

Mr & Mrs T B Thompson

# Argentum Lodge

## Inspection report

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Date of inspection visit: 13 May 2015  
Date of publication: 17/07/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Good



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 inspection took place on 13 May 2015 and was unannounced.

Argentum Lodge is a care home providing accommodation for up to 56 people who require nursing and personal care. During our inspection there were 47 people living at the home. The home is set out over three floors and provides support to older people living with dementia.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

People and their relatives told us they were happy with the care they or their relative received at Argentum Lodge. One person told us "I trust staff, I am very comfortable and safe" and a relative told us "I am more than happy with the care, as far as safety goes".

People's medicines were administered safely. The service had appropriate systems in place to ensure medicines were stored correctly and securely. One person told us "The nurse gives me my tablets, I trust them, I don't think

# Summary of findings

about it I just take them". Systems were in place to protect people from harm and abuse and staff knew how to follow them. The environment was safe, clean and well maintained.

There were recruitment procedures in place to ensure only staff with suitable character were employed by the organisation. We found the recruitment procedure was not always followed robustly. There were sufficient numbers of staff available to meet people's needs.

We found people's rights were not fully protected as the registered manager had not followed correct procedures where people lacked capacity to make decisions for themselves. We observed where decisions were made for people the principles of the Mental Capacity Act 2005 were not always followed. Mental capacity assessments were not completed and where decisions had been made there was no evidence it was in the person's best interest.

Staff received appropriate training to understand their role and they completed training to ensure the care and support provided to people was safe. New members of staff received an induction which included shadowing experienced staff before working independently. Most of the staff felt well supported, but one staff member told us they had not been given the option to discuss their work or role in the home.

People and their relatives told us they were happy with the care they or their relative received at Argentum Lodge. One person told us "The staff are very kind" and a relative told us "Staff are very caring, they know and treat my relative as an individual".

People's needs were set out in individual care plans. The care plans were regularly reviewed and updated by staff; however people were not involved in these reviews. People's relatives told us they were involved in the care planning process for their family member and they thought the care plan reflected their relative's needs. People told us they were able to make everyday decisions about their care and how they liked to spend their time and live their lives. The home offered a range of activities to ensure people received social and mental stimulation.

The provider had a complaints policy in place and people and their relatives were confident they could raise concerns or complaints and they would be listened to. The provider did not have a system in place to collate and review feedback from people and their relatives to gauge their satisfaction and make improvements to the service.

The registered manager had systems in place to monitor the quality of the service provided. Audits covered a number of different areas such as incidents, infection control and health and safety. The audits did not always identify where there were shortfalls in the service.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 safe.

Recruitment procedures were in place to ensure people with the right experience and character were employed by the service.

The provider had systems in place to ensure that medicines were administered and disposed of safely. Medicines were stored securely and accurate records were kept.

Staff told us about the different forms of abuse, how to recognise them and said they felt confident to raise concerns with the registered manager.

Risks to people's safety such as malnutrition, skin integrity and incidents such as falls had been appropriately identified. Assessments mostly included relevant information for staff to support people safely.

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

Good



### Is the service effective?

The service was not effective.

Some decisions were made for people without considering the principles of the Mental Capacity Act 2005. There was no clear evidence the decisions were in the person's best interest.

People received care and support from staff who had the skills and knowledge to meet their needs. Not all staff received one to one supervision and appraisal to discuss their concerns and development needs.

People's healthcare needs were assessed and they were supported to have regular access to health care services. People were supported to eat and drink enough to meet their needs.

Requires improvement



### Is the service caring?

The service was caring.

People and their relatives spoke positively about staff and the care they received. We observed that staff were caring in their contact with people.

Staff provided care in a way that maintained people's dignity and upheld their rights. Care was delivered in private and people were treated with respect.

Staff knew the people they were supporting well and had developed relationships.

Good



### Is the service responsive?

The service was not responsive.

Requires improvement



# Summary of findings

People received care, treatment and support when they required it. We observed staff interacting positively with people and responding to their needs.

People's care plans described the support they needed to manage their day to day health needs. People were not involved in reviewing their plans.

Activities were arranged to make sure people had access to social and mental stimulation.

There was a system in place to manage complaints. Relatives told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

There were no systems in place to collate and review feedback from people and their relatives.

## Is the service well-led?

The service was not well led.

The provider had audits in place to monitor the quality of the service. The audits did not identify where there were shortfalls in the service.

Staff told us the registered manager was approachable and they held regular staff meetings to cascade information and enable staff to discuss concerns.

**Requires improvement**



# Argentum Lodge

## Detailed findings

### Background to this inspection

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

This inspection took place on 13 May 2015 and was unannounced.

The inspection was completed by two inspectors, one specialist advisors and an expert by experience. The specialist advisor was a registered nurse. 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 information we held about the home including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service

does well and improvements they plan to make. We also viewed other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we spoke with 12 people who use the service and four visitors about their views on the quality of the care and support being provided. We also spoke with the registered manager, the deputy manager and seven staff including the chef, the cleaner and hairdresser. Some of the people who lived at Argentum Lodge were unable to tell us their experiences of living at the home. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the way staff interacted with people who use the service and looked at the records relating to care and decision making for seven people. We also looked at records about the management of the service. We also spoke with two community professionals after the visit.

# Is the service safe?

## Our findings

There was a recruitment procedure in place to ensure people were supported by staff with the appropriate experience and character. This included obtaining two written references from the applicants previous employer regarding their past performance and behaviour to ensure they were suitable for the post. We looked at staff files to ensure the appropriate checks had been carried out and found one of the staff files included only one reference from a previous employer. We spoke with the registered manager who told us they did not know why the reference was not in place and they said they would follow this up this straight away. The other three files we looked at held two references. Following our inspection the registered manager told us the reference had been located and was now on the staff members file.

We checked staff files for other information such as an application form including details of past employment and qualifications and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. All of this information was held in staff files.

People and their relatives told us they felt safe at Argentum Lodge. One person told us “I trust staff I am very comfortable and safe, they understand us” and another said “I feel safe living here as I know I can trust all of the staff”. A relative told us “I am more than happy with the care, as far as safety goes, I know they can deal with all situations so I don’t have any worries on that score” and another said “Despite my relative having a fall recently I feel they are safe here”.

Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. Staff described how they would recognise potential signs of abuse through physical signs such as bruising as well as changes in people’s behaviour and mood. They told us this would be reported to the nurse in charge or registered manager and they were confident it would be dealt with appropriately. One staff member told us “The people at Argentum Lodge are vulnerable and it is our role to ensure that we keep them safe. If I had any concerns of potential abuse I would tell the manager or the

nurse in charge straight away”. Another staff member said “I am confident the appropriate action would be taken by the manager”. Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside of Argentum Lodge if they felt they were not being dealt with. Staff told us they had used the whistleblowing procedure in the home and one staff member said it was dealt with “Brilliantly”.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. One person told us “The nurse gives me my tablets, I trust them, I don’t think about it I just take them”. We saw that a medicines administration record had been completed, which gave details of the medicines people had been supported to take. Medicine records held information on how the person liked to take their medicines. We observed a registered nurse safely administering medicines to people, explaining to the person what the medicine was for and asking them how they would like to take it. Where a person required pain relief we saw this was regularly reviewed by their GP.

Assessments were undertaken to identify risks to people who used the service; the registered manager told us the assessments were reviewed and updated every three months or as people’s needs change. Records we saw confirmed this. The assessments covered areas such as moving and handling, falls and bedrails. One person’s moving and handling risk assessment did not include specific information relating to the size and type of sling they use. The person’s mobility needs had recently changed and their records showed they were being hoisted for all transfers. This meant there was a risk the person could be hoisted using inappropriate equipment. We asked staff how they would know which sling to use when supporting this person and they told us they would speak to the nurse in charge if they were unsure, they also told us the person’s sling was kept in their bedroom. The deputy manager told us the details of the sling should be recorded in the risk assessment and during the inspection they recorded this information in the person’s file. All of the other moving and handling risk assessments included information relating to the size and type of sling a person used.

Relatives told us they were involved in decision making related to the risks associated with their family members care. Where people were at risk from malnutrition this had

## Is the service safe?

been assessed and evaluated. Where risks had been identified management plans were developed to minimise the risk occurring. Staff told us about the importance of reporting incidents to the manager or nurse in charge and were able to explain the incident process they used. We saw incidents were recorded in the accident book and a review of slips, trips and falls had been undertaken.

Relatives told us they thought there were enough staff available to meet people's needs. One person told us they thought staff appeared busy but responded to them when required. They commented "The staff are always busy but they always come quickly when I use my call bell". They commented positively about the care received from agency staff, saying "I cannot fault the care they give". Staff told us they thought there were enough staff on each shift, they said a high volume of agency staff was used and they thought this was "ok" as the agency sent the same staff. We saw staff were available and attending to people's needs during our inspection.

The registered manager told us staffing levels were determined according to people's individual needs, this was based on information from the person, their relatives and assessments completed prior to admission. They told us where people's needs changed staffing levels would reflect this and they had currently allocated another staff member to one floor because of a change in someone's need. Staff rotas reflected appropriate and consistent staffing levels were available to meet people's needs.

Regular checks were carried out on equipment and the fire detection system to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. There was an emergency plan in place to appropriately support people if the home needed to be evacuated. Staff told us they were made aware of the plan as part of their induction and felt confident to use it.

# Is the service effective?

## Our findings

People's rights were not fully protected because the correct procedures were not being followed where people lacked capacity to make decisions for themselves. We found people had decisions made about them without any evidence of it being in the person's best interest. For example, one person had a movement sensor at the side of their bed to detect their movement whilst they were in their bedroom. The registered manager told us this was in place to protect the person and they did not have capacity to understand why it was there. The registered manager had not completed a capacity assessment for this or demonstrated it was in the person's best interest. We also found relatives were signing consent forms on behalf of people where they did not have the legal right to do so. This meant people were at risk of receiving care and treatment which was not in their best interests. We spoke with the registered manager who told us they would ensure capacity assessments would be completed for people where required in line with the Mental Capacity Act 2005.

This was a breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

We looked at how the Mental Capacity Act 2005 (MCA) was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. We also looked at Deprivation of Liberty Safeguard (DoLS) which aims to make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

At the time of the inspection there were six authorisations to restrict people's liberty under DoLS and we found the provider was acting within the terms of the authorisations. The registered manager told us they were in the process of completing further applications to the local authority where required. Staff had received training and had an understanding of the MCA and DoLS.

Staff demonstrated a good understanding of people's needs. For example, if people were unable to verbally communicate staff observed their behaviour and interpreted this appropriately. We observed one person verbalising loudly and appeared to be anxious, staff asked them if they would like to go to their bedroom. Two

members of staff supported the person to their bedroom and settled them in their bed. Staff told us the person had not slept much during the previous night and they knew from experience this behaviour indicated they wanted to go back to bed. We saw the person later in the day the person appeared to be calm and contented.

We observed staff interacting with people in a way that demonstrated their understanding of the needs of people with dementia. For example, where a person passed a member of staff and made the same comment staff reacted and acknowledged it as if it were the first time. We also observed staff reassuring a person who did not know where they were, the staff member told them where they were, the time of day and the activity they were engaging in. This appeared to reassure the person.

One staff member we spoke with told us they had not received formal one to one supervision with their manager in the past six months to receive support and guidance about their work. They said they missed having feedback on their performance and they wanted to ensure they were doing their job right. Three of the staff files we looked at had evidence of recent one to one supervisions being held with them. One staff member told us they had recently received an appraisal with the manager and this was a positive experience commenting "I had my appraisal in January 2015 and I was able to identify what my training needs were and I have now attended all the training courses I requested". The staff we spoke with told us they felt able to speak to the registered manager, deputy manager or one of the nurses to raise any concerns if they had any and they felt confident they would be listened to. The registered manager told us they were in the process of arranging supervision for all staff and had plans in place to demonstrate this.

People told us staff were trained and capable of meeting their care and support needs. One person told us "The staff really know what they are doing and can help you with whatever your problem might be". Another person said "I am really happy here as the staff know my needs and are always kind and helpful". Staff were aware of their roles and responsibilities, they told us they were made aware of this through induction and training. Staff told us they had received a range of training to meet people's needs and keep them safe. The training included manual handling, infection control, health and safety, fire safety and MCA and



## Is the service effective?

DoLs. Staff had also attended additional training to enable them to meet people's specific care and support needs. For example, dementia awareness, end of life care, care planning and nutrition and hydration awareness.

All staff we spoke to told us they felt there was a high commitment to training by the registered manager. One staff member said "I have recently completed my Level 2 Diploma in Health Care and the registered manager has told me I can undertake my Level 3 Diploma in Health Care as soon as a place becomes available".

Staff told us they received an induction when they joined the service and records we saw confirmed this. They said the induction included a period of up to two weeks shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. One staff member said "It's a good induction; they make sure you are confident". They also told us they completed their mandatory training during their induction.

Staff told us there were regular handover meetings at the start of each shift, which kept them up to date with people's needs.

People and their relatives told us they were happy with the food provided. One person told us "It's lovely food, more fanciful than I am used to but delicious". Other comments included "We get lovely food, they make porridge the way I like it" and "I never get hungry, there is always something to eat". A relative told us "Food is very nice, good quality, and there are snacks in between". Other comments included "There is plenty of variety, the chef is excellent", "Food is first class, I come in and assist my relative with their meal every day and even though it is soft food they still make it look nice and it smells good" and "There is plenty of fresh fruit every day and staff encourage my relative to drink plenty".

There were two hot meal options on the menu daily, and we observed staff showing people both meals in order for them to choose what they would like. If people did not want what was on the menu an alternative would be made at their request. One person told us "The food is wonderful and you can choose what you want to eat and if you don't like what is on the menu the chef will always make you something you do like". We observed mealtimes were not rushed, staff sat with people on the same level whilst supporting them and the pace of the meal was dictated by the person and their needs. Drinks and snacks were offered throughout the day and people had jugs of water available in their rooms.

People who were at risk of malnutrition were regularly assessed and monitored by staff and the staff had access to information where people had lost weight in order to provide more calorific meals. Where people were on special diets, adjustments had been made to ensure they were able to enjoy similar food to other people. For example, a person who was on a gluten free diet was able to enjoy cakes and puddings which were either purchased specially for them or were prepared with gluten free ingredients in the main kitchen. The person told us "I hate having to eat a gluten free diet but the chef comes to talk to me and we discuss what I can have and he makes it as interesting as he possibly can so I am really delighted about having so much support".

People were supported to see their GP, dentist and chiropodist where required. A local GP visited the home regularly and one person told us if they were unwell or in pain they told staff who would get a doctor to see them. Relatives told us "Staff are first class, they call a doctor if they are worried about anything" and "Staff call a doctor for my relative as and when needed".

# Is the service caring?

## Our findings

People and their relatives told us they were treated well and staff were caring. One person told us “The staff are very kind” and another said “They are sweet to me”. People told us Argentum Lodge was their “home” and they were happy to be living there, commenting “It is the best thing I have ever done as I could not manage on my own any more. I have recommended the home to my friends as they often come to visit me and they say how wonderful it is and they would like to live here to”. A relative told us “Staff are very caring, they know and treat my relative as an individual, they endeavour to enable them to do anything they want to do whatever they want”. Other comments included “They (staff) know my relative well, they have a good relationship and have a laugh and joke” and “I am more than happy with the care from everyone, carers, nurses, domestic staff, activity staff, admin staff they are all lovely and I am made to feel welcome whenever I visit”.

During our inspection we saw people laughing and joking with staff and engaging in positive, reassuring conversations. We observed staff spending time sitting and chatting with people and comforting them when they were distressed. For example, a person new to the home was anxious they would miss their son who was due to visit them later that day and they might not know where to go. The staff member reassured the person and gently prompted them throughout the morning and told them that their son would be directed to them as soon as they arrived, which they did.

Staff told us they spent time getting to know people and recognised the importance of developing trusting relationships. One staff member told us “It’s important to know the person and for them to get to know and trust us, I treat people as if they were my relative”. We saw that people’s bedrooms were personalised and contained pictures, ornaments and the things each person wanted in their bedroom. Relatives told us staff were friendly and approachable and they were always kept up to date with any changes to their family members care needs.

We observed people were treated with dignity and respect. One relative told us “Staff treat everyone with dignity, they speak to my relative as if they still have full understanding”. Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example, offering people the level of support they preferred. They also talked about covering people up whilst providing personal care and ensuring a person’s curtains were drawn. During our inspection we observed staff knocking on people’s bedroom doors and waiting for a response before entering. We observed staff asking people’s permission before supporting them. Staff were also observed discreetly carrying out care tasks such as supporting people to the toilet.

People and their relatives told us visitors could visit at any time, there were no restrictions and they were made to feel welcome. During our inspection we observed visitors coming to the home throughout the day. One person told us they hired the bar area in the home once a month and their relatives family members came and they all had a meal together.

# Is the service responsive?

## Our findings

Relatives said they were involved in developing their family members care plan and they were involved in reviews. All the relatives we spoke with told us they were happy the care plans reflected their relative's current needs. Two relatives told us staff had discussed end of life care decisions with them and discussion had been conducted "sensitively". The registered manager told us some people were unable to be involved in developing and reviewing their care plans due to their mental capacity. We discussed this with the registered manager if people could sit with staff and discuss contents of their care plan and daily records to involve them. The registered manager told us this could happen for two of the people living at Argentum Lodge and they would make arrangements for those people to be involved in their care plan and reviews.

People told us they were able to make everyday decisions about their care and how they liked to spend their time and live their lives. They told us staff always offered choices around care and support. The staff we spoke with demonstrated an understanding of the importance of offering people choices such as what personal care they would like, choices of food, what they would like to wear and how they would like their hair to be done. Staff told us if a person appeared unhappy with their support they would report this to a senior staff member and another staff member would be offered.

Care plan records included information about the support required to meet people's needs and what they were able to do themselves. For example, one person's care plan identified what personal care tasks they could do for themselves and what staff support was required. Staff told us they encouraged people to maintain their skills and independence, one staff member told us "I know what people can and can't do, I try to get people to be independent". Care plans included information on maintaining people's health, their communication needs and personal care.

Each person also had a document called "This is me". This is a form designed by the Alzheimer's society to give information about the person's needs and what is important to them. Staff told us they found this document

"Really useful" in getting to know and understand what is important to people. During our inspection we observed a staff member sat with a person discussing the content of their "This is Me" with them.

People spoke positively about the activities offered in the home. Activities included painting and crafts, flower arranging, sing a longs, poetry, pampering, cake making, board games and gardening. A gardening activity was held in the lounge during our visit and people were supported to pot up the vegetable seedlings which had been planted by them a few weeks ago. Where people were unable to participate fully the activity coordinators ensured people were able to participate within the limitations of their ability. One person told us "Last year when we grew our own vegetables the chef cooked them for our dinner which was wonderful".

We observed the activity coordinators visited each floor of the home during the morning of our inspection and delivered newspapers to those people who had requested one. Each floor of the home had an activity planned for each day; on the day of our visit we observed an activity with hats, beads and jewellery. This was done with people in a group who were sitting around a table and other people were supported on a one to one basis. People appeared to be enjoying the activity, one person who had limited verbal skills selected a black 'flamingo' type hat and immediately started clicking their fingers mimicking castanets, others tried on various beads and necklaces, and this led to discussions and evoked memories.

The hairdresser told us they found out how people liked their hair to be cut and styled by talking to them and their families and looking at pictures from before they moved into the home. We saw people having their hair cut and styled throughout the day and this prompted conversation between people, their relatives and staff.

People and their relatives told us they were aware of the complaints policy and felt able to raise concerns with the registered manager if they needed to. The people and relatives we spoke with told us they had not made any complaints as they had no reason to. There had been five formal complaints received by the service which had all been resolved. The registered manager told us about the complaints policy and we saw evidence in the complaint

## Is the service responsive?

file of how complaints had been dealt with in a timely manner and how learning had been shared across the service. For example, adaptations were made to ensure people's personal needs were met.

People had feedback books in their bedrooms for them and their relatives to write any comments or suggestions for staff to act upon. Regular residents and relatives meetings were held and well attended, feedback was given to ensure issues were addressed and improvements to the

service were identified. For example, in the February 2015 meeting relatives were advised that more staff had been recruited and the registered manager was still recruiting to health care assistants posts.

There were systems in place to receive informal feedback from people and their relatives. The provider did not have systems in place to formally collate and analyse feedback on the service provided from people and their relatives to gauge satisfaction and identify themes. The registered manager told us they had plans to distribute feedback forms to people, relatives and visitors to receive formal feedback on the service.

# Is the service well-led?

## Our findings

The provider had some systems in place to monitor the quality of the service. Audits were completed by the registered manager and sent to the provider. We found the audit systems were not always effective in identifying shortfalls. For example, the provider had not identified the manager had not followed the principles of the MCA. We saw audits had taken place for medicines, health and safety and incidents. The medicines management audit had identified a small number of missing signatures and we saw this was being addressed through staff handover sessions.

There was a registered manager in post at Argentum Lodge. The registered manager was also responsible for overseeing another home owned by the provider. They told us they split their time between the two homes and found their role “busy”. Following the inspection the registered manager told us the deputy manager had accepted the post of acting manager for a trial period six months. Following this they would consider applying for the registered manager’s position with CQC.

Relatives told us they thought the registered manager was approachable and they felt able to go to them with any concerns. Staff told us the registered manager was approachable and accessible when they were at Argentum Lodge and in their absence they would speak to the deputy manager. They told us they felt confident in raising concerns with both of them. The registered manager told us they had an open door policy and promoted an open and transparent culture where staff could approach them with concerns. One staff member told us “The manager is not here very often, but I can get hold of her if I need to, the deputy manager is here a lot” and another staff member said “The manager is assessable when they are here, you can go to them with any concerns”. Another staff member told us “The managers are very flexible and supportive”.

Staff meetings were held which were used to keep staff up to date with new approaches and relevant information.

One staff member described the meetings as “Productive” they also said “You are listened to and things change as a result”. The meetings were also used to discuss any issues in the home.

The service had a clear staffing structure with defined roles, the staff we spoke with demonstrated an understanding of their responsibilities relating to their role and meeting people’s needs. For example, care staff told us what support they were able to provide to people and when the support would need to be provided by a senior member of staff. A staff survey had been undertaken in January 2015. The information from the survey had not been analysed and addressed by the provider.

The registered manager told us they felt supported by the organisation and they were in regular contact with the providers. The deputy manager told us they attended provider forums and conferences where they met to discuss issues with other providers from outside their organisation such as DoLS and safeguarding. This provided them with an opportunity to discuss issues and share knowledge.

We spoke with the registered manager about the values and vision for the service. They told us their vision was to provide a “Safe and happy sanctuary for people with dementia and their relatives, where people’s lives are celebrated”. They had a clear commitment to providing a quality service for people living with dementia and had made connections with organisations such as Dementia Care Matters.

The registered manager told us the home was working towards achieving the ‘Butterfly Scheme’ award for people with dementia. This is an approach to supporting people focusing on improving the lives of people with dementia by providing ‘meaningful occupation’. Staff were in the process of receiving training on the approach and they were positive about implementing this. We saw the approach was being discussed as part of staff supervisions. The registered manager told us they were using supervision, observation and team meetings to ensure staff were embedding the training into practice.

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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

There were no processes in place to support people to make best interest decisions in accordance with the Mental Capacity Act 2005. Regulation 11 (3).