Care Quality Commission

Ideal Carehomes Limited

Bloomfield Court

Inspection report

27 Central Avenue
Tipton
DY4 9RR
Tel: 0121 521 5747

Date of inspection visit: 10 and 24 August 2015
Date of publication: 19/10/2015

Ratings

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

Overall summary

The manager was registered with us as is required by law. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that medicine management systems needed some improvement so that people would consistently receive their medicine safely and as it had been prescribed by their doctor.

Staff had received training about safeguarding the people in their care. People had not suffered any abuse or bad treatment. People and relatives had no concern about their family member's day to day safety.

There was not always enough staff to meet peoples needs and to keep them safe. A number of staff had left and that had caused a shortage. New staff had started work and agency staff were being employed but they did not always have the experience or full knowledge to meet some people's needs.

Falls management monitoring processes needed further exploration as there continued to be a high number of falls.

Summary of findings

Although most people and their relatives told us that the service was effective in meeting identified needs, we found that people's complex behaviour needs and weight loss were not always dealt with effectively.

Staff had understanding and knowledge regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS). This ensured that people who used the service were not unlawfully restricted.

Processes were in place to induct new staff to ensure that they had some knowledge when they first started work. Staff received one to one supervision sessions and had the opportunity to attend staff meetings which provided support and development.

People who used the service described the staff as being nice and kind. Relatives felt that the staff were polite and showed their family member respect.

A complaints procedure was available for people to use. However, complaint documentation did not give full assurance that they had been followed through to an outcome.

Activity provision was not tailored to meet the individual needs of people who lived there.

We found that cleanliness regarding carpets, some bedrooms, and the kitchenette area on the ground floor was not adequate. We found that some arm chairs were in a poor state of repair.

There was a consistent management team that people and relatives could access if they had the need. The registered manager and provider had established systems to ensure a quality service. The systems, however, did not always ensure that people would be safe or that their needs could be met.

You can see what action we asked the provider to take at the back of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not safe.

Medicine management was not consistently safe. People did not always receive their medicine as it had been prescribed by their GP.

Procedures had not been followed to ensure adequate cleanliness of the premises.

Procedures in place had not always prevented people falling and being placed at risk of injury.

Recruitment processes prevented unsuitable staff being employed which reduced the risk of harm to people.

Requires improvement 

Is the service effective?
The service was not always effective.

People and their relatives felt that the service provided was good and effective.

The service provided did not always meet people's behaviour needs that could challenge the service and others.

Processes in place did not always ensure that people's weight loss was properly managed.

Requires improvement 

Is the service caring?
The service was caring.

People and their relatives described the staff as being kind and caring.

People's dignity, privacy and independence were promoted and maintained.

Visiting times were open and flexible and staff made people's relatives feel welcome.

Good 

Is the service responsive?
The service was not always responsive.

The majority of people and their relatives confirmed that the staff knew the people well enough to meet their needs.

Activity provision was not tailored to meet people's individual needs and aspirations.

Complaints processes did not give full assurance that complaints would be fully dealt with.

Requires improvement 

Is the service well-led?
The service was not well-led.

Requires improvement 

Summary of findings

The monitoring of the quality of the service was not robust to ensure that medicine management was safe and that infection prevention systems were adhered to in order to meet people's needs.

There was a leadership structure in place that staff understood. The relatives we spoke with knew who the registered manager was and felt they could approach them with any problems they had.

Staff felt that they were supported well by the management team.

Bloomfield Court

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.

Our inspection was unannounced and took place over two days; 10 and 24 August 2015. At the time of our inspection 46 people lived there. Our inspection team included two inspectors, a pharmacist and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information is then used to help us plan our inspection. The form was completed and returned so we were able to take information into account when we planned our inspection. We asked the local authority their views on the service provided. We also reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

On the day of our inspection we spoke with eight staff members, the registered manager and the area manager. We met and spoke with 18 people who lived there and nine relatives. We also spoke with an external health professional. We looked at five people's care records, ten medicine records, accident records and the systems the provider had in place to monitor the quality and safety of the service provided. We also looked at three staff recruitment records and staff training records.

Requires improvement

Is the service safe?

Our findings

A person who lived at the service told us, "There are no problems with how my medicines are given to me and I always get pain killers when I need them". Other people told us that they would rather the staff manage their medicines. Another person said, "Oh I would forget to take them. I am glad staff look after them [The medicines] for me".

We reviewed 10 medicine administration records (MAR) and found that people's medical conditions were not always being treated appropriately by the use of their medicines. For example, the medicines reconciliation process that we carried out found some of the MAR were not able to show that people were getting their medicines at the frequency that their doctor had prescribed them.

We found gaps in some people's medicine administration records which had not been identified by the staff or registered manager. We saw four records that lacked a staff signature to record the administration of the person's medicine or a reason documented to explain why the medicine had not been given. We found four people were not always receiving their night time medicines because they had retired to bed and were asleep at the time of the medicine round.

The provider had not made adequate arrangements for people to take their medicines when they were away from the service and as a consequence we found one person was not receiving their lunchtime medicine when they were out with their relative. We also found one person had not received any of their liquid medicine for two days because the provider did not have any in stock.

We observed the refrigerator temperature records and found that the monitoring was not ensuring that medicines were being stored correctly so they would be effective. We found that the maximum and minimum temperatures of the refrigerator were being monitored on a daily basis. However the records showed that the temperature was fluctuating between being above the expected maximum temperature and below the expected minimum temperature. We found that the refrigerator was storing temperature sensitive medicines called insulin. There could be a risk to people's health if this is not stored at the correct temperature, as it may not work as it was designed to. As a consequence of these temperatures the provider was advised to obtained new supplies of the insulin and discard the current stock.

We looked at records for three people who were having medicinal skin patches applied to their bodies. We found the provider was making a good record of where the patches were being applied. However, we found that the patches were not being applied in accordance with the manufacturer's guidelines. The provider therefore was not able to demonstrate that these patches were being applied safely and could result in the risk that these people's medical conditions would not be treated appropriately.

We found that where people needed to have medicines administered disguised in food or drink, the provider had not ensured all necessary safeguards were in place for medicines to be administered safely. There were no written protocols in place to inform staff on how to prepare and administer these medicines. This meant that people may be given the medicine when it was not needed, or not be given the medicine when it was needed. This could cause a serious risk to people's health and welfare.

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

People and relatives we spoke with told that they had not experienced or seen anything that had worried them. A person said, "No, nothing bad here". Another person told us, "No, the staff are nice and kind". All staff we spoke with told us that they had received training in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. The registered manager told us that they were in the process of securing refresher training for staff. A staff member told us, "If I am concerned about anything I report to my manager". The registered manager had reported to us and the local authority any safeguarding concerns as they are required to by law to help protect people from abuse.

Most relatives told us that people were safe. A person told us, "This is a safe place," Another person said, "I am safe". Staff told us that they had received health and safety and moving and handling training. A relative felt that their family member would be safer if staff better met their behaviour needs. Training records confirmed that staff had received the training and the registered manager told us

Is the service safe?

that they were arranging further training and/or refresher training for staff. We saw that risk assessments had been undertaken to explore risks regarding pressure sores and accidents to try and reduce them.

The falls analysis from March 2015 to the day of our inspection highlighted a number of falls. Although there were no real patterns or trends relating to the falls a number had occurred at night and a proportion had been 'un-witnessed'. The registered manager had been open about the number of falls and had informed the local authority. The registered manager gave us a detailed account of how they monitored incidents, falls and accidents. We saw that a range of equipment including mattress alarms and sensors were in place to alert staff when people were moving and could be at risk of a fall. We saw that aids to support people, when they were mobilising were also available. We saw that staff supported and reminded people, to use their walking sticks and zimmer frames. We saw from records, which were confirmed by staff, that referrals had been made to occupational therapy and physiotherapy professionals for advice and guidance on how to prevent people from falling.

A person told us, "There are always staff when I need them". A relative said, "There are always staff around when we visit. Another relative told us that in their view staffing levels were not adequate at weekends or during the night. Staff we spoke with had mixed views about staffing levels. One staff member told us, "In general there are enough staff. It is when staff phone in sick that problems can occur". Another staff member said, "We could do with more staff. If people need two staff to assist them and there should be one staff member in the lounge at all times. It only leaves one staff to see to everyone else". During our inspection we observed that there were not enough staff available at times. For example, one person did not come into the lounge until late morning the reason was that they needed two staff to assist them and there was not enough staff to do that earlier. At other times during the day we saw that there were adequate staff. At meals times we saw that there were staff available to serve the food and give people the assistance they needed. Staff told us, which was confirmed by the registered manager that some days agency staff were used. The situation was not ideal as agency staff were not totally familiar with people and not as experienced as established staff however, the registered manager was continuing to recruit new staff to improve the situation.

A relative told us, "This place is not clean enough. The chairs and carpets are stained. It is not good enough". We saw that carpets and chairs in the ground floor lounge were stained and dirty. We saw that there was a build-up of small dry food particles under kitchenette base units and under chair cushions in the ground floor lounge. We found that some bedroom windowsills were dusty and that there was also debris under those chair cushions. We found that some floors and surfaces were sticky. We looked at the cleaning schedules and saw that there were sections that had not been signed by staff to confirm that they had completed all cleaning tasks. We saw that there were holes in two chair arms in the ground floor lounge and that two people were sitting on chair cushions that did not have a cover and exposed the foam. We asked the registered manager and area manager to accompany us when we looked at lounges, bedrooms and furnishings. They both agreed that the cleaning was not adequate. This demonstrated that the provider had not taken action to ensure that the cleanliness of the premises was adequate and could place people at risk of acquiring an infection. The registered manager told us that they would investigate the situation further and improve cleanliness. Following our inspection we told Sandwell Public Health department about our findings. In response they visited the home and carried out a full infection prevention audit. Although they made some recommendations they found no major issues. This meant that the provider had listened to us regarding our concerns about the cleanliness and had taken some action to improve. To date we have not been able to test improvements made as we have not inspected the premises since.

There were procedures in place concerning emergency situations regarding a fire or accident. Staff told us what they would do in emergency situations. A staff member said, "I would assess the situation and get help. I would phone the emergency services or doctor if they were needed". During our inspection we witnessed a person fall. We saw that an agency staff member tried to catch the person and did this by holding their arm. Following this we saw the person rubbing their arm. We raised this with the registered manager who told us that the staff had not followed procedures. They told us staff should not stop people falling as it could cause an injury. They told us that they would speak with the staff member and the agency to prevent this happening again.

Requires improvement

Is the service safe?

Safe recruitment systems were in place. Staff confirmed that checks had been undertaken before they were allowed to start work. A staff member told us, “Oh yes, I had all the checks done before I was allowed to work”. We checked three staff recruitment records and saw that pre-employment checks had been carried out. These included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. These checks minimised the risk of unsuitable staff being employed.

Requires improvement

Is the service effective?

Our findings

People and the majority of relatives were happy with the service provided. One person said, "I think it is excellent. I went somewhere else but it was not like here. So I came back". Another person said, "I am happy". A relative told us, "My mother was in another care home but did not like it. We moved her here and she is 'delighted' with it and is really happy". However, another relative was not happy and felt that the staff did not meet their family member's needs. They told us that they felt that because their family member's needs were not being met they [Their family member] were not happy and had occasions when they had behavioural outbursts.

A person said, "I am looked after well". A relative said, "Their [Their family member's] needs are met". Staff knew how to defuse some behaviour that could challenge. We observed one situation where a person became very frustrated, they were banging the table. A staff member noticed this and responded straight away. They diverted the person by quietly talking to them. However, we observed that staff had difficulty supporting people with complex dementia needs. We observed one person who was agitated. Although the staff tried to pacify them by speaking with them this had no effect. The person's relative told us that staff were not meeting their needs. We spoke with the registered manager about this who agreed. She said, "The person's behaviour needs have changed and some staff have difficulty dealing with this. We have referred the person for re-assessment to see if we can better meet their needs". That a referral had been made was confirmed by an external health care professional we spoke with. They too confirmed that staff had difficulty in meeting people's needs who had complex challenging behaviours.

A staff member told us, "I had induction training when I started. I went through policies and procedures and introduction to people". Another staff member was complimentary about their induction training and told us that they had 'shadowing' shifts with experienced staff to be introduced to the people who lived there and to get familiar with the way in which they should work. Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. All staff we spoke with told us that they felt supported on a day to day basis. They told us that they received regular one to one supervision to discuss training they needed and their performance. One staff member said, "I do feel supported by managers and other staff".

A staff member said, "Before I started work I had to do all of the training". Another staff member told us, "I feel confident and safe to do my job". The staff training records that we looked at confirmed that staff had received mandatory and some specialist training for their role. However, some training was highlighted as in need of refresher training. The registered manager told us, and showed us documents, to confirm that this was being arranged.

A person said, "The staff ask me before they do anything." People told us that staff always asked their permission before undertaking tasks or providing support and care. Staff we spoke with understood the importance of asking people's permission before they provided support. A staff member said, "I explain and ask people before I provide support". Our observations confirmed this. We heard staff explaining to a person why they should move from their wheelchair into an easy chair (to make them more comfortable) and before they took them to the toilet. We saw that people responded by saying "Yes", or co-operating happily with staff.

We found by speaking with staff that they had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) and how this impacted their work. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. DoLS requires providers to submit applications to the local authority to deprive someone of their liberty. Staff confirmed that where it was determined a person lacked mental capacity to make decisions about their care and support they involved appropriate family members, advocates or health/social care professionals. This was to ensure that decisions that needed to be made were in the persons best interest. A relative said, "They always ask my view about everything and include me". Staff we spoke with gave us an account of what lack of mental capacity meant and what determined unlawful restriction and what they should do if they had concerns. The registered manager had referred a number of people to the local authority regarding DoLS. These actions prevented people having their everyday rights unlawfully restricted.

Requires improvement

Is the service effective?

A number of people communicated their needs or distress through behaviour. When we asked staff about peoples individual behaviour 'triggers' they were not all aware of them. A trigger is something that may happen to provoke behaviour. A healthcare professional told us, "The staff do not seem aware of what triggers peoples behaviours". Where the triggers were known action was not always taken to prevent the behaviour. One person liked to go in the garden. Their relative told us that they got agitated if they felt they could not go out when they wanted to. We looked through the person's care files and saw that during the latter part of July and start of August 2015 there was only one entry to confirm that they had been in the garden with staff. An external healthcare professional told us that there was not adequate positive stimulation for the person and that caused some of their behaviours. This highlighted that the staff were not all able to deal effectively with people who challenged the service and others which placed people who lived there at risk of harm.

A person told us, "I like the food". Another person said, "The food is good". We looked at two people's care plans and saw that their food and drink likes, dislikes and risks had been determined. We observed the breakfast and midday mealtimes. The food looked appetising and there were options available at each meal. At breakfast time people could chose cereals and toast or a full cooked breakfast. At lunch time there was at least two hot meal options available. Generally, we saw that staff were available to give people assistance with eating and drinking we saw that this was done in an unhurried way. We saw that people were offered choices and shown meals so that they could choose what they wanted to eat. However, this was not always the case. We observed one situation where a person did not understand the food option choices. They shouted, "I don't like it. I don't want it." We did not see staff giving the person the time they needed to make a meal choice or offering them a lighter option. We did not see the person eating anything.

A person said, "I have lots to drink". Throughout the day we saw staff offered people drinks regularly and encouraged them to drink to prevent ill health. Staff knew which people were at risk of dehydration and paid attention to this. A staff member used a straw so that a person who was being cared for in bed could drink easier. They said, "I know that they [The person] needs to drink plenty".

We found that where people were at risk of weight loss or had difficulty swallowing staff referred them to the dietician and speech and language specialists. We saw that some people needed a thickening agent in their drinks to prevent choking. Staff we asked knew which people needed these products and we saw that the products were used. However, an external health professional told us, "I do not think staff are doing enough to prevent their [A particular person] weight loss". The person's relative also confirmed this. We found that staff had not always followed instructions given by the dietician to improve individual people's weight loss situations. Recommendations made by the dietician on the person's file had not been transferred into a care plan. Because of this there could be a risk that, although permanent staff may have been aware of what they should do to prevent the person losing more weight, agency staff [the service used agency staff regularly] may not.

A person said, "The staff get the doctor if I am not well". A relative told us, "The staff make sure that they [Their family member] have their feet done". Other people and relatives we spoke with confirmed that staff supported people to access health or social care services. Staff told us and records confirmed that people who required healthcare support were seen regularly by specialist health care staff including the community matron and the Community Psychiatric Nursing (CPN) team. We saw that a CPN visited one person during our inspection. They told us that the staff referred people to them when there was a need.

Good

Is the service caring?

Our findings

All of the people and their relatives we spoke with told us that the staff were, "Kind" and, "Caring". A person said, "The staff are very kind". Another person told us, "The staff are lovely". A relative told us, "The staff are caring". We observed some interactions between staff and the people who lived there and saw staff chatting with people in a friendly, caring way. We heard staff asking people how they were, asking about their family and showing an interest. A staff member told us, "I think all the staff here are all very caring".

People and their relatives told us that they were involved in care planning and decision making this was confirmed by the registered manager. One person said, "I am involved". A relative told us, "The staff do ask us our views if they [Their family member] can not decide on things them self".

A person said, "The staff are always polite to me". Other people also told us that staff were polite and always knocked their doors and waited for a response before entering their room. Staff we spoke with gave us a good account of how they promoted peoples privacy and dignity. They gave examples of giving people personal space and ensuring doors and curtains were closed when supporting people with their personal care. Relatives we spoke with told us that the staff were always polite and promoted their family member's privacy and dignity. A relative said, "The staff are all very polite and respectful". We saw the provider's confidentiality policy. Staff we spoke with told us that they read this when they started to work at the home. A staff member told us, "All the staff know that we should not discuss anything about the people here outside of work, to other people who live here, or to other relatives".

A person said, "I do things for myself when I can". People we spoke with told us that staff encouraged them to be independent. Staff we spoke with all told us that they only supported people do things that they could not do. We observed staff encouraging people to walk rather than them be pushed in wheelchairs this was for them to retain their mobility independence, and encouraging people to eat and drink independently.

A person said and laughed, "I like to look well presented". People told us that they selected their own clothes to wear each day. We saw that people wore clothing that was suitable for the weather and reflected their individuality. A person said, "I tell staff what I want to wear". Another person told us, "I choose my own clothes, I like to look nice". Care records that we looked at highlighted that peoples appearance was important to them. A relative said, "The hairdresser comes regularly and they [Their family member] always enjoys having their hair done. It makes her feel good". We saw a staff member applying nail polish for one person. The person was pleased and smiled. Staff we spoke with were aware of peoples wishes regarding their appearance and confirmed that they gave support to meet peoples appearance needs.

People we spoke with all enjoyed having visits from their family and the provider ensured flexible visiting to accommodate this. One person said, "I like it when my family come. They can come any time". Relatives told us that they could visit without any restrictions. A relative said, "I visit when I want to and am made to feel welcome by staff". I have also been invited to go out on outings with them [Their family member] that have been arranged which was nice".

People confirmed that staff communicated with them in a way that they understood. A person said, "The staff talk to me in a way I understand". We saw that staff spoke with people in a calm way. They made sure that they faced people when they spoke with them. They waited to make sure that people had understood what was said to them and repeated what they said if they thought they had not. This demonstrated that staff knew it was important to communicate with people in a way they understood.

We saw that information was displayed giving contact details for independent advocates services. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes.

Requires improvement

Is the service responsive?

Our findings

A relative told us, "Before they [Their family member] came here an assessment was carried out and we were asked questions about their life, condition, likes and dislikes. The registered manager told us and records that we looked at confirmed that prior to people receiving service an assessment of need was carried out with the person and/or their relative to identify their individual needs, personal preferences and any risks.

A person said, "I think the staff know me well and what I need". A relative told us, "I think they [The staff] know her well and meet her needs". Staff were able to tell us about people's individual support needs and interests. For example, one staff member told us all about person's daily routine preferences and how they liked their support to be provided. Another staff member told us about a person's past working life and interests.

Staff told us that peoples care plans were reviewed regularly. Although relatives we asked were not aware, or could not remember seeing their family member's care plan, they told us that staff involved them in deciding how support would best be provided to make it appropriate and safe.

All the relatives we spoke with told us that the staff knew their family member well. A relative told us, "The staff are very good with him [Their family member] They understand him and his needs well". Another relative said, "They know her [Their family member] very well". All the people we spoke with thought that the staff knew their individual situations well. Care records that we looked at contained some important things about each person including their family members, where they lived previously, what they liked and did not like and how they best communicated. We read this information and asked staff about individual people. Staff we spoke with had knowledge of what was written about individual people. A staff member said, "We look at the records and care plans. I think all of the staff know the people we support well".

People we spoke with told us that they could be supported to attend religious services if they wanted to. Staff told us about the input they had secured previously when people wanted this. This demonstrated that the provider knew it was important that people had the opportunity to practice their preferred faith if they wished to.

A person told us, "There are things for us to do". Another person said, "It always the same things". A relative told us, "There could be better activities. I think people are bored". People we spoke with confirmed that they were offered some leisure time pursuits. We saw that staff supported people with craft work. We also saw that films were on the television. We looked at records of activities available and found that the majority offered was watching films or listening to music. We found that activity provision had not been tailored to meet all people's individual needs. A Community Psychiatric Nurse (CPN) agreed with our findings. They told us that for some people the lack of appropriate activity to prevent boredom and provide the correct mental stimulation could cause behaviour that could challenge the service.

People and relatives told us that staff asked them about their care. We saw completed surveys on care files. The overall feedback was positive and confirmed that people were satisfied with the service.

People who used the service and their relatives told us that they were aware of the complaints procedure. One person said, "I would tell the staff". A relative said, "If I needed to I would raise any issues with staff". Another relative told us, "If I have had issues I have spoken with staff and they have addressed and resolved them". We saw that a complaints procedure was in place. We looked at complaints that had been recorded. We saw that the complaints had been responded to in writing; However, the outcome of the complaint, or if the complainants were happy with the outcome was not always documented. Without this detail the provider may not be able to identify patterns or trends to alert them of action they need to take, or if people and relatives could be assured that their complaints was efficient.

Requires improvement

Is the service well-led?

Our findings

We saw evidence that showed the provider, or staff they nominated to do so, visited the home to carry out checks on the quality of service being provided to people. There was also evidence to show the registered manager carried out checks on service quality. However, we saw evidence that some of these checks were not effective. Cleaning rotas were not being regularly monitored and checked and as a result we saw areas of the home that were not sufficiently clean. Medicine audits being carried out to ensure the management of medicines were not sufficient as they had not identified the medicine issues that we did. This demonstrated that people could not be assured that the service provided was robustly monitored to ensure that they would be safe from ill health and their needs met.

The majority of relatives and staff we spoke with felt that the service was good and well led. A person told us, "It is excellent here". A relative told us, "I think it is a good service". Staff we spoke with told us that in their view the service was good.

The provider met their legal requirements and notified us about events that they were required to by law. The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by an area manager and senior care staff. Staff knew the on-call arrangements they could access if they needed to at night and during weekends.

A person said, "She is wonderful", pointing to the registered manager, "She sorts everything for me". The registered manager made themselves available and was visible within the service. We saw them out on the different floors during our inspection. We saw that people smiled and spoke with the registered manager which showed that they were familiar with her. All of the people spoken with knew who the manager was. The majority of relatives we spoke with knew who the registered manager was and felt they could approach them with any problems they had.

The registered manager told us that they had not personally completed the Provider Information Return (PIR). The PIR returned to us prior to our inspection by the provider was not fully completed. The incomplete sections related for example, the numbers of staff that had been employed and the number that had left, the reasons for staff leaving, and some staff training sections. At least twice the PIR referred to another home called Herald Lodge rather than Bloomfield Court so it was unclear which home the information related to.

The provider and staff had been keen to secure input from external agencies to ensure that the support provided to people with complex needs was appropriate. These included the local authority quality team and community mental health teams. This demonstrated that the staff knew when they needed additional support and took action to secure this to meet people's needs.

Staff told us that they felt supported by the provider. A staff member told us, "I feel well supported by the managers. I am happy working here". We looked at a selection of staff meeting minutes and found that the meetings were held regularly. Staff also told us that the service was well organised, and that they were clear about what was expected from them. Relatives we spoke with felt that the staff were well led and worked to a good standard. A relative told us "The staff attitude and behaviour is fine and they meet his needs". Another relative said, "I have no issues about the care that staff provide". A third relative told us, "The staff are fine and care in the way we want".

The staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. One staff member said, "If I saw anything I was concerned about I would report it to the manager. We have policies and procedures regarding whistle blowing". We saw that a whistle blowing procedure was in place for staff to follow.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 Medicine management was not consistently safe. People did not always receive their medicine as it had been prescribed by their GP.