Derbyshire County Council

New Bassett House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 25 and 31 January 2017; the first day was unannounced. The service was last inspected on 10 February 2015 and was rated as good overall, with requires improvement in the key area of safe.

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At our last inspection in February 2015, we found people were not protected from the risk of unsafe care or treatment. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 We also found systems and processes put in place to protect people from abuse had not been operated effectively. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us their action plan to tell us about the improvements they were going to make to rectify the breaches. At this inspection we found improvements had been made.

New Bassett House Care Home is situated in Shirebrook and provides accommodation and personal care for up to 40 older people. At the time of our inspection, 36 people were living at the service. The service provides care and support for people, with a range of medical and age related conditions, including mobility issues, diabetes and dementia.

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.

Staff training was not always up-to-date. Equipment used for the safe moving and transferring of people had not been checked or serviced in a timely manner and in accordance with current health and safety recommendations.

The provider had recruitment procedures in place and employed new staff once appropriate checks had been completed. New staff participated in a thorough induction program which included a period of shadowing an experienced staff member. There were enough staff available to support and respond to people's needs in a timely manner. Staff participated in supervision

People's agreement and consent for care was obtained. The provider followed the key principles of the Mental Capacity Act 2005 (MCA) and met the legal requirements the Deprivation of Liberty Safeguards

(DOLS).

New staff received an induction and training in a range of skills the provider felt necessary to meet the needs of people at the service.

Staff were kind, caring and compassionate; people were supported and encouraged to remain as independent as possible. Staff knew people and their needs well; they were aware of the importance of treating people with dignity and respect.

Staff worked in conjunction with health care professionals to ensure people received appropriate healthcare and treatment in a timely manner. People were provided with food and drinks to meet choice, preference and any special dietary requirements.

People knew how to raise concerns and complaints; information was available should anyone feel it necessary to raise a concern or complaint. People had the opportunity to voice their thoughts about the service and meetings were held with people. The registered manager understood their role and responsibilities and was supported by the staff team. Audits were conducted to ensure the service met people's needs. Systems were in place to check on the quality and safety of services provided.

At this inspection we found two breaches 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 the report.

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.

Specialist baths and equipment used to assist people to move and transfer had not been serviced. People's requests for assistance were met in a timely manner. The providers staff recruitment procedures were followed to check the staff were suitable to work with vulnerable people. People's medicines were safely managed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff training was not always up-to-date. The key principles of The Mental Capacity Act 2005 (MCA) were followed when people lacked the capacity to make decisions; applications in relation to the Deprivation of Liberty Safeguards were made. Food and drinks were provided and met people's specific needs, choice and preferences. Staff ensured people had access to healthcare professionals and services.

Is the service caring?

Good

The service was caring.

Staff demonstrated how they provided care in ways that protected people's dignity and privacy. Staff were kind, caring and compassionate; they were attentive to people's needs. Staff knew how to support people if they became anxious or upset.

Is the service responsive?

Good

The service was responsive.

A variety of activities were provided for people to take part in. People and their relatives were confident any worries or concerns raised with the registered manager would be listened to, taken seriously and acted upon. People's care was personalised and responsive to their need, choice and preferences. People were supported to remain independent;

relationships with friends and family were maintained.

Is the service well-led?

Good

The service was well-led.

Staff felt the registered and deputy managers were supportive and approachable. The registered manager was aware of their roles and responsibilities; they were visible and people knew them by name. The quality of service provided was monitored and audited by the provider and registered manager.

New Bassett House 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.

This inspection took place on 25 and 31January 2017; the first day was unannounced. The inspection team comprised of one inspector and an expert by experience who had specific experience of older people and dementia care services.

Before the inspection we reviewed the information we held about the service along with notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. 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 service, what the service does well and improvements they plan to make.

We spoke with twelve people who used the service and four relatives. We also spoke with three care staff, two kitchen staff, a member of laundry staff, the registered manager and the service manager. We also spoke with two health professionals and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. We reviewed a range of records about people's care and how the service was managed. This included four people's care plans and associated documents; staff training records, four staff recruitment files, health and safety audits and medicines records.

As not all of the people living at the service were able to fully express their views about their care, we carried out a Short Observational Framework for Inspection (SOFI) to capture the experiences of people who may not be able to communicate their views.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in February 2015, we found people were not protected from the risk of unsafe care or treatment. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found systems and processes put in place to protect people from abuse had not been operated effectively. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider sent us their action plan to tell us about the improvements they were going to make to rectify the breaches. At this inspection we found improvements had been made.

Overall the service was clean and well maintained; however, equipment used for the safe moving and transferring of people had not been checked or serviced in accordance with current health and safety recommendations. There is a requirement for equipment used to aid people to move and transfer to be serviced by a specialist contractor to ensure it is safe and suitable to assist people. We saw the service date for equipment had expired. One piece of equipment used to assist people to stand had had the service sticker removed. We found this on a shelf in the storeroom; again, the service was overdue; this equipment was last serviced 19 April 2016 and was due for re-service 19 October 2016, however this had not taken place. We saw all three-specialist baths were also overdue for their service; they were last serviced 21 March 2016 and were due for service 20 September 2016.

We spoke with the registered manager and the service manager about the risks associated with the equipment not being serviced. During our inspection visit, the registered manager contacted the contractor and arranged for the servicing of the equipment to be carried out. We were concerned if we had not brought this to the attention of the registered manager, staff would have continued to use the un-serviced equipment. There was therefore a risk people were being assisted with unsafe equipment. This provider's system for ensuring the equipment for moving and transferring people was serviced and fit for purpose was ineffective, which meant there was potential risk to people's welfare and safety through the continued use of the equipment.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe at New Bassett House. One person told us they felt safe because staff were there at night and checked their welfare. They said, "The night staff open the door a little and look to see if I am alright." Another person said, "Oh yes they [staff] come and check you at night." They went on to say, "If you buzz for them they are soon there. I've got my own (pendant) that is round my neck which I wear because I can't get to the buzzer; I can't move very well."

We were told conflicting information relating to staff numbers and whether there were enough. Some people and relatives felt there were sufficient staff and others felt there were not. One person said, "I sometimes wake up and it is dark and I can't see; I sometimes press it (call bell) and they come and say hello are you okay." Another person said, "There's enough staff; they help when I need any help; I don't have to

wait too long." However, a relative said, "I can see a big change because they [staff] don't have the time to spend with them (people) now." Another relative said, "'The biggest thing is they [staff] haven't got the time to do it like they used to. It's the cutbacks." Staff told us there were enough staff available to meet people's needs. When asked if there were enough staff, one staff member said, "Yes, I would say so."

During our inspection we saw any requests for assistance were carried out in a timely manner; call bells were answered promptly. There were sufficient staff available in the communal areas and any requests for help or support were responded to. We spoke with the registered manager and reviewed staff duty rotas. The registered manager told us, and we saw, staff numbers were maintained and any identified shortfalls were covered by staff and regular agency workers, to promote and ensure consistency.

Staff understood their role in protecting people from avoidable harm. Potential risks, such as falls, had been recognised and assessed, to ensure people's safety was promoted. We saw care plans included risk assessments related to individual care needs. We saw, where possible, and people confirmed, they had been involved in the assessment of their individual care needs.

Staff we spoke with understood their role in protecting people from abuse and who and how to report any concerns to. Staff told us they would have no hesitation in reporting any concerns about care practices, should they have any. They told us they were confident any concerns would be taken seriously and acted upon by the registered manager and the provider. We saw information regarding the providers safeguarding procedures were clearly displayed on noticeboards.

We reviewed six staff records and found checks were undertaken before prospective staff began working at the service. Records showed pre-employment checks had been carried out. These included obtaining references, proof of identity and undertaking criminal record checks with the Disclosure and Barring Service (DBS). The DBS helps employers ensure the people they recruit are suitable to work with vulnerable people who use care and support services. This meant people and their relatives could be confident staff had been screened as to their suitability to care for the people who received care and support at the service.

People told us they were happy with the manner their medicines were managed. One person told us they received their medicines, "On time," and in the way they liked. Another person commented, "When it is time for them (medicines), they always let me have them; they are very good." A relative told us their family member was given their medicines, "Appropriately," they continued and said, "I am contacted about [relatives] tablets if there's a problem." They gave an example of when their family member had a change to their medicines and staff contacted them, "To keep me informed."

We saw people's care plans included assessments around medicines. The assessment contained information as to whether people wanted to manage their own medicines, or whether they wanted the staff to. Some people at the service chose to manage their own medicines; this was recorded in those people's care plans and staff were aware.

Medicine were safely stored. We reviewed medicines administration records (MAR) and observed staff during a medicines round. The staff member ensured people received the correct medicines, at the correct time and completed the MAR chart afterwards, as is good practice. We also heard the staff member explain to people what their medicine was for. People who were prescribed medicines 'as required' for pain management were asked how they were feeling and if they needed any. One person said, "They [staff] ask me every time if I need paracetamol, but I don't always have it." We saw guidance information sheets were in place regarding additional and 'as required' medicines. This gave the staff instructions relating to what medicines people were prescribed, what it was for and how often people could take it. This showed staff

administered medicines to people at the time when they were required.

There was a 'Business Continuity Plan' in place, which provided an action plan for emergency situations such as fire, adverse weather and failure of fire alarm system. We also saw each person at the service had a personal emergency evacuation plan, which recognised the support each person required in the event of emergency, such as a fire. This showed measures were in place to help ensure the safety and welfare of people who used the service in unforeseen situations.

Requires Improvement

Is the service effective?

Our findings

Records showed staff training was not always up-to-date. We saw some staff had not received training in key areas such as, first aid and fire training for many years. For example, one staff members' training record showed they last had fire training in 2013; the providers policy was for staff to attend fire training annually. Another member of staff last received first aid training in 2007; the providers policy was for first aid training to be attended every three years. We also saw records to confirm not all the staff responsible for medicines administration had completed refresher training in the safe handling and administration of medicines. The registered manager recognised there were gaps in staff training, which the provider identified as essential and mandatory. The registered manager and service manager were unaware of some essential training, such as safe handling of medicines being out of date and courses had not been arranged. This meant people were in receipt of care from staff who had not taken part in training, which the provider felt necessary to provide them with effective and safe care.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Newly appointed staff had a period of induction which included training and shadowing experienced staff so they were able to effectively meet people's needs. A staff member told us, "New staff shadow staff as part of their induction; we help them as much as possible." The provider also ensured new staff completed the Care Certificate as part of their induction and continued development. The Care Certificate identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to. This meant new staff had the relevant training to effectively support people's needs.

We saw the environment was being decorated and updated to improve the experience for people living with dementia. For example, increased and improved signage, redecoration and stand out colours for such items as hand rails and toilet seats. The registered manager had already started to get quotes for redecoration.

Staff ensured they gained people's consent and agreement before they provided any care and support. The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA). The 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.

The registered manager understood their role and responsibilities in respect of those people whose freedom and liberty was restricted. Appropriate applications regarding this had been made. People can only be deprived of their liberty so that they can 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).

The provider had policies and procedures for staff to follow in relation to the MCA. The registered manager

and staff understood the importance of acting in people's best interests and promoting choice, in line with the key principles of the MCA. One member of staff said, "We carry out assessments if someone is finding it difficult to make decisions for themselves." They gave an example of assessing whether a person understands and is capable of looking after their own medicines.

A staff member told us, "A DoLS means it is a deprivation of liberty." They gave an example of someone who wants to leave of go out alone, they said, "It [the DoLS] may be needed as they don't see danger; they might not be safe alone." A staff member said, "I always try to keep people safe; people don't always see dangers and they need us to help them stay safe." We saw documentation which supported applications for DoLS had been made and reviewed, in a timely manner. We saw information leaflets were available and displayed, in relation to the MCA and DoLS. This meant the provider was working within the principles and requirements of DoLS and MCA.

People's nutritional needs were being met; menu's showed people were offered a varied and healthy choice. One person told us, "The food is lovely; we have lovely puddings." Another person said, "It is pretty good; I enjoy most of it really." A third person said, "If you wanted something different, they offer you something else; but I've always been satisfied with what I've had." At lunchtime, we saw one person was nodding in their chair; the staff gently approached, spoke and touched the persons arm. The staff member asked the person if they would like their lunch where they were or if they wanted to go into the dining room. The person told the staff they wanted to remain in the lounge and no longer fancied what they had chosen; the cook quickly responded to this and offered to make the person an alternative.

The cook had up to date information in relation to people's dietary needs and preferences. The cook and staff consulted with people about their meal choices and, where possible, involved them in the planning of menus. Staff knew people's dietary needs and followed any special instructions from health care professionals. For example, the type and consistency of food and drinks, if someone had swallowing difficulties or if people required thickened drinks because they were at risk of choking. We also saw people were regularly offered drinks throughout our inspection visit. One person said, "We have tea, coffee and biscuits every morning and then in the afternoon we have the same. In the tea room you can do your own." Jugs of cold drinks and beakers were on coffee tables, so people had easy access to cold drinks. This meant people received sufficient food and drinks, which met their individual needs and preferences.

All the people we asked told us they had access to healthcare professionals and it was prompt. One person said, "Oh yes we see a doctor if there's anything wrong with us." Another person said, "Oh yes as soon as there is anything the matter the doctor or the paramedics are here fast." A relative told us they were confident the staff would contact a healthcare professional for advice or assessment, should the needs of their family member change. They said, "They are quite good. If [relatives] quiet they [staff] know she's not well and they pick up on it straight away." The relative followed this and said, "Shows they [staff] are really taking notice."

Staff were able to give details about people's health conditions. People's care plans provided information about their care and treatment needs and showed their regular reviewed. A healthcare professional described the staff as, "On the ball." They told us the staff sought advice and followed any suggestions in relation to people's health needs. Care plans showed a range of health professionals were involved in people's care to maintain their healthcare needs. People were supported to maintain good health and had access to healthcare services as required.

Good

Is the service caring?

Our findings

People who used the service told us they were well cared for by the staff. Comments we received included, "Yes I like it here; I have always liked it while I've been here," and, "They [staff] are very kind; I get on with all the staff." They went on to say, "You couldn't get a pleasanter staff. They are good lasses. They bend over backwards to do anything for you." A relative said, "[Relative] is well looked after. [Relative] knows everybody and they know her."

When asked if staff were kind and caring, one person said, "Absolutely, they are always kind." Another person said, "You get treated nice." A relative said, "They [staff] are just very caring and lovely." Another relative said, "They are always very kind." During our inspection we saw relationships between people using the service and staff were warm and familiar. People were listened to and we heard staff respond to them in a caring and respectful manner. Staff were kind, caring and compassionate.

Staff were attentive to people's needs; on the second day of our inspection one person came into the office to speak with the manager. This person had recently returned from a holiday and wanted to share their holiday experience with the registered manager and staff. We heard the registered manager chatting with the person,

Staff spoke in a positive manner about the people they supported and cared for. They had taken time to get to know people's preferences and wishes. Staff had a good knowledge of people's needs and this was demonstrated in their responses to people and recognition of when people required additional assistance. For example, at lunchtime staff were patient and supportive of people when assisting them to move around and choose a place to sit at a table. Staff knew how to support people if they became anxious or upset. We saw staff quickly responded to the people who were confused due to living with dementia. The staff spent time and provided people with praise and gentle reassurance to alleviate their confusion.

Staff respected and supported people's individuality. They encouraged people to take pride in their appearance and gently reminded people to wear clothing and footwear which met their needs and preferences. This gentle reminder was an example of staff promoting people's dignity along with increasing people's confidence.

During our inspection visit staff demonstrated and recognised the importance of supporting people with personal care in a manner which promoted and respected people's right to dignity and privacy. For example, staff were seen to discreetly ask people if they needed assistance with personal care. A relative said, "Without a doubt they treat [relative] with respect as they do in general with everybody. They will have a laugh and a joke but they are always respectful." The service had previously been awarded a Dignity in Care Award from the provider; the staff and registered manager was gathering evidence to submit for renewal of the award. This demonstrated dignity and respect was recognised as important and was promoted at the service.

Good

Is the service responsive?

Our findings

When asked about times for getting up in the morning, one person said, "We can get up when we like; I like to be up early. I used to get up early with my dog." People were supported to spend their day how they chose. Another person told us they felt the staff encouraged them to remain independent and they felt this was important. They said, "If you can do it, you do. We don't like to ask if we can do it for ourselves."
A third person said, "'There's bingo, chair based exercises, dominoes and singing for the brain." They continued and said, "There is a chap who comes and sings voluntarily and he does about three hours; he gets them all singing along and a couple will get up and dance." A fourth person said, "They have had two or three trips. We went Christmas shopping and have been to the theatre." They went on to tell us there had been coffee mornings and seasonal parties. They continued and said, "We had a seaside day when we went outside; there was hook a duck and fish and chips."

The provider employed an activities coordinator to arrange activities for people. At the time of the inspection activities they were unavailable and activities were being provided by the staff. The registered manager told us they had recently implemented a 'Butterfly' approach to activities. This approach is one which allows for flexibility in respect of activities; it allows for staff to engage people in short meaningful activities, to stimulate and promote well-being. The registered manager recognised there were times when activities needed to be arranged and structured, for example, if a trip had been booked or an external entertaining visited. However, there were times when activities were spontaneous and impromptu. For example, during the morning we saw an unplanned game of dominoes took place; in the afternoon people took part in a game of indoor quoits. The registered manager acknowledged it was, "Early days," and some staff found it easier to complete tasks rather than spend time with people. However, we saw some staff were comfortable and took the opportunity to sit and chat to people and involved them in conversation.

The registered manager showed us a room which had recently been updated and refurbished to resemble a tearoom. The registered manager told us the tearoom was open for people to spend time with their friends and relatives, away from the larger and busier rooms. The tearoom was decorated in a manner which was welcoming and gave people the opportunity for reminiscence and independence. The service also had a centrally located, open plan kitchen which was accessible to people and gave them the opportunity to make a drink when they chose to. Again, this promoted people to remain independent.

Each person who used the service had a care plan in place which covered areas of significance to them. Within the care plans information was available in relation to people's individual, personal and health needs. Care plans were person centred and included information from the person and relevant relatives. Each person's care plan contained information which guided staff about how people wanted to be supported and cared for.

We saw care plans were reviewed and updated on a regular basis; as and when people's needs changed, care plans were amended to reflect this. One person told us they knew they had a care plan and knew what was in it. They said, "Yes, I've signed it (care plan) and have been part of putting it together." A relative told us, "Yes we come in and have a meeting. We take [relative] with us and she's involved." Care plans we

reviewed showed people had contributed to the development of them; we saw, where possible, people had signed to say they knew about them. We saw a 'handover sheet' was in use; we saw the sheets were used to record and alert staff to information of significance about people. For example, we saw staff had recorded when people's needs and health had changed which had resulted in a visit or telephone contact with a health professional for advice. This meant any changes to people's health and needs reviewed and communicated to staff.

People and their relatives told us they were confident any worries or concerns raised with the registered manager would be listened to, taken seriously and acted upon. We saw records of comments, compliments and complaints were recorded and acted upon. There had been two documented complaints during the previous year; the complaints were handled appropriately and in accordance with the providers policy and any changes and learning was documented and actioned. We saw the provider had a complaints procedure in place; we saw leaflets were available in the entrance and reception area to inform anyone of the process. Staff were aware of the providers complaints procedure and knew how to respond to any concerns they received. The registered manager told us any concerns or complaints were taken seriously and, where possible, they hoped a satisfactory outcome for the complainant was achieved. This meant provider had procedures in place for responding to and reviewing complaints.

We saw questionnaires had recently been distributed to collect the views of people and their relatives regarding the quality of service at New Bassett House. The questionnaires were in a written and easy read format. Of the one's that had been returned, we saw comments were positive. 'Residents committee meeting's' also took place each month and gave people the opportunity to share their thoughts about the service. A relative told us meetings took place and their family member attended; they said, "[My family member] goes to the resident's meetings; probably every couple of months. They wanted parsnips for Sunday's, so they got them." In the reception area, there was a 'praise and grumble' book. We saw comments in the book were positive and complimentary. For example, "Exceptional care and kindness," and, "Friendly and dedicated staff."

Good

Is the service well-led?

Our findings

There was a registered manager in place at the service; the registered manager was supported by two deputy managers and senior care staff. The management team was accessible to the staff and people who used the service. People and relatives spoke positively about the registered manager and the staff. One person told us who the manager was and said, "I see her around and I've only got to go and knock on her door." They went on to say, "She's usually doing something; she gets involved in all kinds of things." A relative said, "[Family member] knows everybody and gets on with [registered manager]. [Family member] feels comfortable with them all." The registered manager had a visible presence about the service and people knew them by their first name. We saw and heard the registered manager spend time chatting with people, ensuring their needs were met and in the manner they were happy with.
Quality auditing of the service had commenced and one had been carried out by the service manager. The audit had made suggestions with actions for the registered manager to complete. The providers systems and processes were ineffective as, unfortunately the audit had not highlighted the expired service dates for the equipment used to assist people to safely the move and transfer. There were systems in place to assess and evaluate the quality of the service people received. We saw audits of different aspects of the service, such as incident and accident records which had taken place.

Staff felt valued and part of a team; they were aware of their role and responsibilities. Staff told us they felt able to approach members of the management team to discuss any concerns or issues they had. Staff knew the provider had a policy in relation to whistleblowing and how this could be used to share any concerns confidentially about people's care and treatment at the service. The registered manager told us they were working with staff to develop a more person centred, rather than task focused approach to care. In the activity room, we saw information on display which supported the change to the approach to people's care and activities. The information was there as a prompt and guide for staff; the registered manager recognised approach was in its infancy at the service, but hoped it would improve the care experience for people.

We were aware there had been a phase of change and re-structure across all of the provider's services. We were made aware the service and provider had recently had a recruitment drive, which had meant whilst new staff were being recruited, more established staff had not always attended training to ensure their skills and knowledge were safe and up-to-date.

We were also aware, as part of the re-structure, the role of senior carer had been instigated. Generally, the staff were supportive of the re-structure and recognised the senior carer role as a valuable member of the wider team. Staff told us they were provided with support and supervision by their respective managers. Staff told us the supervision process gave them and their respective managers the opportunity to share success as well as identified areas for improvement and personal development.

The registered manager understood their role and responsibilities and notified the Care Quality Commission (CQC) of any significant events, as they are legally required to do. We had received a small number of statutory notifications from the registered manager. At our inspection visit, we were made aware the provider was planning to upgrade and refurbish the main kitchen. We discussed this with the registered and

service manager. They agreed they would send in a statutory notification at the time of the kitchen upgrade, to assure us of the measures in place for meal preparation.

The registered manager and provider ensured relevant professionals were informed of incidents and events at the service, as necessary. Effective links with health and social care professionals had been established. A health professional confirmed the staff and the management team ensured people received the care and support they needed and at the time it was needed.

The registered manager told us providing people with a quality service was important and staff were committed to enhancing the service provision for people living with dementia. They told us they were committed to the development of the service to help drive up improvements in service provision.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Specialist baths and equipment used to assist people with moving and transferring had not been serviced in a timely manner.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff training was not always up-to-date.