Mr Paul Bliss

Leonard Elms Care 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?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Leonard Elms Care Home provides care and accommodation to up to 73 older people. The home comprises two units known as The Cherries, which provides care to people with dementia, and The Elms which provides nursing care. There were 51 people living at Leonard Elms Care Home at the time of our visit. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

Improvements were needed so that people were provided with a good level of safety in all areas. This

Summary of findings

meant ensuring risks within the environment were identified and reduced as far as possible. The procedures for recruiting staff were also not as thorough as they should have been.

Systems were in place for monitoring the service, however these did not always ensure that shortcomings were being found and responded to promptly. Although we had received a number of notifications during the last year, these did not cover all relevant events.

People received an effective service. This was because staff received training which helped them to do their jobs well. Staff understood the importance of supporting people with their nutrition and ensuring that any concerns about their health were followed up promptly.

A system was in place for assessing people's needs and for the planning of their care. However there were shortcomings in how the system was being implemented and records did not always provide good information about people's care.

Staff were caring and the people who lived at the home were treated with respect. The relationships between staff and the people at the home were friendly and positive.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this 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 in all areas. Risks to people were not always being identified and reduced. Some facilities and parts of the environment were presenting a risk to people's safety.

Staff were aware of risks relating to people's care needs. Procedures were in place which helped to ensure people were safe, for example when receiving support with their mobility. Staff understood their responsibilities in relation to safeguarding people from abuse.

People told us they usually felt safe in the home. There were enough staff to maintain people's safety. However the recruitment procedure did not always ensure staff were suitable before starting to care for people at the home.

Requires Improvement

Is the service effective?

The service was effective. People received the assistance they needed with eating and drinking. Staff supported people in ways which helped them to maintain their nutritional intake. People mostly enjoyed the meals.

Staff received training which enabled them to do their jobs well and to care for people effectively. They felt well supported and were enthusiastic about their work.

Staff were alert to conditions and signs of ill health in people. They knew when these needed to be followed up with the GP or a health care professional.

Good

Is the service caring?

The service was caring. People at the home spoke favourably about the care they received and how they were treated by staff.

The relationships between staff and the people they cared for were friendly and positive. Staff spoke about people in a respectful way.

Relatives were welcome at the home and this helped them to feel involved in the care of their family members.

Good

Is the service responsive?

The service was not consistently responsive to people's needs. A system was in place for the planning of people's care. However there were shortcomings, which meant there was a risk that people would not receive the care and support they needed.

Care plans provided basic information about people's needs but lacked a person centred approach. Records were not consistently completed to give a good picture of the care that had been agreed and provided.

Requires Improvement

Summary of findings

People enjoyed some social activities, although plans for supporting people with their social needs were not well developed.

Is the service well-led?

Requires Improvement

The service was not well led in all areas. Information, including notifications as required under the regulations, were not being provided to the Commission when needed.

There was an organisational structure which provided support for the registered manager. People felt that the registered manager was approachable and staff appreciated their 'hands on' approach.

Systems in place for monitoring standards in the home were mostly well developed. However not all aspects of the service were being effectively monitored.

Leonard Elms Care Home

Detailed findings

Background to this inspection

We inspected Leonard Elms Care Home on 24 July 2014. The inspection team consisted of an inspector, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor had a nursing background and the expert by experience had experience in dementia care. The previous inspection of Leonard Elms Care Home was in October 2013. There were no breaches of the regulations identified at that inspection.

Before we visited Leonard Elms Care Home we checked the information that we held about the service and the service provider. We looked at previous inspection reports and at the notifications we had received about the service. A notification is information about important events which the service is required to send us by law.

Prior to our visit we had also asked for a Provider Information Return (PIR) to be returned to us. The PIR is information given to us by the provider. This enables us to ensure we are addressing potential areas of concern. However, we did not receive the PIR by the date asked for and it was returned to us by the registered manager after the visit.

During our inspection we spoke with 16 people who lived at the home and with three relatives. We spoke with eight staff members and the registered manager. We observed people receiving support from staff and looked around the accommodation. Six people's records were looked at, together with other records relating to care and the running of the home.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

Improvements were needed to ensure that the service provided people with a good level of safety in all areas. Some facilities and parts of the environment were presenting a risk to people's safety. In particular, a hot serving trolley was kept in a busy corridor and a hot water cylinder was on top of a trolley in a communal area. These were hazards due to their high temperature and because they were readily accessible to people. In a dining area we saw wallpaper that was hanging down by a wall light. This was a hazard because the wallpaper was very close to the hot light bulb. We brought these matters to the attention of the registered manager so they would be followed up. The registered manager confirmed after the inspection that hot trolleys and surplus kitchen equipment had been moved to a room which was not accessed by people at the home.

Staff told us about some concerns they had in relation to the environment. One staff member in The Elms commented that the accommodation was "not conducive to care". They went on to explain that there was limited space in the corridors, which had affected how safely people could move around. Staff said it was sometimes "problematic" to use and manoeuvre some essential equipment in bedrooms. We saw staff having to move around chairs and spare furniture in order to access cupboards. Warning notices on doors were not being complied with, for example, a door with the instruction to 'Keep Shut' was being propped open with a chair. This causes an obstacle for people and compromised safety in the event of a fire .

Staff in The Elms said the unit generally was too hot. Some fans and ventilation were being used although staff felt that more were needed. In one communal area, a rotating fan had been fixed to a table using parcel tape. We saw items such as games were left on the floor in communal areas, rather than stored away when not in use. This meant they were a tripping hazard to people. Items were not being safely stored, for example we found personal files, hoist slings and bottles of cleaning fluid were being kept together in a cupboard off one communal room. The cupboard was unlocked, which meant the items were accessible to people who lived at the home. This presented a risk of people coming into contact with hazardous materials.

At one point during our visit, the electricity supply was turned off in order to check the working of an item of electrical equipment. People were not informed at the time this was happening. This affected people watching television, however the impact could have been greater if other electrical items were being used at the time in connection with people's care.

Staff were aware of risks to people's safety relating to their individual needs. Staff understood the risks associated with bed rails and the need to check that these were working safely. Staff also recognised the importance of correct moving and handling when supporting people. They said they had received training in how to care safely for people who needed assistance with mobility. We saw portable hoists being used appropriately with people during the inspection.

Staff told us 'one to one' support had been arranged for certain people who lived in the home. This helped to ensure that people were safe in their daily routines and it reduced the need for restrictions of their liberty to be in place. The members of staff we spoke with felt there were enough staff on duty at any time to ensure people's safety. They said additional care staff were deployed at times in response to increases in the dependency levels of the people at the home.

The registered manager told us staffing levels during the day and at night had been established based on the number of people who used the service. They told us the number of staff hours had increased to take account of a range of factors, such as people's dependency and the lay out of the home. These arrangements helped to ensure there were always enough staff to meet people's needs and to maintain their safety. A system was in place for allocating work to the staff so they knew who they were providing care to and responsible for on each shift. During the inspection, staff responded promptly when people used the home's call alarm system.

In the Provider Information Return (PIR) we were told about the recruitment procedure in place to ensure new staff were safe to work with people at the home. This involved a check with the Disclosure and Barring Service (DBS) and obtaining references, including one in relation to the applicant's previous employment. The DBS helps

Requires Improvement

Is the service safe?

employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults.

Records showed a range of checks were being undertaken as part of the recruitment process for staff employed during the last year. These checks helped to ensure staff were suitable for the work and safe to be in a caring role. However, not all the appropriate checks were being completed before staff began their employment. One staff member had started working in the home two weeks before the outcome of their DBS 'Adult First' check was known. This is the check which shows whether the person is barred from working with vulnerable adults. Another staff member had started work when only one reference had been obtained and before the outcome of their criminal records check was known.

This is a breach of Regulation 21 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of this report.

People who used the service and their relatives said they usually felt the home was safe. An exception to this was times when people entered other people's rooms without being invited. A relative said this had happened on a number of occasions, which had been very unsettling for the person who was in their bedroom.

Staff said they knew how to report any concerns they had about people's safety or people being at risk of harm. Staff told us about their responsibilities in relation to safeguarding people from abuse and to report any concerns to their manager. The arrangements for safeguarding people from abuse were stated in a written procedure that was available to staff. Staff also received training in safeguarding adults training so they understood what abuse is and the different forms of abuse that can occur.

Staff were aware of the risk of people being deprived of their liberty when in the home. They understood that any deprivation of liberty would need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The DoLS provides the process by which a person in a care home can be deprived of their liberty when they do not have the capacity to make certain decisions and this is in the person's best interests and there is no other way to look after the person safely. The registered manager confirmed their knowledge of a change in the criteria for making an application and the implications this had for the service. We were told reviews were being undertaken to see what changes would be needed and discussions were taking place with the local authority about the application process.

Good

Is the service effective?

Our findings

The registered manager told us people were provided with information about the service and an assessment of their needs was undertaken prior to moving into the home. People were being shown around the home during our inspection and being given the opportunity to ask questions about the service. This helped people to make a decision about whether the home was suitable for them and would meet their needs.

People and their relatives spoke positively about different aspects of the home. People were appreciative of the support they received from staff. One person told us "The girls are lovely to an old person like me; they treat me as if I was their granny. They help me get washed and dressed and ask me what I want to wear". Another person commented "I am very happy here, it is free and easy."

People said an enclosed courtyard garden accessible from The Cherries unit was a good facility. They liked the sitting areas and it was sheltered. We saw this being well used during the inspection. The four corridors which formed a square around the garden had each been painted a different colour to help people's orientation.

We heard favourable comments about the meals such as "Staff know what food I like, it's very good", "Not exactly home cooking but I always enjoy it" and "We get lovely food, something different every day." People were more positive about the lunch meal than the tea meal. We were told that tea "could be better" and was sometimes "lacking in quality". Staff said people were usually satisfied with the meals but they felt the pureed meals could be improved by being better presented and having more taste. Pureed meals are prepared for people who have difficulty with chewing or swallowing.

Staff understood the need to support people so they had sufficient to eat and drink. During the day, staff offered people a choice of drinks and encouraged them to take as much as possible. At lunchtime, staff noticed when people were not eating and responded to this. One person, for example, was offered a different main course which they then enjoyed. Another person did not want their main course but was tempted by the pudding that was offered to them and then had a second helping. Staff said if this person had continued not to eat they would have been offered enriched milkshakes. Someone else had requested 'vegetarian finger food' and this was provided for them. These actions helped people to maintain their nutritional intake.

Some people were assisted with eating their meals by staff who sat beside them. Staff provided support at a pace to suit the person and in an unhurried manner. Items such as plates with raised sides helped people to eat independently. However we saw people who ate in the lounge were not always well positioned in their chairs, which meant they had to overreach to get to their plates.

We were told in the PIR that people at the home had "open access" to GP facilities, so they were able to engage, for example, with physiotherapists and occupational therapists. Comments from staff showed they were alert to conditions and signs of ill health in people that would need to be followed up. For example, staff said when providing personal care they checked for redness on a person's skin as this could be a sign of pressure damage. Staff told us such concerns would be reported to the person in charge.

People's care records showed a range of health care professionals had been contacted in connection with people's needs. We read, for example, about the involvement of a dietician and the speech and language team. A visitor told us an occupational therapist was advising on a suitable chair for their relative in the home. This showed that healthcare professionals were being appropriately involved to help ensure people's needs were met.

Some staff attended 'handover' meetings at the beginning of each shift. We attended a handover meeting when each person was mentioned in turn and any specific issues were highlighted. Those staff who attended the meetings then passed on relevant information to their colleagues. This meant staff were kept up to date with the day's events and any changes in people's health and care needs.

Staff said they had received training which enabled them to do their jobs well. One member of staff said "I have learnt what to look out for". They gave the example of their knowledge of catheter care and how to support people so they were comfortable. Staff said they had undertaken training covering a range of subjects when starting in the home. This was followed by refresher training and the opportunity to request training in more specialist subjects.

Good

Is the service effective?

Staff told us they received supervision from their manager about every six weeks and had an annual appraisal. Staff we spoke with felt well supported and were able to talk about their training needs and personal development. For example, one member of staff commented "When I started, I was supernumerary and shadowed an experienced carer; I was able to do this until I felt confident enough to work on my own. I knew I could go to my supervisor at any time if I needed help or something explained to me." The registered manager kept a spread sheet record which enabled them to monitor the training and supervision staff received to ensure they were up to date. The record showed staff had received supervision in the last one to three months.

The home was involved in the 'butterfly project'. This is a national initiative with the aim of helping services to develop a holistic approach in the care of people with dementia. Staff were enthusiastic about what they were learning about dementia. One member of staff said the project was giving them "a new way of looking at their residents and a different approach to care giving". This meant a more person centred approach to care was being developed at the home.

Good

Is the service caring?

Our findings

People spoke about the kindness of the staff who cared for them. One person, for example, commented "The staff are so kind to me, they seem to know what I like and just do it." Another person told us "Staff are extremely kind, especially to those people who cannot do anything for themselves" and "Some people here are touchy, but staff have a way of making things better". We heard other comments about the staff, such as "They will always help you if you want something" and "They have got to know me very well."

Not everybody who used the service was able to express their views verbally. We observed people being supported in the lounges; their body language indicated that they were relaxed and comfortable in the company of staff. People reacted positively when staff approached and spoke to them. Staff used people's own name and any terms of endearment were used appropriately. People were spoken to by staff in a friendly manner and given time to respond to what they were being told or asked.

In people's care records we saw some information, for example about their interests and their likes and dislikes, had been recorded in a document called 'This is me'. This document is designed to provide information about a person with dementia so that staff can gain an understanding of who the person really is. This helped to ensure that staff got to know the people they cared for and the things that were important to them.

Relatives said they were made to feel welcome at the home and there were no restrictions on visiting. Some relatives visited regularly, including daily, and told us they had got to know many of the staff well. The comments from visitors we met in the home were favourable. One person, for example, said staff provided good personal care to their relative who was always "clean and well dressed" when they arrived. Another relative said they initially had reservations about the care, but their view of the service was improving over time.

The relationships we observed between staff and the people at the home were positive and friendly. Staff spoke about the people they supported with respect and empathy. One member of staff, for example, commented "I pride myself on being able to look after people well and give them the care they deserve. I think that as this is the last phase of their life I want to make it as happy and pleasurable as I can."

In the lounges we saw some people had developed friendships and spent time in each other's company. Staff we spoke with recognised that such relationships were important in terms of people's wellbeing. They also told us about the support and guidance that people may need in these situations. The comments from staff showed they were aware of the need to ensure that such contact between people was mutually beneficial.

People who used the service looked well supported with their personal appearance. They wore clothing that reflected their age, gender and preferred lifestyle. Staff told us some people needed a lot of support with dressing. They said they supported people to make choices, while at the same time encouraging people to wear clothes appropriate for the situation. An example of this was seen during the inspection when a person remained in their night clothes while using the communal areas. Staff said they had got to know this person and their moods and when would be a good time to offer support with changing into day clothes.

Requires Improvement

Is the service responsive?

Our findings

We looked at the care records for six people and at other care related documentation to see how people's care was being planned. There were shortcomings in the care planning system and how the documentation was being completed.

Assessments had been undertaken to identify people who were at risk, such as for example because of poor nutrition, mobility or tissue viability. We saw examples of care plans which gave guidance to staff about the support people needed in response to these risks. These included plans for moving and handling and the equipment that staff needed when assisting people. However, plans were not in place for all people's identified needs. One person had been assessed as being at high risk of developing a pressure ulcer. They did not have a care plan in response to this. Another person had been assessed as very high risk of developing a pressure ulcer; they also had no care plan for pressure area care although skin care was referred to in a care plan for mobility. This meant there was a risk people would not receive the correct care, because proper information regarding their care needs was not available in an appropriate plan.

The care planning system took account of a range of people's needs relating to physical health and care, and activities of daily living. However, the system did not routinely provide an assessment of dementia, mental health or behaviours that challenge. Although people's care records contained some risk assessments, these were limited and did not address key risks arising from people's behaviours. Staff told us that some people's behaviour was "unpredictable". It was therefore important that good information was recorded about how staff should support these people and take a consistent approach.

One member of staff said although this was an "older style model" of care planning, they felt it covered all that was required. They did not think people's care was compromised, for example due to there being no mental health or dementia assessment. In discussion with staff it was evident that their knowledge of people was based on experience and not what was written in care plans

The system included a monthly review of people's care plans. Phrases such as 'no change' and 'plan continues' were being used. This meant there was a lack of information about the effectiveness of the support that people received and the outcome of any evaluations.

Care plans were not consistently dated and there was a lack of documentary evidence to show that people, or their representatives, had been consulted about their care and involved in the care planning process. Staff told us each person had an annual review to include relatives and other professionals as necessary. The care records included evidence of the reviews happening, but not of who was present and how the plans had been updated or changed. A relative told us they were asked about their family member's initial care plan on admission, but had not been involved in any updating of it or a review of their care.

Records included conflicting or out of date information, for example about people's individual circumstances and what they were able to do. In one part of a person's record, we read they were 'bedbound', but in another section on religious and spiritual needs it stated the person was to be given the option of attending 'church visits'. Charts in relation to repositioning and fluid intake were not always being completed to give a clear record of the support people had received throughout the day.

This was is a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Whilst overall the care plans included information to enable staff to provide people with a basic level of care, they did not always link back to people's assessed needs and promote a person centred approach. It was reported in the PIR that the care planning process was going to be reviewed so that people's care plans were 'more individual' and would 'personalise their care to a higher standard'.

We saw staff responding to people's needs during our inspection. For example, staff regularly checked people had drinks; this was particularly important as it was a warm day and some people had been assessed as being at risk of poor hydration. People were also asked by staff if they were comfortable. When one person was asked where they would like to sit, they replied "outside in the shade". They were then helped to find a suitable place in the garden.

The home had communal areas which provided people with a variety of sitting areas and different outlooks. People could choose to spend their time in the lounges or in their

Requires Improvement

Is the service responsive?

own rooms. The arrangements at lunchtime were flexible, with meals being served in different areas of the accommodation. For some people, this meant having their lunch where they had been sitting during the morning or in the entrance hall to The Cherries unit. Although the hall did not appear to be a suitable location for eating a meal, staff said that this arrangement was meeting these people's needs at the time.

In the communal areas was saw some people chatted to each other and followed their own interests. Other people were less able to occupy themselves. The home's activities co-ordinator said they provided social activities on a flexible basis in response to people's needs at the time. In one of the lounges, people were asked by the activities co-ordinator if they would like to have the television on or music. Having chosen music, a CD was selected which reflected the era of most people and one person enjoyed singing along. The activities co-ordinator told us there were no individual plans in place for meeting people's social needs although they tried to ensure that time was spent with people in an equitable way.

We heard different views about the support being provided to meet people's social needs. One person commented "I can please myself; I enjoy going out on trips in the minibus or walking in the garden; I am never forced to do anything." We also heard how one person who had enjoyed gardening before being at the home was able to continue their interest by helping the home's gardener. However, another person said "There is not much happening here, no activities but I understand this is changing." A visitor also mentioned they had provided information about their relative's interests and likes, although they did not see this being followed up by staff.

A visitor told us the registered manager listened to any concerns they had, for example about the use of continence aids and food choices, and changes had then been made. A complaint procedure was available in the home so that people were aware of how to raise issues or concerns if they had them. We were told by the registered manager that no complaints had been received by the home during the last year.

Requires Improvement

Is the service well-led?

Our findings

Prior to visiting Leonard Elms Care Home we asked for the Provider Information Return (PIR) to be returned to us. The PIR helps us to plan our visit and gives us information about the service, including the way it is being led. The process also shows us how the provider deals with requests for information. Although the registered manager and provider received an email in connection with the PIR, this was not recognised by them as something that needed a response. Our requests for information following the inspection were responded to, although not always promptly and within the timescale we asked for.

There has also been a failure to send all notifications to the Commission, as is required under the regulations. Notifications tell us about important events that affect people's welfare, health and safety. Although we had received a number of notifications during the last year, these did not cover all relevant events. Following the inspection we were given details of applications that had been made to deprive a person of their liberty, in accordance with the requirements of the Mental Capacity Act 2015. We had not been notified of these events at the time as legally required. This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered provider ran Leonard Elms Care Home as part of a group of homes under the name of Optima Care Partnership. Optima Care is a family run organisation. Family members were involved in the day to day running of Leonard Elms Care Home, including being in the position of registered manager and operations director. This organisational structure provided support for the registered manager and clear roles had been identified in relation to the running of the home. The provider, operations director and registered manager were all present in the home during our inspection. They described a shared ethos for the home which included providing a homely environment for people and working in conjunction with their relatives. The registered manager had a vision for the future which focussed on the development of dementia services.

People commented positively about the management of the home, describing the registered manager as "very good" and "approachable". Two people said the registered manager was very "hands on." During our inspection, the relationships between the registered manager and the people and staff at the home appeared to be friendly and respectful. A flexible approach was shown when one of the senior staff had not been able to come to work as planned; the registered manager stepped in to cover their role until an agency staff member arrived at the home. Staff told us management would come and help with care if required and were regularly seen in their part of the home.

Staff said they felt supported by the registered manager. One member of staff told us "I love my job and I love coming to work, this is the best place I have ever worked in. The manager encourages us and is willing to listen. He is very accommodating and will always do his best if the staff have special requests or need to change their shifts." We heard from a visitor that the registered manager was always available to talk to them and listened and acted upon 'grumbles'.

Senior staff were designated as being in charge in each of the two units. This ensured support was available to the care staff on each shift. A nurse told us she was proud of the team she worked with and how they communicated and worked together. Comments made by the care staff showed that the nurse led the team well and kept them well informed.

Observations during the inspection showed communication between staff and with the registered manager was good. Staff checked with each other what work needed to be done and offered assistance to colleagues. Staff meetings were held and handover meetings took place each day. These arrangements helped to ensure that staff kept up to date with developments affecting the home and people they supported.

Staff felt able to talk to the manager and to raise any concerns if they needed to. We spoke with staff who said there was a whistle blowing policy and they would be expected to report any bad practice. One member of staff commented "I am aware of the whistleblowing policy and would not condone anyone speaking unkindly to a resident or giving bad care." Another carer said: "I would be the first one to complain if I ever witnessed anything other than excellent care."

Procedures were in place for obtaining feedback about the home and the service people received. Surveys and questionnaires were used every six months and an action plan produced in relation to the findings. Records of the

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Is the service well-led?

most recent surveys showed feedback had been obtained from people at the home, staff and healthcare professionals. We were told in the PIR that information was also obtained using a suggestions box and through the provider's website, which had an option for 'anonymous whistleblowing'. Records showed the occurrence of accidents and incidents was being monitored. These arrangements showed information was being obtained from different sources to help identify how the service could be improved for the benefit of people at the home.

It was reported in the PIR that a range of matters relating to the home were discussed at weekly meetings between the registered manager and the operations manager. This included looking at the outcome of in-house audits and the feedback received, for example through the surveys. This helped to ensure any shortcomings would be identified and responded to promptly. Areas for improvement were highlighted in action plans. We read, for example, about plans to decorate the premises to bring it 'more up to date with dementia needs' and for resident and relative meetings to take place more regularly.

The audits were being undertaken following a planned schedule, with records kept of the outcome and to highlight where improvement actions were needed. Audits covered a range of health and safety related matters, such as electrical safety, water temperatures and infection control. Other measures were in place for maintaining safe facilities, such as servicing contracts and a programme of maintenance. The registered manager told us other checks were being undertaken but not formally recorded. These included spot checks of the care documentation to see how well this was being completed.

Our findings showed that although procedures were in place for checking standards within the home, these were not wholly effective in ensuring that good standards were maintained. We had, for example, found shortcomings in the safety of the environment and in the standard of care plans and documentation, which were not being identified and addressed through the home's own systems.

The registered manager acknowledged there were quality assurance processes and aspects of the service to improve on. Comments made by staff showed that the provision of dementia care was being enhanced through the home's involvement in national initiatives such as the butterfly project. The registered manager told us they also attended a dementia congress each year which provided ideas for how the service could be developed to meet the needs of people with dementia.

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 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 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers **The registered person was not always operating an effective recruitment procedure.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records **The registered person was not ensuring that the records included accurate and appropriate information in relation people's care.**

This section is primarily information for the provider

Enforcement actions

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