The Franklyn Group Limited

Kirkwood Care Home

Inspection report

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Ratings

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

Overall summary

The inspection took place over two days, the 09 and 23 March 2015, the first day of the inspection was unannounced. There were 15 people using the service at the time of the inspection.

The last inspection was in May 2014 and at that time the provider was meeting all the requirements we looked at.

Kirkwood Care Home provides personal care for up to 20 people. Care is primarily provided for older people and people living with dementia. The home is situated in Ben Rhydding which is on the outskirts of Ilkley. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home told us they felt safe and people's relatives told us they had no concerns about people's safety. The staff understood the different ways in which people could be subjected to abuse and were aware of how to report any concerns about any person's

Summary of findings

safety and wellbeing. There were enough staff to meet people's needs and the required checks were completed before new staff started work. This helped to protect people from the risk of being looked after by people who were not suitable to work in a care setting. The staff were trained and supported to help them understand and meet the needs of people living at the home.

In the majority of cases people received their medicines as prescribed. We found medicines were not always stored correctly and the provider did not have a system for checking the safe and proper management of medicines.

The home was clean and free of unpleasant odours and people had personal belongings in their rooms. We saw there were plans in place to make some improvements to the environment but the work had not started at the time of the inspection.

People were supported to have a varied and nutritious diet and they told us they enjoyed their food.

The staff were kind and caring. People were asked for consent before care was delivered and people were supported people to make decisions and maintain their independence. People living at the home and/or their relatives were involved in discussions about how their care needs would be met. People had access to the full range of NHS services and were supported to meet their healthcare needs. The home worked with other health care professionals to make sure people received end of life care which was safe and appropriate and took account of their wishes.

There was a varied programme of activities.

There was a complaints procedure in place. People told us they knew what to do if they had any concerns or complaints and were confident their concerns would be addressed. People had confidence in the registered manager.

There were meetings for people who used the service and their relatives to give them the opportunity to share their views and have a say in how the home was run.

We found one breach of regulation in relation to the safe management of medicines. You can see what action we told the provider to take at the back of the full version 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?

Requires Improvement

The service was not always safe. People told us they felt safe and staff knew how to identify and report any safeguarding concerns.

There were enough staff to meet people's needs and there were systems in place to make sure the required checks were carried out before staff started working with people.

For the most part people received their medicines when they needed them. However, medicines were not always stored correctly and there was no system for checking the safe management of medicines.

The home was clean and free of unpleasant odours. Improvements to the environment were planned to start in early March 2015 but had not yet commenced at the time of the inspection.

Is the service effective?

Good

The service was effective. Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

People's nutritional needs were met. People enjoyed the food and were offered a choice of nutritious food and drinks.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

People were supported to meet their health care needs and had access to health care services.

Is the service caring?

Good

The service was caring. People who used the service and their relatives told us the staff were kind and caring and supported people to maintain their independence.

The home worked closely with other health care professionals to make sure people received end of life care which was appropriate and took account of their wishes.

Is the service responsive?

Good

The service was responsive. People who used the service or those acting on their behalf were involved in the assessment of their needs and the planning and delivery of care.

The home offered a varied programme of activities.

People were aware of how to make complaint and were confident any complaints or concerns would be dealt with.

Summary of findings

Is the service well-led?

Good

The service was well led.

People who lived in the home and their relatives were given the opportunity to share their views of the service by way of meetings and quality assurance questionnaires.

Kirkwood Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and took place on 09 and 23 March 2015.

The inspection as carried out by two inspectors and an expert by experience with expertise in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included looking at notifications and other information we had received about or from the home. We also contacted the local authority contracts and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We usually send the provider a Provider Information Return (PIR) before the inspection. 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. We did not send a PIR to the provider before this inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We observed how people were supported in the communal areas and spoke with six people who used the service, one relative and a friend of a person who used the service, the hairdresser and a visiting health care professional. We spoke with five care staff, the chef, the laundry assistant and the registered manager. We looked at a variety of records which included five people's care records, medicines records, four staff files, the training records and records relating to the management of the home. We looked around the building and saw people's bedrooms, bathrooms and communal areas.

Requires Improvement

Is the service safe?

Our findings

During the inspection we asked people who used the service if they received their medicines on time. One person said, "Yes, mostly, if they are late, I remind them." Another person said, "I get my medicines regularly for my breathing."

When we looked at people's care records we saw their medication was reviewed regularly by their GP. This helped to make sure people were not receiving unnecessary medicines. None of the people who lived at the home were managing their own medicines at the time of the inspection. Staff told us they respected people's right to refuse medication and confirmed no one was receiving medication in a hidden form. Staff involved in the administration of medicines had received training and the staff we spoke with were aware of the right procedures to follow in the event of a medication error.

On the first day of the inspection we found the medicines fridge, which was in the kitchen, was not lockable. The fridge contained insulin which should be stored securely. This had been rectified by the second day of the inspection, a lockable medicines fridge had been provided. We found some medicines, which were classified as controlled medicines, were not stored correctly. These were anticipatory medicines which had been prescribed for people receiving end of life care. The controlled drugs cabinet was not big enough to hold all these medicines and although they were in a locked cabinet in a locked room the way they were being stored did not meet the legal requirements as set out in Schedule 2 of the Misuse of Drugs (Safe Custody) Regulations 1973.

We checked the records and stock balances for controlled drugs. In one person's records we found a patch, which had been prescribed for pain relief, had not been signed for in the controlled medicines book on three occasions. On two occasions the patch had been signed for as administered on the medication administration records, however, we found the person had missed one dose of this medication. It was not signed for on either or the records and the stock balance indicated it had not been administered. This could have resulted in the person experiencing pain and/or discomfort. The service did not have a medicines auditing system in place. The senior care worker on duty on the first day of the inspection told us they were in the process of developing a medication audit and had already started to carry out checks on the stock and records. However, they did not have any corporate guidance on this and said they did not have access to a copy of the NICE (National Institute for Clinical Excellence) guidance on the management of medicines in care homes.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service told us they felt safe. One person told us, "I feel safe here," and another person said, "Nothing has ever worried me and I feel free to speak up." A relative of a person who was living at the home said, "I know who to complain to but I have no qualms about her (relative) care."

The staff we spoke with told us they had received training about safeguarding. They were able to describe the different forms of abuse, what they would look for and what they would do if they had concerns. They all said they would feel confident in reporting any issues to the manager or senior member of staff on duty. They were able to give examples of how people could be subjected to abuse by poor care practices, for example, by forcing people to take medicines when they had refused or shouting or speaking to people in an "off hand" manner.

The provider had a robust recruitment policy and procedure in place which helped to make sure people who lived at the home were protected from individuals who had been identified as unsuitable to work in the caring profession. The provider used a recruitment consultant who carried out initial screening checks and a first interview. Applicants who completed this part of the process successfully then had a second interview with the home manager. We looked at four staff files and saw application forms were completed and contained a full employment history and Disclosure and Barring checks had been carried out prior to new staff starting work. In one of the files we saw a second reference had not been obtained before the person started work, the manager assured us the person would not work un-supervised until they had received the second reference.

We asked the registered manager how they decided on staffing levels. They told us staffing levels were continuously reviewed and changed to reflect changes in people's care needs. They told us they had the authority to

Is the service safe?

provide additional staff if they determined they were needed to meet people's needs. The staff we spoke with confirmed this. For example, they said if someone required care at the end of their life and there was a requirement for one to one support, staffing levels would be adjusted accordingly to enable this to happen. The duty rotas covering for two weeks in February and March 2015 showed the usual staffing numbers were three care workers on duty during the morning/ early afternoon (7.30am to 3.30pm) and two during the late afternoon and evening (3.30pm to 9.30pm). Overnight there were two staff on duty. The manager explained that they had an "appointed" person in charge. The staff who were "appointed" to be in charge had completed additional training, for example, on the safe management of medicines. The manager told us there was always a senior member of the management team on call to provide out of hours support. The staff we spoke with confirmed this. We asked one the care staff about staffing levels and they said, "It's not short staffed here."

We asked people who lived at the home if they felt there were enough staff. One person said, "They are always in a hurry, not really, but they are kind." Another person told us they had to call staff for help when they needed to move around because they were unsteady on their feet and had fallen in the past. They were satisfied they were getting the support they needed when they needed it. Throughout the day we saw staff were kind and patient in their interactions with people. However, on the first day of the inspection we found staff did not spend a lot of time in the lounge areas with people other than when they were supporting people with care tasks. We were aware that in normal circumstances the manager would have been present which would in effect have meant there was an extra member of staff available. This was discussed with the manager on the second day of the inspection. They told us they were already addressing this and had created a new position for a laundry assistant to give care staff more time to spend supporting people with social and recreational activities.

A visiting health care professional told us whilst there generally seemed to be enough staff during the week there appeared to be less staff available at weekends. They said they often had to wait longer for staff to answer the door bell at weekends.

The service had policies and procedures for managing risk. We looked at the servicing and maintenance records for the premises and all the equipment and these were up to date. The manager had completed a review of health and safety risk assessments in January and these were clearly documented.

In people's care records we saw that risk assessments had been carried out in relation to areas of potential risk such as moving and handling, falls, nutrition and pressure sores.

On the first day of the inspection we observed staff supporting a person who used the service transferring from a wheelchair to an armchair. The person was finding it difficult and while the staff were very patient and encouraging it was evident they were finding it difficult. One of the staff suggested getting a handling belt to help support the person, however this suggestion was not acted on. When we asked the staff why there were not using moving and handling equipment to support the person they told us they were concerned about taking away the person's independence. However, they did not seem to appreciate the potential benefits to the person of having additional support or the potential risk of discomfort or injury due to the absence of such support. We discussed this with the person in charge on the first day of the inspection. On the second day of the inspection the manager told us they had made a physiotherapy referral for further advice on the best way to support the person with their mobility.

We looked at the accident and incident records. We saw evidence action was taken in response to accidents. For example, in one person's records we saw they had been referred to district nurses because they had fallen on four occasions. We also saw new slippers had been ordered to provide the person with better support and enable them to maintain their independence. We spoke with the person and they told us they were waiting for their new slippers to arrive. We observed staff supporting the person to walk with a frame, they were encouraging and supportive. We asked one of the staff what they did when someone had a fall and they told us they never moved anyone until they had been checked and they asked the person if they had any pain. They said that they then helped them to get up once they were sure there was no obvious injury and observed them to ensure that they were not injured. They said that they would never, "Just leave" anyone and

Requires Improvement

Is the service safe?

wouldn't let someone just go to sleep if they had any concerns they might have hit their head. If they had real concerns they said they would call paramedics and have the person checked out at hospital.

We saw the carpet in the main lounge was damaged and had a tear at the seam down the middle where the main flow of people using the room would walk. This had been referred to by relatives in responses to a recent survey. The manager had responded to this in a relative's meeting stating that a new carpet was on order and would be fitted once the room has been redecorated. The notes stated that the redecoration was due to commence on 02 March 2015, however, the work had not commenced on the either the first or second day of the inspection. We asked the manager to write to us to confirm when the refurbishment was going to start.

We found the home was clean and free of unpleasant odours. The kitchens were inspected by environmental health in May 2014 and given a score of three (generally satisfactory) out of a possible five. The chef told us they had addressed all the areas of concern and were waiting for the next inspection. We saw there was a cleaning rota in place in the kitchen and food temperature checks were recorded each day and for all hot food which was prepared.

Good

Is the service effective?

Our findings

The staff we spoke with told us they had regular training updates. They said they felt well supported and had regular supervision and appraisals. All new staff had induction training which included shadowing a more experienced member of staff in the home and attending class room training with an external training organisation. The training records showed staff received training on safe working practices such as moving and handling, fire safety, first aid and safeguarding. The manager told us staff had dementia awareness training which was updated every year and said the chefs had also been signed up for dementia awareness training.

We saw all 15 staff had attended training about the Mental Capacity Act in March 2014 and the manager told us nine of the 15 staff had completed training on end of life care. Nine care staff had completed NVQ (National Vocation Qualification) training in care and the provider had started to implement the new Care Certificate standards.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically the Deprivation of Liberty Safeguards (DoLS) which applies to care homes.

There was information about people's capacity to make decisions in their care records and this was reviewed on a regular basis. The care files also contained information about the Deprivation of Liberty Safeguards (DoLS). The manager told us they were aware of the recent changes (the Cheshire ruling) relating to DoLS and in response to this the provider was implementing new policies and procedures for the management of DoLS. No one using the service had a DoLS authorisation in place at the time of the inspection.

People who lived at the home told us they were free to come and go as they wished. One person said, "I can come and go, there's no restriction. If my daughter came now to take me to Betty's, the only objection would be me." Another person said of their relative, "They take me out from time to time, not on a regular basis; I don't go out a lot, outside."

There were consent forms in people's care records to indicate their agreement, for example, to the use of photographs. In two people's records we saw forms which had been signed by their relatives. The manager confirmed they had the correct legal authority in place to consent on their relatives behalf.

During the inspection we observed staff asking for people's permission before providing support and while supporting people they explained what they were doing. One person who lived at the home told us, "They ask me before doing anything, even the doctor does." This showed us staff were making sure people were in agreement before any support or care was delivered.

We spoke with the chef who had a good knowledge of the people who lived in the home and was able to describe the different diets required. They knew about one person who had lost weight and was aware the person did not always finish their meals. They explained that all food was cooked from scratch and was purchased from local suppliers. They were able to describe different people's preferences and showed a good knowledge about food and nutrition. The home provided five choices of main courses at lunch time. The chef said he was supported by the manager and had sufficient funds to buy food.

At lunch time we observed the food looked appetising and was well presented and we saw the chef talking to people about their food and their general well-being.

We saw people's nutritional status was assessed and people's weight was checked and recorded at regular intervals. We saw when people were identified as being at risk of or had experienced weight loss appropriate action had been taken. This showed people were supported to eat a nourishing diet.

People had access to the full range of NHS services. Visits from health care professionals such as GPs, district nurses, chiropodists and opticians were recorded in people's care records. One person told us, "I have asthma and when I asked to see the doctor they got the doctor." Another person said, "If they are worried, they send for the doctor, I saw him last week. I have the confidence in the home that if I need a doctor they will send for him." The relative of a person who lived at the home told us, "She has diabetes and it has never been a problem."

We spoke with a visiting health care professional who visited the home regularly. They told us they had no concerns about the care and treatment people received at Kirkwood. They said the staff were always quick to refer any

Good

Is the service effective?

concerns to external health care professionals and followed the advice they were given about people's care and treatment. This showed people were supported to meet their health care needs.

Good

Is the service caring?

Our findings

We asked one person's relative if they were involved in discussions about care. They said there was no need for discussion as their relative was able to make their wishes known. They said, "They [the staff] always tell us if there are problems, they are very good with all the residents, they are very caring. They make you feel welcome here and it's always clean."

The hairdresser who visits the home once a week told us, "The staff are lovely, amazing, and they couldn't do more for them." They added "There is a lovely atmosphere here, nothing is too much trouble."

We asked one of the staff if people were treated with kindness at Kirkwood and if they had ever seen or heard anything that had worried them. They said "Staff are always kind to residents here, there is nothing I have seen that is worrying, I'm not quiet and if I was ever to see something, I would speak up."

One person who lived at the home told us they had become upset thinking about a bereavement they had experienced. They said one of the care workers had supported them, they said, "The carer listened to me, she cared for me." Another person who lived at the home said the majority of staff were caring but added the "Odd one is a bit difficult." We asked what they meant and they said, "There are some you can't talk to."

During the inspection we saw people were able to receive their visitors in private if they wished.

One person needed help with getting to the toilet and we asked if them if they were able to be left alone in the bathroom for the sake of privacy. They said, "They help me there, it used to take two but now one can manage and then they leave me to get on with it."

The laundry assistant told us people's clothes were usually labelled and if people did not have anyone to get them new clothing the manager would sort it out. A person who lived at the home told us there was no problem getting their clothing back from laundry. We observed people looked clean and well cared for and their clothing was clean and well laundered. Everyone's hair was clean and nicely styled and their hands and nails were clean. On the first day of the inspection we observed hairdressers and a manicurist working in the home. We saw people had personal belongings in their bedrooms and in the dining room we saw the tables were nicely set with table clothes, serviettes and flowers. This helped to create an environment where people were treated with respect.

On the first day of the inspection we saw two people having their lunch in the lounge. Each person was supported by one care worker who sat with them throughout the meal and provided support in a patient and sensitive way thereby doing everything they could to make their mealtime experience was a pleasant one.

On the same day we also observed the meal service in the dining room. We saw two people who were unable to eat without support from staff. One person kept nodding to sleep and playing with their food with their fingers. It was 15 minutes before a member of staff came to help them to eat. There was only one care worker to assist both and they did this by alternating between the two people offering a spoonful of food at a time. This meant these two people did not have a pleasant mealtime experience and missed the opportunity to have some social interaction with the care worker. This was discussed with the manager who said this was not the standard of service they aimed to provide and said they would address it.

The training records showed staff had received training about end of life care. We spoke with staff about the care provided to people at the end of life. One care worker told us they had attended palliative care training and said when people were receiving end of life care they were supported by their GP and the district nurses. Another care worker told us they had been involved in caring for one person at the end of their life. They told us about the care they had provided and said someone had stayed with the person all the time to make sure they were not alone when they passed away.

There was information about people's end of life care in their records. In some people's records we saw Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms had been completed. The forms had been completed correctly showing that reason for the decision and the consultation that had taken place.

We spoke with a visiting health care professional who told us they had worked closely with the home in providing end of life care to people at Kirkwood. They said they had no concerns what so ever about the end of life care provided to people at Kirkwood.

Good

Is the service responsive?

Our findings

We spoke with six people who lived at the home and while they were not able to say for certain whether they had been involved in formal care reviews or not they all said they were able to discuss their needs. For example, one person said, "My care was discussed when I came here." They added, "I can openly discuss my needs, without a doubt."

We looked at five peoples care records. The care plans described how people preferred to have support and in one plan, the way support was to be provided was listed in detail. There was information about individual people's needs and preferences. The care plans were up to date and reviewed every month. Risk assessments were in place and up to date for areas such as falls, pressure area care and moving and handling. The staff we spoke with had a good understanding of each person's care needs and preferences. They told us they had a regular handover at the start of each shift and that if they had been away for a few days the senior on duty would provide an update on any changes to people's health and care needs. They all said they read the care plans.

There were no details of the person's history completed in the three of the five care plans we looked at. We spoke with one person who was pleased to tell us about their different jobs, their role in the war and their family. None of this information was in the file which would have provided interesting talking points for staff. The manager told us they were implementing a new format, ("My living well folder") for people's life histories to make them more relevant to people's day to day care.

The staff we spoke with provided information about the variety of different people that came into the home to offer activities and entertainment. These included music for health, exercise classes, singers and entertainers and a creativity class making cards, flowers and feeders for the birds.

We asked one of the carers how people who chose to remain in their rooms or who were too frail to engage in any of the activities were supported. They said staff visited people and chatted to them and asked if they were ok, looked at family photos and spent time in their room. The home did not have a dedicated activities coordinator, care staff were responsible for supporting people to meet their social needs.

On the first day of the inspection we spent time observing people's care in the lounge area. The first occasion was between 8.15-9.30am in the lounge. With the exception of one conversation about the radio there was hardly any interaction between staff and the people in the lounge other than when staff were supporting people with specific aspects of their care. In the afternoon at approximately 3.30pm we went into the lounge to find that one person was reciting numbers up to a hundred. We originally thought that people were playing bingo but this was not the case. The person was calling numbers out and two people sitting nearby were clearly upset by this but were unable to move. We spoke with the person and tried to distract them and after a while they stopped calling out. During that time no staff member came in and either talked with the person or the other people to offer distraction and/or reassurance.

When we arrived at the home just after 8am we observed one of the people who used the service sitting in the lounge. The person did not go to the dining room for lunch and when we went into the lounge in the afternoon just after 2pm and again between 3.30pm and 4pm we saw the person remained sitting in the same place. The only interactions we observed between this person and staff were when staff were supporting them with their care, for example when the person was supported to eat at lunchtime. In the afternoon we observed the person was not showing any signs of engagement with their environment, other people using the service or staff. We found a toy dog behind the persons chair and when we picked it up the person immediately became more animated and engaged, talking to the dog, talking to us and smiling.

We acknowledge this may not have been a typical day however there will always be occasions when the service is unexpectedly disrupted for one reason or another. When this happens it is important staff duties are prioritised to make sure people with more complex needs, who may not always be able to say what they need, continue to receive appropriate support.

The relative of a person using the service told us, "The care is excellent, I've no complaints."

There were no recent complaints in the complaints file. Knowledge of the complaints process had been included on the survey which had been sent out to people who lived in the home and their relatives. Some people said that they

Good

Is the service responsive?

were aware of the complaints process; others said that they weren't but it was fine because they knew that they could talk with the manager at any time and any issues would be sorted out.

There were several cards of thanks in the file and these provided evidence of the appreciation that family members felt about the care of their relatives. One letter sent in Oct 2014 said**,** "I would like to say what a great well-run, organised and caring place Kirkwood care home is, we were always treated with great respect and even though we lived miles away frequent updates by phone helped us to monitor the situation."

Good

Is the service well-led?

Our findings

The manager told us the managing director (MD) of the company visited the home weekly and carried out a full quality check of the service at least once a month. They said the MD completed a report and action plan for these visits and any actions identified were followed up at the next visit. The manager told us they carried out monthly audits on various aspects of the service such as care, catering, housekeeping and the laundry. They told us they and/or the team leaders reviewed the care plans every month to make sure they accurately people's care needs. We saw evidence of this when we looked at people's care records.

The manager told us they completed a weekly report for the MD covering areas such as occupancy, staffing and any complaints or concerns. The MD discussed any issues arising from this report on their weekly visits. The manager confirmed the home did not have a system in place for auditing the safe management of medicines.

We saw there were staff meetings every three months and staff told us the meetings were useful.

They told us they discussed team work and care practices and this was confirmed by the meeting notes. For example, we saw recent changes to the duty rotas had been discussed. The start times of the day shift and the night shift had been changed to reflect changes in people's care needs. The staff we spoke with told us they enjoyed working at Kirkwood, one said, "Its professional here, well run and relaxed."

There were meetings for people who used the service and their relatives to give them the opportunity to have a say in the running of the home. We saw evidence the manager listened to and responded to any issues, concerns and suggestions raised. However, during the inspection we saw evidence that actions which had been stated as planned were not in place. These included the redecoration of the lounge and replacement of the carpet.

We saw ten people who used the service and/or their representatives had responded to a recent survey by the provider. The manager had held a relatives meeting where issues and proposed actions were discussed. Examples of comments in the survey included:

"Our relationship with management is fine; we find if we have a problem it is dealt with at the time."

"Technically the answer is 'no' but we are not worried because we have not had cause to complain. If we were concerned about something, we would approach you." This was in response to a question about awareness of the complaints procedure.

People were asked for suggestions. Some were specific and personal to the person who lived in the home. One relative had written that they would like food to be removed from their relative's jumper after meals. During the afternoon of the visit we noted that this person did have cake crumbs on their jumper.

We observed in one file there was a framework for assessing and documenting the needs of people living with dementia. This was called "Able Care Goal Setting Framework" but there was no indication that this had been used or whether it had been discussed as a plan for supporting people living with dementia in the future. Some people who used the service were living with dementia. We did not see evidence adaptations had been made to make the environment easier to navigate for people with dementia. For example, there was no picture signage on the bathroom and toilet doors and the carpets were heavily patterned. We discussed this with the manager who told us the provider had already started to address this. For example, they said the new carpets would not be heavily patterned.

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 Medicines were not always stored correctly and the provider did not have a system in place to ensure the proper and safe management of medicines. Regulation 12 (2) (g)