Greentree Enterprises Limited

Bablake House

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Bablake House on 12 January 2016. The inspection was unannounced.

Bablake House is registered to provide accommodation for up to 45 older people including older people living with dementia who require personal care. There were 38 people living in the home at the time of our visit.

A requirement of the service's registration is that they have 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 and associated Regulations about how the service is run. There was a registered manager in post at the time of our inspection.
People living at Bablake House had varying degrees of care needs. Several people had the capacity to express their needs and were able interact with other people and staff members.

There were enough staff available to safeguard the health and wellbeing of people. Where risks associated with people's care had been identified, there were plans in place to manage those risks. The majority of people had mobility difficulties and had walking aids to assist them to move around safely and independently.

People told us they felt safe in the home and staff understood their role in keeping people safe from abuse. The provider had a thorough recruitment procedure to ensure staff employed in the home were safe to work with the people who lived there. People received their medicines as prescribed.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.
Staff received an induction to the home and completed on-going training to ensure they understood how to work safely and effectively with people.

People were positive about the caring attitude of the staff. We observed staff being caring to people and saw staff and people enjoying each other's company. There were some social activities for people to participate in, but some people told us there was not much for them to do.

People were provided with food and drinks that met their health needs and were supported to attend regular health checks.

The registered manager had an understanding of the needs of people living with dementia and was developing the service to provide person centred dementia care. However, this process had not been fully implemented and some improvement was needed to fully achieve this.

People who lived at Bablake House, and staff, felt able to speak with registered manager and share their views about the service. The registered manager was supportive to staff and worked with them to provide good standards of care. There were effective quality assurance systems to monitor and improve the quality of service provided.

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.

People told us they felt safe. There were enough staff to meet people's needs safely and consistently. Staff knew what action to take if they had any concerns about people's wellbeing. People received their medicines as prescribed from staff who had received training in the safe management of medicines.

Is the service effective?

Good

The service was effective.

The registered manager ensured staff received the training and support they needed to meet the needs of people effectively. Staff understood people's rights under the Mental Capacity Act. Arrangements were in place to ensure people received enough to eat and drink. People were referred to external healthcare professionals when a concern regarding their health was identified.

Is the service caring?

Good

The service was caring.

People spoke positively about the kindness and friendliness of staff. People were supported by staff in a way that maintained their privacy and dignity. Staff knew people well and understood their individual needs.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The provider was developing a person centred service for people living with dementia but this had not been fully implemented. People were given opportunities to participate in some social activities but people said they would like more to do. People felt confident to report any concerns or complaints to the manager.

Is the service well-led?

Good

The service was well-led.

People told us the home was well-led and the manager was approachable. Staff told us they enjoyed working at the home, they felt supported to carry out their roles and were given opportunities to discuss the service provided. The manager provided good leadership and there were systems to review the quality of service provided.

Bablake House

Detailed findings

Background to this inspection

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

The inspection took place on 12 January 2016 and was unannounced. The inspection was undertaken by two inspectors, a specialist advisor in dementia care 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 residential care service.

At the last inspection of the service in December 2015 we found the provider was not meeting all the required standards for maintaining people's safety. Systems to assess, identify and manage risks were not sufficiently robust to keep people safe. Staff were not using the appropriate equipment to move people safely and this placed people who lived at the home at risk of harm. The provider submitted an action plan to tell us the improvements they had made to keep people safe. We checked to see if these actions had been put into place.

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 were able to review the information as part of our evidence when conducting our inspection.

We reviewed the information we held about the service. This included statutory notifications received from the provider. These are notifications the provider must send to us. They inform of deaths in the home and incidents that affect people's health, safety and welfare. We also contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services provided to people. They had recently completed a visit to the service and there were no concerns identified.

We spoke with eight people who lived at the home and four relatives and friends. We spoke with the

registered manager, two senior care staff, five care staff and two non-care staff. We also spoke with two visiting healthcare professionals. As some people at Bablake House were unable to tell us about their care, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spent time observing care and support being delivered in communal areas and we observed how people were supported at lunch time.

We reviewed seven people's care plans and daily records to see how their care and treatment was planned and delivered. We checked records to make sure staff were recruited safely and were trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Bablake House. One person told us, "I feel very safe here." Relatives we spoke with were confident their relations were safe at the home. One relative said, "Yes I think she is very safe in here. I can't believe how well she has settled." During the day we observed that people were relaxed around staff and interactions were friendly.

Staff knew and understood their responsibilities to keep people safe and protect them from harm. All staff, including non-care staff told us they would not hesitate to report potential abuse. Comments from staff included: "I would report it straightaway to my senior and the manager and I would write a report about it," and "I would go and tell [registered manager] if I noticed anything unacceptable. She would deal with it." Staff understood what constituted abuse and what to do if they suspected someone was at risk. For example one staff member told us if they found unexplained bruising on anyone they would complete a body map and report it to a senior member of staff. Staff had received training in keeping people safe and had access to the information they needed to help them report any safeguarding concerns. The registered manager referred any safeguarding concerns to the local safeguarding team as required so they could take the necessary actions to investigate them..

At the last inspection in December 2014 we found systems to assess, identify and manage risks were not sufficiently robust to keep people safe. We checked to see if improvements had been made. We found they had. Risks associated with people's care had been assessed and were safely managed. Risk assessments were in place to identify any risks to people's health and wellbeing. Where risks had been identified, there were instructions about how to minimise or manage risks. These included areas such as manual handling, skin breakdown and poor nutrition.

Staff understood how to manage risks associated with people's care. For example how to reduce the risks of skin damage to people. Comments included: "They [people at risk] have an airflow mattress and pro-pad cushions. If people are in bed we turn them. For people sitting in armchairs, we have exercises and we try and encourage them to stand up to relieve the pressure. Good hygiene is important and using the proper creams if they have been prescribed." We were told if staff noticed any changes to peoples skin they reported this to the seniors. The correct equipment was available to people such as pressure relieving equipment to reduce risks of skin damage and mobility aids to safely transfer people.

At the last inspection, we found staff were not using the appropriate equipment to move people safely and this placed people who lived at the home at risk of harm. The registered manager told us, and staff confirmed that following our last visit all staff had completed moving and handling training. This was to ensure they had the knowledge and skills to move people safely. During this visit we saw staff used appropriate equipment to move people.

We looked at how risks associated with people falling were being managed. Staff told us, "If people are new in the home, we observe them first to know how to deal with them. We are always assessing them." Another said, "Normally if they are at risk of falls we monitor them all the time. If they are mobile we walk with them.

At night time we will have sensors to let you know if they fall out of bed." Where people were at risk of falls risk assessments had been completed, and care plans informed staff to monitor people when mobile. During our visit we observed most of the people had a walking frame in front of them when seated. This assisted them to stand when they wanted to and move about the rooms safely. We saw staff supported people with their mobility and encouraged independence where possible.

Care staff were knowledgeable about people's individual risks and were kept updated with any changes in risks during the handover meeting between shifts. For example, if someone was unwell, staff were requested to make extra checks to ensure the person had sufficient to drink to remain hydrated.

Accidents and incidents in the home were recorded. The records were checked by the registered manager to identify any trends or patterns to minimise re-occurrence.

Each person had an emergency evacuation plan so staff and the emergency services would know what support they needed to evacuate the building. Staff we spoke with were clear what action they needed to take in the event of an emergency to keep people safe.

People and staff thought there were enough staff to keep people safe and meet their needs. One person told us, "I think there is enough but they are pushed at times, especially at the weekends, but they don't neglect you." Another said, "When I call for assistance you have to give and take, it depends if staff are busy or not." A staff member told us, "I would say the majority of the time yes. Maybe weekends perhaps we could do with extra ones. We have had a lot of new staff start." Staff, said it could be difficult when other staff did not turn up for their shift or called in late at the last moment. One staff member told us, "I think we could do with more if people don't turn up. One or two extra staff would be nice, but it is do-able." During our visit we saw staff were available to provide the care and support people needed. When people required assistance with moving and handling, two members of staff were always available to carry out the task safely. We saw at times people had to wait until a second member of staff was free to assist. On the day of our visit we found there were sufficient staff to keep people safe.

We were told staff vacancies were covered by agency staff. The registered manager and staff told us the same agency staff were used to provide consistency, so they knew people who lived at the home.

We reviewed the provider's recruitment procedure. The provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about newly recruited staff. The DBS is a national agency that keeps records of criminal convictions. One staff member told us, "When they said I had the job I had to wait for my checks and that took a little bit of time. I couldn't start until my references and my DBS check came back." We checked the files of two recently recruited staff. These confirmed all the checks had been carried out before they were able to commence work in the home. Staff were recruited safely, which minimised risks to people's safety.

We checked to see whether medicines were managed safely in the home. There had been a recent pharmacist audit of medicines on 5 January 2016. No actions were required following this audit. Medicines were stored safely and securely and kept in accordance with manufacturer's recommendations to ensure they remained effective. The storage, administration and recording of medicines that required extra checks met safety requirements.

Medicine administration records we looked at had been signed by staff to confirm medicines had been given as prescribed, or the reason why they had not been given had been recorded. Where people were prescribed medicines "when required" for pain relief, there were protocols in place to ensure staff gave them safely and

consistently. People's medicines had recently been reviewed to ensure they were taking the most effective medicine to manage their conditions. Care staff told us only trained staff administered medicines and their competency was regularly checked to make sure they were given safely.

Good

Is the service effective?

Our findings

We asked people if they thought staff had the knowledge and understanding to meet their needs effectively. People told us, "I think they do, they seem to know what they are doing".

New staff received an induction to the service and completed training when they started work at the home to make sure they could meet people's needs. Staff told us they also completed a number of shadow shifts with more experienced staff so they could get to know people and understand their individual needs. The provider told us the induction programme was linked to the new Care Certificate. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment. The registered manager confirmed additional training would be made available to experienced staff in line with the Care Certificate standards.

Staff spoke positively about the training they received and confirmed they were encouraged to gain further qualifications in health and social care. Comments included, "It is good. I have done all mine, it is always kept up to date." "Brilliant. You can't fault the training at all." "My training is all up to date and I am finishing my NVQ three."

We asked staff if the dementia training gave them the skills to interact with people with more complex dementia needs. Staff had different views of this. They told us, "The dementia training was good. There are only two people here who have complex dementia needs. I think they get the care they need but trying to communicate with them is difficult. They have good days and bad days and when they are on a bad day it is quite difficult to interact with them." Another said, "The dementia training was okay but it was a bit basic. It was about an hour. I would prefer longer so I could understand more complex needs. I have spoken with [registered manager] about it and she said she is going to see about organising additional training." We spoke with another member of staff that had completed a distance learning dementia course through a local college. They told us they had enjoyed this training and stated, "they had learned a lot".

Throughout the day we saw staff competently undertake tasks that demonstrated their knowledge and understanding of the training completed. For example, we saw staff wore disposable gloves and aprons when proving personal care. They used equipment to move people safely, ensured people had pressure relieving cushions to sit on if they were at risk of skin damage and ensured people had sufficient to eat and drink.

Staff told us they had supervision meetings with a senior staff member or the registered manager during which they discussed their personal development and training requirements. One staff member who had worked at the home for four months said they had not had supervision since they started. We spoke with the registered manager who advised that informal meetings had taken place regularly with the staff member. Staff meetings were also used as a forum to share knowledge and learning.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA .

The registered manager was able to explain the principles of the MCA and DoLS and had an understanding of the legislation. They told us that most people had capacity to make every day decisions and choices, but some people did not have full capacity all the time. They explained, "If I had a concern about anyone, I would involve the mental health team for a mental capacity assessment and then hold a best interest meeting." Staff had received training in the MCA and understood the need to support people to make their own choices.

Where people did not have capacity, decisions were made in their best interests in consultation with family and others involved in the person's care. Where a potential restriction on a person's liberty had been identified, the registered manager had applied for a DoLS authorisation. At the time of our visit four people had DoLS authorisations approved and applications had been made for others.

People we spoke with were mainly happy with the food and the range and choice of meals provided. Comments from people included, "It's very nice" "The food is very good but I don't know what we have got for dinner." "The food is very good actually." "Food, well todays was good, breakfast is alright, lunch is alright but tea is awful. I am fed up with sandwiches, you don't get much at tea time the bread is awful." We asked people about the lunchtime meal. Most people did not know what was for lunch, a member of staff told us people chose what they wanted for lunch the previous day but people often forgot what they had chosen. At lunchtime, we saw people were still offered a choice of main meal so they could change the meal they had previously chosen if they wished.

We observed people's lunch time experience. Most people chose to eat their meal in the dining room. The food served looked nutritious and appetising. The meal time was unhurried and people were given time to enjoy their food. During the lunch period we observed staff monitored the food and drink consumed by people. Staff supported people who appeared to be struggling to cut food up or required encouragement to eat their meal. One person refused their dinner and walked away from the table. We asked staff what they would do about this. The staff member said "[Person] woke up this morning and would not accept help from staff; they refused to get dressed or come to breakfast so we took their breakfast to their room." They added, "We will keep their dinner for a little while and try later, they usually eat it." People who required assistance to eat their meal were supported appropriately by staff.

Throughout the day we saw staff offered people a choice of hot or cold drinks. Where there were concerns that people had not had sufficient food or fluids, this was passed on in handover meeting at the beginning of the next shift so staff coming on duty could encourage them to eat and drink more.

During our visit we spoke with the cook who explained they were informed about people's dietary needs when people moved to the home. The cook knew people well and was aware of their dietary likes and dislikes. They told us, "When a person moves in I get sheet about people's likes and dislikes, if they are diabetic or have any food allergies." We were shown the information about people's dietary needs this included, the type of diet required for example diabetic, preferred portion size and if adapted cutlery was required. The cook told us, "Because I am out there at breakfast I can see if anyone has any problems. I am always out on the floor making sure everyone gets enough to eat. I encourage them to eat and drink as

much as possible." The cook also told us, "I fortify foods by adding extra cream and use more eggs. It is about getting as much protein in them as I can." This made sure people's dietary needs and preferences were being met.

People were supported to attend regular health checks to maintain their physical and mental health. For example, people were able to see their GP, dentist, chiropodist, and optician. District nurses visited the home regularly. The GP visited two people who were not well during our visit, which told us staff took appropriate action so people received medical attention when they were unwell.

We observed one person living with dementia was distressed. They told us they felt "terrible". We discussed this with the senior staff and asked if the person could be in pain. Following our discussion the senior contacted the person's GP. They told us that the GP had prescribed pain relief to see if this helped the person feel better. Records demonstrated that people were referred to other health and social care professionals such as speech and language therapists, consultant psychiatrists, and social workers when necessary. We spoke with a physiotherapist who visited during our inspection. They told us they had no concerns about the home, and stated that staff always followed the instructions given to them to ensure people's needs were met. .

Good

Is the service caring?

Our findings

People and visitors spoke positively about the staff, their caring attitude and the care they provided. Their comments included, "Carer's are lovely," "Staff on the whole are caring," "I think the staff are friendly and caring," "The staff are very good actually." A relative told us, "I have no complaints about the staff they are very approachable and mum seems happy enough"

A visiting healthcare professional told us, "Staff seem very helpful and friendly. They come with you to see the patient and make sure we handover any information before we leave."

We asked people if staff treated them with dignity and respect when providing care. They told us most of the staff did. One person said "Yes, oh yes I would tell them if they didn't."

Staff were busy in the morning and interactions with people were mainly based on tasks they were doing. In the afternoon staff took opportunities to sit and chat with people. Staff knew people's preferred names and spoke to people in a positive and respectful way. A member of staff was able to communicate with one person in their first language. The staff member told us that most of the time the person spoke English, but occasionally they reverted back to their native tongue so it was useful to be able to communicate effectively with them.

During our visit staff and people living in the home seemed relaxed and at ease with each other. Interactions between staff and people were sociable and friendly. There was laughter between them which made the atmosphere welcoming and homely.

Throughout the day people were able to make choices about day to day living such as what they wore, what they ate and what they wanted to do. Where people had chosen to remain in their rooms or sit in a particular area, their choice was respected. When staff talked to people they did so respectfully and demonstrated they had a good knowledge and understanding of individual people. We saw them alter their tone of voice when they spoke to some people. When staff communicated with one person whose first language was not English, they used various signs and objects of reference to gain their understanding and to include them in what was happening.

Staff supported people to maintain relationships with family members and those closest to them. People and their relatives told us visitors were welcome at any time.

Staff had received training in equality and diversity and understood the importance of promoting people's privacy and dignity. People appeared clean and well presented. Staff assisted people to the toilet when requested and did not rush people when they were supporting them to move around the home. We noticed people sitting in the lounge had blankets over their legs. The lounge was not cold but the blankets added additional comfort for people.

Staff we spoke with were proud of the care provided at Bablake House. They told us it was important for

them to do a good job and to get to know the people they provided care and support to. Staff told us, "They are well looked after here and we try and do the best for each resident. They all have individual needs and have all got different personalities." "It is very friendly and very homely. All the relatives and families gather round and all the staff are more than happy to do anything for anybody."

We observed staff undertaking several moving and handling transfers with people using equipment. During transfers staff explained to people what they were doing so they could co-operate. On one occasion we observed a person being transferred using a hoist. The staff member informed the person they were transferring them from a lounge chair into a wheelchair in preparation for their lunch. The move was carried out safely but there was no explanation to the person about each stage of the manoeuvre. When the person was suspended in the sling the staff member informed them, "Just going for a little ride," which for someone living with dementia could be confusing.

Where possible, people were supported to maintain their independence and to do things for themselves. We were told some people liked to help around the home by clearing the tables and one person liked to use a carpet sweeper to clean the carpets. During our visit we saw one person helped a staff member collect the cups after morning drinks.

When we arrived at the home we noted that people's care files were stored on a shelf in the senior's office, the office door was not locked which meant information in people's files was not secure. We spoke with the registered manager about this and action was taken while we were there to move the files into a lockable cabinet to ensure people's information remained confidential.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with were happy with the care they received and told us it was responsive to their individual needs. A relative told us, "I am quite satisfied with the care my aunt receives."

Throughout the day of our visit staff responded to people's needs, we saw appropriate, respectful interaction between staff and people who lived in the home. Call bells were answered promptly and people looked after in bed were repositioned as stated in their care plan.

Some people who used the service were there on a short term placement for up to six weeks. We were told people were there to 'promote their independence' before they went home or moved to alternative accommodation. We looked at the care plan for one person on a short term placement. There was very little information about the person's individual needs and no information about the goals the person was hoping to achieve within the six week period. We spoke with two people who had been discharged from hospital to the home for a planned 'promoting independence' period. It was apparent that promoting independence focused mainly on them regaining safe mobility. Both people were pleased their mobility had increased and they were beginning to walk independently with a walking aid. We spoke to a member of staff about people on short term placements. They told us, "They need more strength to go home. It is really important to check their food and fluid intake so they get strong and can go home. [Person] couldn't even transfer to her wheelchair when she first came here and now she is walking." We spoke to the registered manager about the short term service. They confirmed the main objective for these people was to build their strength and regain mobility. They said they would alter the care planning information for short term placements to accurately reflect the service provided.

The registered manager told us they were developing the service to provide person centred dementia care to people. This process included making changes to the way staff worked with people so they were responsive to their individual dementia needs instead of providing a service based on completing tasks. The registered manager was completing 'Leadership in Dementia Care' training so they had the knowledge and understanding to develop the service for people living with dementia. This included changes to the environment to make it more user friendly for people living with dementia. The registered manager had started to adapt the environment and one corridor had recently been decorated and included items of interest to engage people as they explored their home.

The registered manager had identified the role of staff would need to be reviewed so that staff were able to spend more time with people getting to know them as individuals. However, this process had not been fully implemented and the service did not always meet the individual social needs of people living with dementia. One staff member told us "Some of the residents with dementia would benefit from one to one; there isn't always enough staff to do this." There was little to provide sensory stimulation and to promote engagement of people with dementia care needs. The specialist advisor commented there was a need for meaningful activities as some people seemed bored and under stimulated. They suggested it would be helpful if the service provided a box of memory aids to prompt people's memory and aid conversation with people.

We observed most staff took their time to appropriately respond to people requests, however in the afternoon we saw one person calling out and trying to get up from their chair. A member of staff was by their side and kept telling them politely to sit down. This approach was not working. The member of staff told us they found it difficult to communicate with people with dementia. They said they were looking forward to completing dementia awareness training the following day so they would know how to respond to people and support them appropriately.

There appeared to be little understanding of the needs of the age group of people living in the home. For instance, when we arrived, a staff member played songs from the first world war and in the afternoon staff played songs from the Rocky Horror Show. There was no evidence action had been taken to find out what music was popular when people living in the home had been in their earlier years or what music they enjoyed.

There was a planned activity programme for the week which was displayed throughout the home so people and their relatives knew what was planned. The programme showed a morning and afternoon activity for people to become involved in. Some people told us they would like more to do. One person said, "No fun here, difficult to have a conversation with anyone I would love staff to come and spend a little time with me having a chat." The morning activity on the day of our inspection was the hairdresser's visit. We saw people spent long periods of time sitting in the lounge without stimulation. A staff member did produce some skittles for a short period during the morning and two residents participated, others showed no interest.

There was an activity file which recorded the group activities arranged for people. There was also a book of photographs showing people enjoying social activities which included a Wizard of Oz pantomime held in the home. There were also photographs of the Christmas dinner where some relatives had joined family members if they wished. People told us how they enjoyed the 'Pyjama and Christmas' movie day on 8 December 2015. There was evidence that people had been asked about the activities they enjoyed and this had been taken into consideration when planning. There was little evidence of individual activities with people.

We asked one member of staff about activities. They told us, "I think this is their downfall. Before I started there was an activities worker who was working on activities all the time. She left and came back as a carer so we haven't had an activities co-ordinator to step in and do activities. As carers we try and do what we can but it is difficult having to do activities when you have to do personal care as well."

We looked at seven people's care files. We found care plans for people who lived permanently in the home informed staff how they were to deliver care and support in a way each person preferred. Plans contained information about people's preferred routines and their likes and dislikes but there was little information about people's background history. This information would help care staff initiate conversations with people about their past lives. Care plans were reviewed and updated and information was shared during handovers. Staff had good knowledge and understanding of people's needs and preferences. The information staff told us matched the information in people's care records.

We asked people what they would do if they were unhappy about anything. People told us they were happy with the care and support they received. Comments included: "I would speak to my niece, but I have no complaints." We asked staff what they would do if someone came to them with a complaint. A typical response was, "I would make a note of the complaint and straightaway take it to my senior manager. You can't ignore things like that."

Information about making complaints was displayed throughout the home. We looked at the complaints

file maintained by the registered manager. There had been one written complaint received in the past twelve months. There was no information about the outcome of the complaint in the folder. We were told the provider had investigated the complaint and were provided with a copy of the response sent to the complainant. This showed the concern had been looked into and action had been taken to avoid a re-occurrence of the incident. We noted there were two elements to this complaint and although we could see the provider had responded to the family there was no evidence of a response to the member of the public who had also made a complaint at the time of the incident.

Good

Is the service well-led?

Our findings

We asked people and their visitors if they thought the home was well led, their comments included, "Well run, yes [registered manager] the boss is very good." "Yes I think so, I have nothing to compare it to but I think they are doing the job well"

Staff said they enjoyed working in the home. They told us, "I like it here." "It is challenging and I am happier now we have more people with dementia." "I enjoy working here." "Everybody is friendly. I get on brilliantly with the residents and the management are approachable." "The staff all work really well together. The seniors have their paperwork to do, so you sometimes feel bad disturbing them."

Staff said they felt well supported by the registered manager who they said was responsive to their requests and worked alongside them when a need was identified. Comments included: "You can go to her with any problems. She works in the office and she helps on the floor." "She is brilliant. She is very supportive." "She is lovely, very pleasant to deal with and never in a bad mood. She is always happy to stop what she is doing and come on the floor if we need it. She is brilliant with families and staff."

Staff said they had handovers, staff meetings and supervision meetings that provided them with an opportunity to raise any concerns and express their views and ideas about the service. Staff were confident they could raise concerns with the registered manager or seniors and it would be listened to and acted on. One staff member told us what they would do if they observed any poor practice, "I would mention it to one of the seniors because if it was your own mother you would want them to be helped correctly. I have never seen any poor practice."

The registered manager understood their responsibilities and the requirements of their registration in regards to the running of the home. For example they knew what statutory notifications they were required to submit and had completed the Provider Information Return (PIR) we had sent them requesting information about the service as which are required by Regulations. We found the information in the PIR reflected how the service operated.

The PIR told us the registered manager hoped to further educate the staff group and follow a number of initiatives from the Leadership in Dementia Care course. This would include changes to how staff worked in the home and senior staff would be expected to undergo further training. We asked the registered manager how this would be implemented. They told us they had looked at how the home operated and how people's needs were met. They had identified areas where improvements could be made to enhance the care and services provided. They said, " A decision was made to have two staff teams one allocated to each floor. Senior care workers will be responsible for risk assessments and have their own care team. It will give them ownership. It will give the seniors more responsibility for less people. They will have better relationships with people to discover their goals and aims."

We asked staff if they had been informed about the proposed changes in the home. One staff member told us they had been discussed in staff meetings. They told us one of the changes was staff no longer wearing a

uniform. They discussed wearing tops that were bright and cheerful that could be used as a conversation starter for people living with dementia. The cook told us they were buying colourful plates for meals so people living with dementia could see the food on their food clearly.

The registered manager was enthusiastic and motivated about the changes planned for the service. This enthusiasm was shared by the staff we spoke with during our visit. All felt the changes would enhance the care and services provided to people at Bablake House living with dementia.

There were copies of the provider's policies and procedures in the staff area for easy reference. These included the safeguarding people, staff whistleblowing, moving and handling people, and the complaints policy. There were photographs in the moving and handling policy which included safe use of slide sheets and hoists. Health and safety policies included risk assessments for windows to ensure they were safe for people to use. Polices we looked at had been reviewed in December 2015.

People and their relatives were encouraged to share their views of the service. There were regular residents meetings and people were sent a quarterly questionnaire on different aspects of the care and support provided. In the past twelve months people had been asked for their views about social activities, night staff, meals provided and their care needs. There were questions about people's mobility needs and if staff moved them safely. Responses from surveys were mainly positive. For example people rated the food 8 or 9 out of 10 and most said they enjoyed the themed activity days.

The provider and registered manager used a range of quality checks to make sure the service was meeting people's needs. These included checks to ensure staff reviewed care plans and kept up-to-date records of care. Medicine records were audited to make sure people had received their prescribed medicines. Accidents and incidents were monitored for trends and patterns to identify any potential risks so these could be managed. However we found some accidents had not been recorded on the correct report sheets. This meant they had not been identified as part of the accident audit and had not been taken into consideration when monitoring falls and accidents people experienced. Once the registered manager was aware of this, they immediately wrote a memo for staff reminding them about using the correct form for recording incidents and ensuring that completed forms were seen by them before being filed.

Staff had received several compliments from people and their relatives about the care provided. One person said, "We can't thank you enough for your care and kindness." Another compliment thanked staff for the care they had given to the person living in the home and also to the family."