Country Court Care Homes Limited

Ashwood Nursing Home - Spalding

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 5 April 2016 and was unannounced.

The home is registered to provide nursing and residential care for 47 people. There were 46 people living at the home on the day of our inspection.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.
The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS were in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. The registered manager had made appropriate requests for people to assessed under the DoLS and all the care provided minimised the restriction on people.

People were care for staff who worked together to ensure that the care provided was personalised to people's individual needs. Staff were able to do this as the planning completed by the registered manager ensured that there were always enough staff on duty allowing staff to spend quality time with people. The provider and registered manager were supportive of staff and ensured that the mandatory training provided them with the skills needed to provide person centred care. In addition, more specialised training was available to support people's individual needs which improved people's health and reduced their pain.

People received care from a staff group which were engaged, kind and caring. Staff focused on people's needs and constantly checked to ensure people were safe, comfortable and happy. The kindness provided included ensuring the families of people living at the home were safe and supported. People and their relatives were involved in planning their care and were kept up to date with any changes in care needs. People were supported to lead active lives and to access the local community on a regular basis. In addition people were supported to be entertained by staff who provided activities on a daily basis.

The quality of information in the care plans was good and they supported staff to ensure that the care they provided was tailored to people's individual needs. Risks to people were identified and care was planned and equipment was available to ensure people were protected. Mealtimes were a pleasant experience with plenty of staff to support people on an individual basis when needed. People's abilities to eat safely and to maintain a healthy weight were monitored. When needed people were appropriately referred for professional advice and support. The administration of medicines was done in a methodical way which reduced the risk of errors. The nurses administering the medicines took time to speak with people and advise them what medicines they were taking which ensured people were involved in their care.

The registered manager was approachable and staff, people living at the home and visitors were all complimentary about the way they ran the home. There were audit systems in place to monitor the quality of the care people received and these were implemented effectively by the registered manager. The provider ensured the registered manager and staff were supported to provide good care by employing staff at head office who kept up to date with any changes in how care should be provided. This enabled the provider to disseminate the latest guidance around best practice and any changes in legislation effectively and consistently. In addition the provider's culture was that of an open organisation with a no blame culture which supported learning across their care homes as well as within each home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff available to enable them to provide person centred care and to spend time with people. Appropriate checks had been completed to ensure staff were safe to work with people living at the home.

Medicines were appropriately stored and were always available when needed. People were offered their medicine in a methodical way which reduced the risk of errors.

Risks to people were identified and appropriate action taken to ensure that the care people received was safe and supported their health. Staff were able to recognise when people were at risk of harm and knew what action to take to keep people safe.

Is the service effective?

Good

The service was effective.

Staff were supported with induction, ongoing training and effective supervision to have the skills needed to provide safe care. The provider and registered manager supported staff to access specialised training to improve the health of people living at the home and to support them in developing their careers.

The registered manager had identified when people needed support to make decisions and had taken appropriate action to ensure people's rights were protected.

Mealtimes were a pleasant experience and people received the individual support needed in a timely and caring way. Professional advice and support were accessed when staff had concerns over people's abilities to eat safely.

Is the service caring?

Good

The service was caring.

Staff were kind and caring to people living at the home and their families and continually checked that people were happy and

comfortable.

People were involved in planning their care, were supported to understand their care needs kept up to date with information from healthcare professionals.

Staff continually ensured people's dignity was respected. People's spiritual needs were acknowledged and supported.

Is the service responsive?

Good

The service was responsive.

People and their relatives were happy with the care provided and that it met their individual needs.

Staff had the skills needed to provide care which supported people to remain healthy and pain free as long as possible. In addition the registered manager and provider had identified ear care that they could provide to improve people's lives and reduce the need for them to visit the doctors and the wait for care.

People were happy to make a complaint and confident that it would be dealt with appropriately and effectively.

Is the service well-led?

Good

The service was well led.

The registered manager was constantly aware of what was happening in the home and what care people needed. They lead by example and showed that no task was too small to be completed properly and promptly.

People views of the home had been gather and used to identify areas for development. Staff were able to contribute ideas for developing the home.

The registered manager ensured that the systems to monitor the quality of care were implemented effectively. Any learning from incidents were shared within the home and with other homes in the provider's company. The provider had dedicated staff at head office to ensure that best practice in care was identified and implemented with the home.

Ashwood Nursing Home - Spalding

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

This inspection took place on 5 April 2016 and was unannounced. The inspection team consisted of an Inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care home.

Before the inspection we reviewed the information we held about the home. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the home. We also reviewed information sent to us by the local authority who commission care for some people living at the home. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the inspection we spoke with eight people who lived at the home, five visitors to the home and spent time observing care. We spoke with two nurses, a senior care worker, two care workers, a chef, the deputy manager and the registered manager.

We looked at four care plans and other records which recorded the care people received. We also looked at management information including how the quality of the care provided was monitored.

Good

Is the service safe?

Our findings

Staff had received training in how to recognise risks to people's safety and were clear on the action needed to keep people safe. Staff knew how to raise concerns both within the company and with the local authority. One member of staff told us, "People come first and their safety." People living at the home told us they felt safe, secure and well looked after at the home. This was also echoed by relatives. One relative said, "My wife is as well now as she's ever been in this home, and I feel she is well looked after and safe here."

Risks had been identified and care was planned to reduce the risk of people experiencing harm. For example, risk assessments had been completed around people's likelihood of developing pressure ulcers. Appropriate equipment was in place and recorded in people's care plans. Staff showed an awareness of what equipment was needed for each person. For example, what size of sling people needed in the hoist. The registered manager was working with the local NHS to ensure that risks around falls, continence and pressure sores were correctly identified and that the care provided met the latest good practice guidance.

We also saw that changes to the environment had been identified to support people. For example, one person who was at increased risk of chest infections needed to have a well ventilated room and that staff needed to be extra vigilant for signs of infection.

Risks to people were identified and their care planned to reduce the risk. However, staff also continually assessed people's needs and took appropriate action to keep them safe. We saw one person was being assisted to move using a standing aid. However, before the move was completed the care staff identified that the person was not safe using the aid. They assisted the person back to the chair and found a nurse for advice and support. The person was assisted to their wheelchair safely using a hoist.

Accidents and incidents were recorded and appropriate action had been taken. For example, we saw that after an accident, observations were completed to ensure the person was well and did not require medical attention. In addition staff told us that they had time to reflect on incidents that occurred as a team and identify if any changes were needed to keep people safe.

People were happy with staffing levels in the home. They felt that staff at all levels showed that they had been trained and used this well to support residents in their care. One relative told us, "The managers make it work, they are very skilled."

The registered manager monitored the amount of care each person needed on a monthly basis. They also spoke to staff to see if they were confident that the staffing levels allowed them to provide care to people when needed. The registered manager told us that the provider was responsive if they raised concerns over staffing levels and had in the past increased the staffing levels to ensure people received their care in a timely fashion. We found that there were enough staff to meet people's needs in a timely manner.

The registered manager had developed a pack to give to people who enquired about working for the home. This included some histories of people living at the home. In addition they were encouraged to spend time

speaking to people and the registered manager asked people what they thought of applicants as part of the assessment process.

The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment at the home. For example, we saw people had completed application forms and the registered manager had completed structured interviews. The required checks had been completed to ensure that staff were safe to work with people who live at the home.

Medicines were well managed and available to people when needed. Two nurses completed the medicines round. This ensured that people received their medicine in a timely manner. We observed one nurse, who was new to the home, administering medicines. We saw that the care plans and medicine administration charts in place supported them to administer the medicines safely. In addition we saw that they discussed the medicine with each person so that they knew what they were taking and why.

Where people needed their medicine at a specific time, it was offered to them at that time. This meant people received the full benefit of their medicines. We spoke to a visitor whose relative needed their medicines at a set time every day. They told us, "They[Nurses] are brilliant with the timing of the medicines."

Care plans recorded people's responses to being offed their medicines. For example, we saw that one person's care plan recorded that they may refuse to take their medicines and that they would need extra prompting and support. They also recorded how medicines should be offered to people. For example, one person needed to have them on a teaspoon. Where people were prescribed medicines to be taken as requires we saw that there was a care plan in place to support staff to understand why the medicine had been prescribed and when it should be offered to the person.

Where people required short term medicines such as antibiotics, this was clearly recorded in their care plan and on the medicine administration charts. Systems were in place to have urgent medicines delivered to the home within two hours of the prescription being available. This supported people to get better as quickly as possible.

Good

Is the service effective?

Our findings

One person living at the home told us, "I like the staff, they do seem well trained." The provider had an induction programme for all new staff which include time in a classroom and shadowing an experienced member of staff. New staff were on a three month probationary contract to give the registered manager the time to see if they were able to develop the skills needed.

Staff also received regular update training to ensure they maintained their skills and were aware of any changes to guidance and legislation. In addition staff told us that where they identified a need the provider was happy to provide additional training. For example, one person had moved into the home who had long term pressure ulcers. Staff went on a training course for wound management to ensure they were up to date with the latest care and treatment for pressure sores. As a consequence the person's legs were healing well and this had reduced the person's pain and improved their quality of life.

The provider supported people to develop their careers. The deputy manager explained how they had started with the company as a healthcare assistant but had with support from the company undertaken training and had qualified as a nurse. They were now looking to do a management degree and were undertaking a training programme with the company to help them develop into their role. They had weekly meetings with the registered manager to discuss their progress. Other staff told us they had been supported to obtain nationally recognised qualification in care.

Nurses told us that the provider was supportive and had put systems in place to help them with the professional re-validation. Revalidation is where nurses have to show that they are able to practice safely and effectively and are maintaining their skills through ongoing training.

The registered manager was keen to develop and support staff and had completed a degree in mentoring people. Staff told us that they had received supervision from the line manager on a regular basis. Staff told us that if they needed any advice they could always ask one of the nurses. In addition to individual supervisions, group supervisions also supported safe care. For example, a recent group supervision had focused on effective hand washing techniques to reduce the risk of infection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA , and whether any conditions

on authorisations to deprive a person of their liberty were being met. The registered manager had consistently submitted appropriate referrals to the local authority who had the power to authorise DoLS.

Where people needed to make decisions they may not have been able to make, the registered manager had followed the guidance in the MCA and appropriate decision specific capacity assessments had been completed. For example, we saw one person who was unable to make decisions for themselves was given their medicines covertly. This was when medicines was hidden in food so that person did not know they were taking it. We saw that a capacity assessment had been completed to show the person was unable to make the decision to refuse their medicines as they did not understand the implications. Records showed, family members, staff and healthcare professionals have been consulted to ensure the decision was in the person's best interest.

The quality of the food was uniformly praised by people living at the home and their family members. One person told us, "I like the food, I can choose daily from a menu card, and the food is good and filling." The chef explained that there was a four week menu in place with choices of food offered at each meal. Meals had been designed to ensure that they contained the correct calories and nutrients to support people to stay healthy. The weekly menu was available on the tables to support people to make choices. However, people told us that they were not restricted to the items on the menu. One relative told us, "[My relative] has asked for things to be cooked for him and they did."

People who were at risk of being unable to maintain a healthy weight had been identified and appropriate support from healthcare professionals had been sought. Where necessary people had been supported with prescribed high calorie supplements. In addition, their needs were discussed with the kitchen staff and action taken to increase their calorie intake. For example, their porridge made with cream and full fat milk. A visitor told us, "Shortly after my relative arrived here they began to lose weight quite quickly, they[staff] discussed how they could change their diet and eating times, and they have now put on more weight and are maintaining it."

Where people were unable to use a knife and fork, finger food was available for them. In addition we saw food was left in front of a person with dementia after they declined it and they then started to eat. This showed staff were aware that people may not be able to correctly verbalise their thoughts and needs.

Where people were unable to eat safely and were at risk of choking, they were referred for an assessment and when necessary their diet was modified. For example, food pureed and drinks thickened to keep them safe. People were given the right adaptive equipment they needed at mealtimes in order to eat independently. For example, one person was given a plate guard to enable him to eat his lunch independently. Where people needed to support to eat and drink care staff were encouraging and took their time to ensure the person had enough. During the lunchtime period there were five staff available in the dining area. This was supplemented by the registered manager and the deputy manager at times. The whole process of lunch was calm, well ordered and safe.

Individual care plans included all the information needed to support people's day-to-day health needs. Additionally, we saw people had been supported to arrange and attend for eye tests and their prescriptions had been updated where necessary. Records showed other health professionals such as GPs and the community mental health team had been included in people's care when needed. Relatives told us that the registered manager and staff were supportive when people needed to access healthcare services. One relative told us how they felt that interactions with the GP had improved with input from the staff.

We saw that advice and support from specialist nurses, such as the Parkinson's nurse, was sought. This

helped them to personalise the care provided to ensure people's symptoms were well managed and people lived as full a life as possible. The registered manager had regular meetings with the community nurses, GP practices and specialist nurses to discuss the needs of people living at the home and if any extra support was needed.

Good

Is the service caring?

Our findings

Everyone told us they were treated with respect by staff. We saw that all the staff acknowledged people when they walked into a room. For example, we saw the deputy manager walked around the lounge area and said good morning to people and complimented them on their outfits. In addition, we saw that one person had chosen to sit in a quiet corner of the dining room. We saw that all the staff who went past them spoke to them checking that they were ok and did not need anything. Staff were considerate when they spoke to people, calling them by name, crouching and maintaining eye contact and where appropriate hand holding.

Relatives told us that staff were kind and supportive. One relative said, "When he came out of hospital last time he was poorly and staff sat with him. They are very caring." In addition care plans recorded when people needed extra support to feel settled. For example, we saw one person's care plan recorded that they were often anxious and at times would need extra reassurance to help them feel settled. During lunchtime we saw care staff supported people who were unable to eat independently. This was achieved in a calm, collected, caring way, with staff pausing between spoonfuls to allow people to swallow safely, smiling and gently encouraging.

A number of family members visited their relatives while we were inspecting. We saw that staff had taken time to get to know the families needs as well as the needs of people living at the home. People were pleased with the level of kindness and care shown them. One relative told us, "I have been supported well as I fear (my husband) is now very close to 'the end,' and the staff have been really good – allowing me to stay late into the night, and ensuring that I have both food and counsel during these times. The registered manager told us how one day they were concerned as a regular visitor had not arrived and they went to check on them and found they needed some support and they had contacted the local authority to alert them of the concerns. People living at the home told us that there were no restrictions on visiting times. One person told us, "My family live locally, but they know they can visit at all times and often they do!"

The registered manager and staff had recognised how upsetting it could be for people when others living at the home passed away. They always ensured they provided emotional support for people as well as ensuring that anyone who wanted to was able to go to the funeral. Before the funeral a member of staff visited the family with flowers to support them with their loss and keep in touch after the funeral to ensure people were coping.

People and their relatives told us they had been involved in planning their care. The care staff told us how they would review the care plans and them go through them with people and, if the person wished, their families. One relative told us, "I am always kept up to date with what my [relative's] treatment is, and how they are reacting." The deputy manager also confirmed that people were involved in planning their treatment and said, "Each resident and family member will have a monthly review of their care plan, and that alterations to the plans are signed off by both sides." We saw care plans included a section on life aspirations which showed that the provider had acknowledged that people may still have things they wished to achieve.

Care plans recorded people's abilities to communicate and how staff could support and encourage them to be involved in their care. However, one person we spoke with told us that at times they had difficulty choosing lunch and that they would find pictures of the food useful.

We saw that the provider had taken time and effort to think about small things that impacted on people's dignity. For example, instead of having plastic beakers for people to drink out of the provider had found drinking glasses which were ridged with a large non-slip area on the outside. This was particularly effective in preventing slips and spills and supported people to maintain their independence. When people were offered a drink they were always asked why type of mug or cup they would prefer. We saw that staff were quick to offer drinks to visitors and this supported the people living at the home to feel that their visitors were welcomed and treated with respect.

People had been supported to personalise their bedrooms and all the doors were named. Some people had personalised their door to make them more identifiable. A member of staff had been assigned to be the Dignity champion for the home. A dignity champion takes the lead for ensuring staff are aware of how to support people in a dignified manner and to ensure the latest guidelines are put into place. Staff told us that they found this useful and could always go and ask the dignity champion for advice.

People were supported to be involved in the wider community and to feel that their thoughts and choices still mattered. For example, people were supported to vote in elections and could choose to either complete a postal vote or to attend a voting station. People who chose to be involved in religious organisations were supported. One relative told us, "My [relatives] religious, needs are being supported here, they have had visits from local vicars."

Good

Is the service responsive?

Our findings

Relatives were happy with the quality and consistency of the care provided. One relative told me, "This is a marvellous place. There are no nasty smells, the staff are excellent and keep on top of [my relatives] care, and keep me up to date too. The family really like this place when they visit….and two of them are hospital doctors in Scotland." Another relative told us, "The care here is exceptional, and the staff are all very approachable. This is what makes the difference between this home and others that we have used."

Pre admission assessments were in place. One family member told us how they had helped their relative choose a home and had visited unannounced to look around the home and they had liked what they saw, They told us, "We are absolutely thrilled to bits. You couldn't get anywhere better and he wants to be here.

Care plans contained all the information staff needed to provide safe person centred care. People's personal preferences about the way their care should be provided were recorded. For example, we saw one person preferred to have a daily bed bath and a wet shave. Care plans had been regularly reviewed and any changes in care needs were identified and documented. Staff had a good knowledge of people's care needs and if there had been any recent changes. This was supported by good handovers when shifts changed.

The nurses had received training on providing ear care for people, this meant people no longer had to wait for an appointment with their GP practices for this service and could receive it in the comfort of the home. In addition it meant that treatment was able to be given quickly and this supported people's ability to communicate. This was particularly important for people with Parkinson's disease as a build-up of wax is part of the condition. There were 10 people living at the home with Parkinson's disease on the day we visited.

There was good practice in place for wound management. For example, measurements and pictures were taken so that progress could be monitored. Where necessary advice had been sought from the specialist nurse to ensure the dressings used were the most effective to healing the wound. We saw that the home had supported a person to improve and heal long standing wounds which meant the person was in less pain and able to be more independent.

The provider had ensured that people's end of life wishes and treatment options were discussed in advance. For example, we saw that one person had recorded that they wanted to avoid going to hospital if possible. While another did not want life prolonging treatment but would like to be kept comfortable and pain free. Nurses had received training around the end of life and equipment was available for staff to support people to be comfortable at the end of their life. Nurses had also been trained to verify the end of life

There communal area was lively and there was plenty going on to keep people entertained. For example, during the morning we saw that people were engaged with a game of skittles, a quiz and discussing the articles in the local paper. In addition people were supported to take part in activities of daily living and one person was helping staff by folding a basket of towels. Relatives told us that there was always something going on

Where people choose to they were supported to access the community. For example, some people still wished to attend church functions at the church they went to before living at the home and other people chose to attend the hairdressers in the local area. This allowed people to maintain relationships that were important to them and to fell less isolated by living at the home.

The registered manger had also formed a relationship with a local school who were invited to visit the home and who in turn invited people living at the home to their events. From this one child had asked to visit the home and play some music for people. In addition a local choir visited the home twice a month to sing for people and the registered manager had liaised with a local art gallery to visit and provide art classes.

The provider had a minibus which the home could access if they wanted to take people on trips into the community and they often took people to visit the provider's other homes in the areas for them to socialise.

We saw there was a notice telling people how to complain in the main entrance. People told us they were happy to raise complaints with the registered manager or other staff. Relatives knew who to go to if they had any worries or complaints. One person living at the home told us, "There is nothing that I would like to be improved, but I am confident that if I had a problem it would be addressed."

People living at the home and their relatives felt that the registered manager had a good strong presence and was often seen about the home and could go to them with any issues. Care staff were clear that if anyone raised a concern or complaint with them they would record it in the daily notes for the person and them go and speak to a nurse. There had been one formal complaint regarding a missing item of clothing. Records showed that this had been satisfactorily resolved with the person raising the concern.

Good

Is the service well-led?

Our findings

We could see that people living at the home knew the registered manager and were confident in their care and leadership. One person told us how good they were and said, "There is not another one like her."

We saw that the registered manager was constantly vigilant to the care their staff were providing and when walking around the home identified if something was not right. For example, we saw one person was not sitting up straight in bed and the registered manager went to help them. The registered manager led by example and during the inspection we saw multiple examples of them undertaking tasks that needed doing. We saw nothing was beneath them and this ethos extended to the whole team. If something needed doing it was done, there was never a case of this is not my job, it was all completed with a smile and a conversation with whoever was near them.

Minutes from the latest family and friends meeting were available in reception for all visitors to see. Action had been taken following feedback received in the meetings. For example, we saw that there was a board with staff names and photographs to help people living at the home and their relatives identify who was caring for them. Each day a list of which staff were on duty was displayed in the reception area.

Staff told us that they liked working at the home. One member of staff said, "I like to be here and to make a difference." Another member of staff told us, "I wouldn't like to work anywhere else. The staff and residents are a good team. We have good management and we all know what needs to be done. We are always there to help each other, even if it's the management and all the nurses help the care staff." Staff had regular staff meetings to discuss changes in the home and feedback from any incidents.

The registered manager told us that they had a no blame culture and that this supported staff not to be afraid to raise any concerns. Staff told us that they were always able to raise any concerns with the registered manager. One member of staff said, "The [registered] manager always takes in what we say and will listen and follow through if she thinks it is a good idea." Another member of staff told us, "She [registered manager] is one of the best. She knows the residents and will assess them. If there are any problems she is so approachable, day or night."

The company have a charter of rights for people living at the home. This is discussed on admission and makes it clear what people have a right to expect from the care provided for them. In addition the provider had implemented a set of values which they were working to embed into the care staff provided. The executive team had visited the home to discuss the values and they were used as part of the appraisal to identify people's development needs. Values included respecting the individual and ensuring they were providing the small details which personalised care.

People living at the home, their relatives and visiting health care professionals had been asked for their views on the care. We saw that the results were displayed on the notice board for people living at the home, relatives and visitors to see. The registered manger told us they were working on an action plan.

The provider and registered manager had identified that caring for people was emotional work and especially when people passed away. They had ensured that staff were always asked if they wanted to perform the last rights on people, especially if they had been close to the person.

The provider and registered manager was in the process of implementing a staff recognition scheme. The registered manager told us that they had a nice set of staff and that they appreciate they work they did. We saw the registered manager said goodbye and thankyou to each member of staff was they went off shift.

Effective audits were in place to allow the registered manager to monitor the environment and the care people received. Records showed where any concerns were identified action plans were developed and issues were resolved. In addition monthly information was shared with the providers head office to allow them to monitor and benchmark against the providers other homes.

The registered managers for the provider's homes met on a regular basis. Complaints, accidents and incidents were discussed to ensure that learning was shared across all the provider's homes. In addition the provider was committed to having a transparent organisation so on a weekly basis information about all homes was shared with the registered managers.

The nurses had been given lead roles, for example, one nurse was lead for diabetes. They gathered information about the condition and how it should be managed and they were a point of contact for colleagues who had concerns. In addition the provider had a dementia lead who was based at head office and who would visit on a monthly basis to review the care deliver and identity if any changes were needed to keep in line with the latest guidance.

The provider had also made a commitment to improving the lives of people living with a dementia with a dementia strategy and had employed a Head of Dementia. They were in the process of visiting all the provider's homes to review the care provided. They were also meeting with people living at the home and their relatives to help them understand more about living with a dementia and that they can still lead a fulfilling life. The head of dementia was working staff to with review how they interact with people living with a dementia and how this can be tailored to improve their quality of life. They were also looking at the activities offered to people and to provide meaningful activities to promote a healthy mental and physical lifestyle. Ninety percent of staff had completed the training to become a dementia friend and the provider was looking at providing a more dementia friendly environment.