followed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.
- Staff told us they felt supported in their roles. Comments included: "We have supervisions, I had one recently and a couple since the summer. It's good we get a chance to sit and talk in private about any issues or concerns", and "I can contact the deputy manager or [provider] at any time and they would always come in if needed".
- Records reviewed showed that staff received regular one-to-one sessions of supervision. These provided an opportunity for a manager to meet with staff, discuss their training needs, identify any concerns, and offer support.

Supporting people to eat and drink enough to maintain a balanced diet

- People were offered a choice of food and drink and were positive about the meals they received. One person said, "The food is good, there is sufficient and there is normally two hot options." Another person said the food was "Excellent, sometimes far too much."
- Each person had a nutritional assessment to identify their dietary needs and preferences.
- Where needed, people received appropriate support to eat and were encouraged to drink often. Should people be at risk of losing weight regular checks were maintained of their weight and if necessary action was taken, such as recording food and fluid intake and seeking the support of dieticians.
- Catering staff knew people's preferences and were able to describe and meet individual needs. Staff always had access to the kitchen meaning that people could receive snacks throughout the evening and night should they require these.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care

- People told us they were supported to access local healthcare services such as doctors or dentists. This

was confirmed in care files viewed.

- People's health needs were clearly recorded in their care plans and contained information from health care professionals. A health professional said that staff managed some specific health needs well. They also told us they were consulted appropriately if staff had new concerns about people.
- Staff worked together to ensure that people received consistent, timely, coordinated, person-centred care and support. At the start of each shift staff received a comprehensive handover of all necessary information and could access care plans should they wish to confirm any information.
- If a person was admitted to hospital, staff ensured key information about the person was sent with them. This helped ensure the person's needs continued to be understood and met. Where possible, a member of staff would also accompany the person to hospital.

Adapting service, design, decoration to meet people's needs

- Adaptations had been made to the home to meet the needs of people living there; for example, corridors were fitted with handrails to provide extra support for people and stair lifts were available to access most upper floor bedrooms.
- Signs around the home helped direct people to toilets and communal areas. The choice of colour schemes helped people living with dementia or those with decreased eyesight to move around the home. For example, hand rails were painted in contrasting colours and door frames painted to help make them more noticeable.
- There was a range of communal areas available to people, including a dining room and lounge with activities area which allowed people the choice and freedom of where they spent their time. People also had access to a level decked garden with seating, which we were told people enjoyed when the weather was suitable.
- There was an ongoing maintenance programme in place to help ensure the building remained fit for purpose.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about staff, describing them as "nice" and "very good". One person told us, "I don't get any visitors, sometimes I get very low but the staff always cheer me up."
- Family members echoed these comments. One said, "My relative always speaks highly of the staff."
- We observed positive interactions between people and staff. Staff supported people in a friendly, calm and patient way. They consistently treated people with respect and spoke about them in an affectionate, caring manner. For example, a staff member noted that the sun was shining in a person's eyes and offered to close the curtains or assist them to move to an alternative chair. We saw a person on their way to the dining room for lunch. They said they had no money and a staff member reassured them saying "It's already paid for, it's all sorted."
- During discussions with staff, they demonstrated a good understanding of people's individual needs, preferences, backgrounds and interests. They used this knowledge to engage with people in a meaningful way.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. Staff gave examples of how they had recognised people's diverse needs and respected their individual lifestyle choices.
- People were supported to follow their faith. Local clergy were invited to the home on a regular basis and the management team said leaders of any religion would be welcomed at the home.

Supporting people to express their views and be involved in making decisions about their care

- Records confirmed that people, and where appropriate family members, were involved in meetings to discuss their views and make decisions about the care provided. A family member told us "We are always contacted and our views asked for the care plan."
- Staff showed a good awareness of people's individual needs, preferences and interests. Care files included information about people's life histories, their preferences and what was important to them. A staff member said "We have time to get to know people." Another told us they "Make an effort/time to get to know people including talking with people's relatives."
- Staff understood people's rights to make choices. We heard people being consulted throughout the inspection about where they wished to go and what they wished to do. For example, people were asked where they would like to sit and offered choices about what they would like to do.
- People's views about the service were sought. Meetings were held with people. Records of these meetings

were kept and showed people were asked about changes to the service provided. Informally the provider and deputy manager would speak with people and visitors on a regular basis to ensure they were satisfied with the care being provided.

- Family members were welcomed at any time. One visitor said, "I can visit whenever I want." Staff ensured that family members, and others who were important to the person, were kept updated with any changes to the person's care or health needs.

Respecting and promoting people's privacy, dignity and independence

- Care was provided in a way that respected people's privacy and dignity. People were supported to be independent as far as possible.
- When asked if staff respected their privacy and dignity a person said, "Oh yes, always." A staff member said they "Shut the door and make sure to talk with people so they know what we are doing."
- People had been asked if they had a gender preference regarding staff who might be providing personal care support. Respecting these choices helped ensure people's privacy and dignity, as they were cared for by staff they felt comfortable with.
- Staff encouraged people to be as independent as possible. Care files included information as to what people could do for themselves. One person told us they were able to go to the local town on their own. The deputy manager told us how when the person had first moved to the home staff had accompanied them until it was evident the person knew their way around.
- A care staff member described how they "Make sure I get them (people) to do as much for themselves as they are able to do, if they need help we will step in."
- At lunch time we saw a range of crockery and cutlery was available to suit each person's individual needs meaning wherever possible people could eat without staff support.
- Care files and confidential information about people was stored securely and only accessible by authorised staff when needed. This demonstrated people's confidential information had been stored appropriately in accordance with legislation.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed prior to them going to live at Bluebell House. Information from the initial assessments was used to develop detailed care plans.
- Person-centred care was promoted. People's likes, dislikes and preferences were recorded in their care plans that were reviewed and updated, when needed. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- Staff were responsive to people's changing needs. Technology was used to ensure people had assistance when needed. For example, a call bell system was in place so that people could request prompt support and equipment was available to inform staff if people at high risk of falls were moving about in their bedrooms.
- People were encouraged to make their own decisions and choices and told us they were involved in decisions about their day to day lives. For example, what time they liked to get up, when they wanted their lunch and if they wanted to participate in activities. This was observed throughout the inspection.
- Staff worked together well to deliver timely and effective care to people. They received a verbal handover between each shift. This helped inform staff of any changes in people's needs. We observed a handover during the inspection and found staff were provided with clear and up to date information about changes in people's needs and actions to take.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.
- Care records identified if a person had a sensory loss and what staff should do to support the person to improve communication. The deputy manager told us that they could print text for people in larger print and also used picture cards to help people understand information. We saw these cards being used to help people make choices about what they would like to eat.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships with those close to them. Relatives told us

they were always welcome in the home and were regularly updated about people's wellbeing and progress. One relative told us, "I trust them (staff), I have no concerns and do not worry when we are unable to visit. They [staff] will always let us know if there are any problems."

- People had access to a range of activities, including, movement to music, art sessions, gardening club, visits from animals and reminiscence sessions. In addition, there were regular visits from entertainers and church representatives. When asked about activities a person said, "Oh yes, they are lots."
- Since the previous inspection an activities lead had been appointed who was available three afternoons each week. At other times they worked as a care staff member meaning they had been able to get to know people well.
- As well as planned activities, staff told us they organised spontaneous activities during the day, such as games and reminiscence talks. We saw examples of this occurring during the inspection.
- Seasonal events were celebrated. For example, we saw that people would be celebrating Christmas which family members were invited to join people for. Additionally, birthdays and other important days for people were celebrated. The home had organised a party for a person to celebrate their 60th wedding anniversary.
- There were links with their local community, such as a primary school where children had attended the home to sing carols. The provider told us this had been very well received with two people who rarely left their bedrooms coming to the lounge to meet the children. There were plans for further visits from the children in the New Year.

#### End of life care and support

- We spoke with relatives of a person receiving end of life care. They told us how staff were meeting the person's needs in a kind and caring way. They also told us that they were able to spend as much time as they wished at the home with a room being made available for them to rest in and that they were provided with frequent food and hot drinks.
- Some staff had undertaken end of life care training. Discussions with them showed that people were cared for with dignity and respect at the end of their lives.
- People's end of life wishes were captured within end of life care plans. This gave details of people's choices, including considerations to cultural and religious preferences.
- The management team told us that they worked closely with external healthcare professionals to respect people's wishes and provide them with the care they required to be pain free and appropriately cared for at the end of their life. They also described how they supported staff during these times.

#### Improving care quality in response to complaints or concerns

- People's views about the service were welcomed by the management team.
- People were given information about how to complain or make comments about the service with information about how to complain available in the entrance area. Comments forms encouraged visitors to provide positive or negative feedback.
- People and relatives told us they had not had reason to complain but knew how to if necessary. They said they would not hesitate to speak to the staff or the management team and were confident any issues would be resolved.
- Should complaints be received, there was a process in place which would ensure these were recorded, fully investigated and a written response provided to the person who made the complaint. We viewed the records relating to a complaint which had been received in the year prior to this inspection. This had been comprehensively investigated and a written response had been provided to the complainant.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, their relatives and staff all told us they thought the home was well run. One relative said, "We couldn't wish for a better place."
- The management team and staff demonstrated a good knowledge of person-centred care and promoted people or their family members being involved in the development of their care plans. People and their relatives spoke positively about the management of the service and all told us they would recommend the home to others.
- Staff had a good understanding of people's needs and demonstrated a shared commitment to treating people in an individual, person-centred way.
- The provider had clear expectations that staff would provide high-quality care in a caring and compassionate way. From our observations and discussions with staff, it was clear they understood these values and were committed to meeting them consistently in their day to day work.
- The management team had sought support from external sources where necessary to ensure people received the care and support they required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We identified several incidents which should have been notified to CQC. These would normally have been completed by the provider who, for personal reasons, had not been able to spend as much time at the home as previously. The deputy manager was aware of the need to notify us of these and undertook to ensure these were subsequently notified and action taken to ensure they would be responsible for these moving forward. Records showed all incidents had been report to the local authority safeguarding team and where appropriate to family members.
- The management team were aware of their responsibilities under the duty of candour, which requires providers to be open and transparent if people come to harm. They showed us examples of when this had been followed, both verbally and in writing, as required.
- The home's previous rating was prominently displayed in the entrance lobby
- All staff were open and transparent throughout the inspection. The provider and deputy manager were responsive to any suggestions for improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place. Bluebell House was owned by a limited company of which the registered manager was a director. They were normally in day to day charge of running the home and it was evident from discussions with them and staff that this was usually the case. Due to personal circumstances they had been less able to manage the service and the deputy manager had undertaken more of these tasks. The deputy manager informed us they had commenced the process to apply to become the registered manager for the service with the provider continuing to be highly involved in the home.
- Staff understood their roles and were provided with clear guidance of what was expected of them. Staff communicated well between themselves, for example during handover meetings, to help ensure people's needs were met. Care staff commented that they all worked well as a team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider consulted and engaged with people in a range of ways. These included quality assurance surveys, 'residents' meetings and one-to-one discussions with people and their families.
- The provider demonstrated that the staff were valued. For example, staff were all receiving a gift for Christmas. The provider told us that they felt it was important to recognise the hard work staff put in and that they were appreciated.
- Staff told us they felt valued and were complimentary of the support they received from both the provider and deputy manager who were always available for guidance and support. One staff member said, "The manager [provider] and deputy are always available to help or ask for support, they are really good."
- Staff meetings were also held, and the management team had an 'open door' approach, meaning staff could raise any issues or questions at any time.
- People were receiving care and support which reflected their diverse needs in respect of the protected characteristics of the Equality Act 2010.

Continuous learning and improving care

- There were quality assurance procedures in place. These included formalised audits which were completed regularly. Audits included, care plans, observations of staff, medicines, infection control and the environment. Where necessary action plans were developed to address any areas identified in audits.
- Additionally, the management team monitored the service people received by observing staff practice and approach, to ensure they worked safely and displayed a respectful attitude. This included providing some direct care when required.
- The provider and deputy manager had completed relevant training to support them in their roles. They were also members of a care provider's forum that shared best practice guidance and belonged to a network of homes that focused on local healthcare issues. The management team were up to date with relevant research. For example, they had introduced oral health care plans.

Working in partnership with others

- The service worked in collaboration with all relevant agencies, including health and social care professionals. The management team was clear about who and how they could access support from should they require this. They demonstrated an open attitude to seeking support.
- Other links had been developed with community groups, including a local school whose children had visited to sing to people. Further visits were also planned for the New Year.

