Landermead Investments Limited

Landermeads 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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

Landermeads Care Home provides accommodation for up to 89 people who need nursing and/or personal care. In practice only 85 people can be accommodated because some bedrooms than can accommodate two people are usually only used as singles. The service provides care for people who live with dementia, have special mental health needs, have a physical disability or have a learning disability. The accommodation is divided into a number of areas. The Meads can accommodate 28 people who live with dementia and who require special support. Nine people with similar needs but who need a quieter setting can live in Buttermeands. Lander House can accommodate 26 people who live with dementia. These people need less support and some of them do not need assistance to make decisions. A further 10 people can live in Stoppard House. Catherine Tam can accommodate 16 people who live with a learning disability and/or a physical disability.

There were 81 people living in the service at the time of our inspection.

Summary of findings

This was an unannounced inspection carried out on 23 March 2015. There was a registered manager. 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.

We last inspected Landermeads Care Home in July 2013. At that inspection we found the registered persons were not meeting all the essential standards that we assessed. The arrangements that had been used to resolve a concern about person's wellbeing had not been robust. In addition, there were shortfalls in protecting people from the risk of not eating and drinking enough, from the consequences of experiencing limited mobility and from the risk of acquiring infections. A further issue involved the fact that the registered persons had not consistently informed us about significant events that had occurred in the service. After the inspection the registered persons told us that all of these shortfalls had been addressed. At our present inspection we found that the registered persons had put these things right.

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 are 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. At the time of our inspection the registered persons considered that none of the people living in the service were being deprived of their liberty. They were aware of the need to keep this matter under review to ensure that people continued to have their legal rights protected.

Some of the records needed to ensure that medicines were correctly administered were not accurate. Staff knew how to keep people safe from harm and how to promote their wellbeing including avoiding having accidents. There were enough staff on duty and background checks had been completed before new staff were appointed.

Some of the signs in the accommodation did not fully assist people to find their way around. However, staff had been supported to care for people in the right way including accessing healthcare services. People's rights had been protected because the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

People were treated with kindness and compassion. People who lived in the service and relatives were very positive about the way in which staff were caring and attentive. However, some of the arrangements used to promote people's privacy and to respect their dignity were not robust. Staff recognised the importance of respecting confidential information.

People had not been provided with written information about their care that was easy for them to understand. There was a system for resolving complaints but people who lived in the service had not been fully informed about this arrangement. Although people had received all of the practical care they needed some people had not been fully supported to pursue their interests and hobbies. People had been supported to celebrate diversity by fulfilling their spiritual needs and embracing their cultural identities.

People had not been fully consulted about the development of the service and some quality checks had not been robust. However, the service was run in an open and inclusive way that enabled staff to provide people with consistent care. People had benefited from staff being involved in a national initiative to develop good standards in caring for people who live with dementia.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were not always managed safely.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

People had been helped to stay safe by managing risks to their health and safety.

There were enough staff on duty to give people the care they needed.

Background checks had been completed before new staff were employed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Some of the signs displayed in the accommodation did not fully support people to find their way around.

Staff had been supported to develop the knowledge and skills they needed to care for people in the right way.

People had been helped to eat and drink enough and they had received all the medical attention they needed.

People's rights were protected because the Mental Capacity Act 2005 Code of Practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Some of the arrangements used to promote people's privacy and dignity were not robust.

Staff were kind and compassionate.

Confidential information was kept private.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People had not been fully supported to plan and review their care because important written information was not accessible to them.

Some people had not been fully informed about how they could make a complaint.

People had not been fully enabled to pursue their interests and hobbies.

Summary of findings

Staff had provided people with all the practical care they needed including people who lived with dementia and who had special communication needs.

People had been supported to celebrate diversity by fulfilling their spiritual needs and embracing their cultural identities.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

Some of the quality checks completed by the registered persons had not effectively identified problems.

People had not been actively consulted about the development of their home.

There was a registered manager, staff were well supported and people had benefitted from good practice initiatives being used in the service.

The service followed a nationally recognised model of care that is designed to promote the wellbeing of people who live with dementia.

Landermeads 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.

We visited the service on 23 March 2015. The inspection was unannounced. The inspection team consisted of three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

During the inspection we spoke with 12 people who lived in the service, three nurses, five care workers, two housekeepers and their manager, the chef and the registered manager. In addition, we spoke with a director of the limited company that runs the service and is the registered provider. Depending on what we are saying, we either refer to this person as being the representative of the registered provider or as being one of the registered persons. We observed care and support in communal areas and looked at the care records for eight people. In addition, we looked at records that related to how the service was managed including staffing, training and health and safety.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the registered persons had sent us since the last inspection. In addition, we contacted local commissioners of the service to obtain their views about how well the service was meeting people's needs.

Requires Improvement

Is the service safe?

Our findings

Our inspection on 31 July 2013 found that the registered persons had not always suitably supported people who experienced reduced mobility and who needed extra assistance to promote their health and avoid having accidents. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Our inspection on 23 March 2015 found that people who experienced reduced mobility were receiving the care they needed. We saw that staff had identified possible risks to each person's safety and had taken action to promote their wellbeing. For example, people with limited mobility had been helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas. Staff had also taken action to reduce the risk of people having accidents. For example, people had been provided with equipment to help prevent them having falls. This included people benefiting from using walking frames, raised toilet seats and bannister rails. Some people had rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. Other people preferred not to use bedrails. In response to this preference their beds had been lowered to be nearer to the floor and special profile mats ensured there was a soft surface near to their beds. We found that the registered persons had made sufficient improvements and were no longer in breach of the regulation.

Records showed that when accidents or near misses had occurred they had been analysed and steps had been taken to help prevent them from happening again. For example, when a person had fallen the registered persons had arranged for staff to carefully observe the person for a set time to make sure they were being helped in the right way.

Our inspection on 31 July 2013 found that the arrangements used to prevent and control infection were not consistently robust. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. .

Our inspection on 23 March 2015 found that there were effective systems to keep the service clean and hygienic and to ensure that people were protected from the risk of acquired infections. There were staff who were responsible for cleaning and they worked in a systematic way to ensure that things were regularly checked. We saw that the accommodation, fixtures, fittings and equipment were clean and hygienic. We also found the kitchen to be neat and clean. We found that the registered persons had made sufficient improvements and were no longer in breach of the regulation.

Our inspection on 31 July 2013 found that the registered persons had not promptly resolved concerns that had been raised about the wellbeing of someone who lived in the service. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our inspection on 23 March 2015 people said that they felt safe living in the service. We saw a person who had special communication needs smile when they saw a member of staff and reach out to hold their hand. Another person said to a member of staff, "I trust you so well." Relatives were reassured that their family members were safe in the service. One of them said, "I don't have any concerns at all. I know that my family member is safe here and I can leave here after a visit without any qualms."

Records showed that staff had completed training in how to keep people safe and they had been provided with relevant guidance. Staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. They were confident that people were treated with kindness and said that they had not seen anyone being placed at risk of harm. Staff knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved. We found that the registered persons had made sufficient improvements and were no longer in breach of the regulation.

Some of the arrangements for managing medicines were not reliable. We saw that there was a sufficient supply of medicines and they were stored securely. However, a record had not been made when some medicine containers had been opened and this made it difficult for staff to tell if they remained safe for use. Although staff had received training in how to correctly administer medicines, we noted that they had not always managed medicines in the right way. This was because a medicine prescribed for one person had not been used in accordance with their doctor's written instructions. In addition, we noted that staff had not been provided with all of the guidance they

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Is the service safe?

needed to administer medicines that a doctor had said could be used as and when necessary. Although these shortfalls had not resulted in people experiencing any harm, they had reduced the registered persons' ability to ensure that people were protected against the risks associated with the unsafe use and management of medicines.

Records showed that background checks that had been completed before staff were appointed. These checks included contacting the Disclosure and Barring Service. The disclosures showed that the staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service. We saw that the registered persons had checked that each nurse had maintained their registration with the relevant professional body. This meant that they had demonstrated their good conduct, undertaken refresher training and were deemed to be competent to provide nursing care.

Each of the houses had a separate team of staff who were based there. This had been done to help staff become known to and familiar with the care needs of the people who lived in each house. In addition, the houses had their own senior staff (including a nurse) who were responsible for organising the care provided. These senior staff were accountable to the registered manager.

The registered persons had established how many staff were needed to meet people's care needs. We noted that the greater needs of the people living in The Meads had been reflected in higher staffing levels there. We saw that there were enough staff on duty at the time of our inspection in all of the houses. This was because people received all of the practical assistance they needed. Records showed that the number of staff on duty during the two weeks preceding our inspection in all of the houses matched the level of staff cover which the registered persons said was necessary. Staff said that there were enough staff on duty to meet people's needs for practical assistance. People who lived in the service and their relatives said that the service was well staffed. A person said, "There are always staff here and they are so involved with everybody."

Requires Improvement

Is the service effective?

Our findings

Our inspection on 31 July 2013 found that the registered persons had not always suitably supported people who were at risk of not eating and drinking enough and/or who needed additional healthcare assistance. This was a breach regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Our inspection on 23 March 2015 found that these problems had been addressed. This was because there were individual arrangements to ensure that people were provided with enough to eat and drink. Some people received extra assistance to make sure that they were eating and drinking enough. For example, staff kept a detailed record of how much some people were eating and drinking to make sure that they had sufficient nutrition and hydration to support their good health. People were offered the opportunity to have their body weight checked in order to identify any significant changes that might need to be referred to a healthcare professional. Records showed that healthcare professionals had been consulted about some people who had a low body weight. This had resulted in them being given food supplements that increased their calorie intake. At meal times, staff gave individual assistance to some people to eat their meals. We saw that when necessary food and drinks had been specially prepared so that they were easier to swallow to reduce the risk of choking. In addition, we noted that the chef knew about the need to prepare meals so that people could follow special diets and records showed that this was being done in the right way.

We saw that when necessary staff had arranged for people to promptly receive health care services, including seeing their doctor. Some people had complex needs and required support from specialist health services. Care records showed that these people had received support from a range of specialist services such as from dietitians, speech and language therapists and occupational therapists. After our inspection we contacted a healthcare professional who knew the service. They said that they were entirely satisfied with how people who lived in the service were supported to maintain their health. We found that the registered persons had made sufficient improvements and were no longer in breach of the regulation.

Various things had been done to design and adapt the accommodation so that people's individual needs were supported. These included attractive and interesting murals that had been painted on walls and ceilings. In addition, objects had been placed close to hand that helped people to engage with earlier periods in their lives. However, the arrangements to help people find their way around were not well developed. Some of the signs that identified the different houses were incorrect or difficult to see. Although each bedroom had a box on the outside wall that contained items such as family photographs most bedroom doors did not have anything which clearly identified the occupant. Both in The Meads and Lander House we saw people being uncertain and trying more than one bedroom door until staff assisted them to find their own room. This shortfall reduced the registered persons' ability to fully enable people to be as independent as possible when moving about their home.

Staff had periodically met with a senior member of staff to review their work and to plan for their professional development. We saw that care workers had been supported to obtain a nationally recognised qualification in care. In addition, records showed that staff had received training in key subjects including how to support people who lived with dementia or who needed extra help to eat and drink enough.

Staff said they had received training and we saw that they had the knowledge and skills they needed. For example, staff were aware of how important it was to make sure that people had enough to drink. In addition, they knew what practical signs to look out for that might indicate someone was at risk of becoming dehydrated.

The registered persons and senior staff were knowledgeable about the Mental Capacity Act 2005. This had enabled them to protect the rights of people who were not able to make or to communicate their own decisions. Care records showed that the principles of the law had been used when assessing people's ability to make particular decisions. For example, the registered manager had identified that some people who lived in the service needed extra help to make important decisions about their care due to living with dementia.

When a person had someone to support them in relation to important decisions this was recorded in their care plan. Records demonstrated that each person's ability to make decisions had been assessed and that people who knew

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Is the service effective?

them well had been consulted. This had been done so that decisions were made in the person's best interests. A relative said, "The registered manager knows that I want to be consulted about everything to do with my family member's care and he respects that. We sorted all that out when we were first considering this place."

There were arrangements to ensure that if a person did not have anyone to support them they would be assisted to make major decisions by an Independent Mental Capacity Act Advocate. These healthcare professionals support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

The registered persons and senior staff were knowledgeable about the Deprivation of Liberty Safeguards. We noted that they had sought advice from the local authority to ensure the service did not place unlawful restrictions on people who lived there.

Requires Improvement

Is the service caring?

Our findings

People were not fully supported to have their own private space. Some of the shared use toilets did not have locks on their doors and there was no other way to secure the rooms. This limited people's ability to use these facilities in private. We saw an occasion when someone who was using the toilet was startled when someone entered the room. Most of the bedroom doors did not have locks on them and staff did not always knock and wait for permission before going in. In addition to these shortfalls, staff did not always ensure that close personal care was provided in a respectful way by ensuring doors were closed so that people were given privacy. These shortfalls reduced the registered persons' ability to ensure that people had their privacy promoted and their dignity respected.

However, people and their relatives were positive about the quality of care provided in the service.. A person said, "I like the staff because they're nice and kind". Another person with special communication needs pointed to a member of staff and then touched their own chest to make reference to their heart. Relatives told us that they had observed staff to be courteous and respectful in their approach. One of them said, "I've always been certain that there is genuine kindness in the service. The place feels like being home."

Staff were knowledgeable about the care people required and the things that were important to them in their lives. We numerous examples particularly in The Meads of staff chatting to people both when they were providing care and at other times as well. Staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made. For example, one person described how each morning staff assisted them to follow their chosen routine by having a cup of tea in their bedroom before getting out of bed. We saw another person being assisted by a member of staff to change the channel on their television. After doing this the member of staff stayed with the person and they both laughed together as they answered questions while watching a quiz show.

Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The registered persons had developed links with local advocacy services to support these people if they required assistance. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Written records that contained private information were stored securely and computer records were password protected. Staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

People received their mail unopened. Staff only assisted them to deal with correspondence if they had been asked to do so. People could choose to have a private telephone installed in their bedroom or alternatively they could use the service's business telephone. There was a wireless internet connection throughout the service. This facility gave people the opportunity to use tablet computers and other devices to keep in touch with family and friends.

Requires Improvement

Is the service responsive?

Our findings

Each person had a written care plan that described the care they needed and wanted to receive from staff. Records confirmed that these care plans were regularly reviewed by staff to make sure that they accurately reflected people's changing preferences and needs. However, we found that the care plans were not written in a user-friendly way. This was because they used language that was likely to be inaccessible to people who lived in the service. For example, little had been done to bring written information to life by using recognised techniques such pictures, drawing, diagrams and colour. We asked four people about their care plans and none of them were aware that they had an individual care plan. Although people said that staff occasionally chatted with them as they provided care, this process did not extend to actively consulting with them about all of the assistance they received. These shortfalls had reduced the registered persons' ability to ensure that people were fully involved in planning, reviewing and assessing the care they received.

There was a lively and engaged atmosphere in The Meads where we saw people enjoying being involved in a range of activities. These included working alongside staff to complete household tasks and being involved in social events such as gentle exercises and singing. However, this was not the case across all of the service and some people had not been fully supported to pursue their interests and hobbies. On most occasions in Lander House we noted that people spent a lot of time sitting on their own without anything in particular to do. All of the four people we asked in Lander House said that they would like to have the opportunity to engage in more activities. One of them said, "I don't like it, there's nothing to do" and another person remarked "I'm bored, it's very boring".

Although in Catherine Tam people were supported to access community resources, in the other houses most people had not been assisted in this way. We identified two people who lived with dementia who staff said would like to be regularly supported to leave the service. However, we noted that records for the four weeks preceding our inspection showed that only one of these people had left the service and only on a single occasion. We spoke with one of these people and they pointed towards a nearby door, smiled and walked towards it until they realised that it was not open. These shortfalls had reduced the registered persons' ability to promote people's ability to lead full and engaged lives.

Most of the people we spoke with were not clear about how to make a complaint and what would be done to resolve any concerns they raised. The representative of the registered provider said that people had been given a copy of a user-friendly complaints procedure that explained how they could go about making a complaint or raising a concern. None of the people or relatives we spoke with could recall having been given a copy of the document and there was no copy of it for us to see. These shortfalls had reduced the registered persons' ability to ensure that people were fully supported to raise and resolve any concerns. However, records did show that staff were sensitive to the individual ways in which people expressed dissatisfaction. In addition, we saw that action had been taken to address instances when concerns had been noted.

People said that staff provided them with all of the practical everyday assistance they needed. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom, getting about safely and keeping their skin healthy. A person said, "I like to do what I can for myself and then staff are there for the rest." In addition, staff were regularly checking on people during the night to make sure they were comfortable and safe in bed. Records and our observations confirmed that people were receiving all the practical assistance they needed.

Staff were confident that they could support people who had special communication needs. We saw that staff knew how to relate to people who expressed themselves using short phrases, words and gestures. For example, we observed how a person pointed towards the door of the kitchen that was nearby. A member of staff recognised that the person wanted to be assisted to have a drink which was promptly fetched for them. Another example involved staff knowing what someone wanted to say by observing them blinking.

In addition, staff were able to effectively support people who lived with dementia and who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that a person was anxious without any particular reason after finishing their

Requires Improvement

Is the service responsive?

lunchtime meal. A member of staff engaged the person's interests by pointing towards the birds that were painted on the ceiling in the dining room. They then moved the person so that they could look out of the window to see real birds in the nearby garden. We saw the person give a broad smile and hold out their cheek for a kiss which the member of staff was happy to give. The staff member knew how to identify that the person required support and they had provided the right assistance.

People said that they were provided with a choice of meals that reflected their preferences. We saw that people had a choice of dish at each meal time. In addition, records showed that the chef prepared alternative meals for people who asked for something different. We were present when people had lunch In Lander House and noted the meal time to be a pleasant and relaxed occasion. Some people received individual assistance to eat their meal. People commented positively on how the chef regularly asked them how they liked their meals and asked them to suggest changes to the menu. A person who had special communication needs pointed to their nearly eaten meal and said, "I like this."

Relatives said that they were free to visit the service whenever they wanted to do so. Staff were knowledgeable about the people living in the service and the things that were important to them in their lives. People's care records included information about their life before they came to live in the service. Staff knew this information and used this to engage people in conversation, talking about their families, their jobs or where they used to live. For example, we heard a member of staff responding to a person who joked with them about the number of times both of them had been married.

Staff were happy to do extra things for people that responded sensitively to their individual needs. For example, we saw that arrangements had been made for a married couple to have their bedrooms close together. This arrangement had responded to their wish to continue enjoying the reassurance of being close to each other.

Staff understood the importance of promoting equality and diversity in the service. They had been provided with written guidance and they had put this into action. For example, people had been supported to meet their spiritual needs. We saw that individual arrangements had been made so that people could attend church services for their chosen denomination. The registered persons were aware of how to support people who used English as a second language including accessing translators. Staff were sensitive to this issue and we saw one of them using some words they had learnt in the first language of someone for whom English was their second language. In addition, we saw that a person had been assisted to follow a particular diet that respected their cultural identity.

Requires Improvement

Is the service well-led?

Our findings

Our inspection on 31 July 2013 found that the registered persons had not correctly notified us about significant events that had occurred in the service. This oversight had reduced our ability to check that appropriate steps had been consistently taken to keep people safe. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Our inspection on 23 March 2015 found that the registered persons had correctly informed us about any significant events that had taken place. This had resulted in us having the information we needed to ensure that people were kept safe from harm and only received lawful care. We found that the registered persons had made sufficient improvements and were no longer in breach of the regulation.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered persons. They were confident that they could speak to both of them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice. A staff member said, "From the start there's been a clear understanding that the people who live here come first. I've always been told that staff have a duty to speak up if there are any concerns."

The registered persons and senior staff had regularly completed a number of quality checks. However, they had not had not always been effective in ensuring that people were provided with the facilities and dignified care they needed. In particular, the problems we found during our inspection had not been identified and so no plans were in place to address them. This shortfall included the absence of locks on toilet doors. Although other quality checks had been completed for things such as fire safety and food hygiene, the oversights we noted had reduced the registered persons' ability to reassure people that they would consistently receive the right care.

Although staff spoke with people about their care as they went along other arrangements to enable people to contribute to the development of the service were not well developed. There were no house meetings at which people could discuss their home and how it could be improved. In addition, there were no other means to receive feedback from relatives and health and social care professionals. These shortfalls had reduced the registered persons' ability to receive information about how well the service was meeting people's needs.

People said that they knew both of the registered persons. During our inspection visit we saw both of these people around the service, talking with people who lived in the service and working with staff. Both of them had a very good knowledge of the care each person was receiving. They also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and to support staff.

Staff had been provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. There was a named senior nurse in charge of each shift in each of the houses. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. There were handover meetings at the beginning and end of each shift so that staff could review each person's care. In addition, there were periodic staff meetings in each of the houses at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way. A relative said, "I think that the place is very well run. The staff know what they're doing and things get done."

There was a business continuity plan. This described how staff would respond to adverse events such as the breakdown of equipment, a power failure, fire damage and flooding. These measures resulted from good planning and leadership and helped to ensure people reliably had the facilities they needed.

The registered persons had introduced a nationally recognised model of good practice that is designed to provide compassionate care for people who live with dementia. We saw that this involved emphasising the importance of enabling people to continue to experience a normal family life. As part of this commitment staff referred to people as being 'family members' and emphasised informality by not wearing uniforms.