

## South West Care Homes Limited

# Kenwyn

### 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

The inspection took place on 20, 21 and 22 January 2016 and was unannounced. The service was last inspected in January 2014 and was found compliant.

Kenwyn is located in a quiet cul-de-sac near to the centre of the small market town of Crediton. It consists of a main house with an extension which provides additional bedrooms and sitting areas. The location is registered to provide care for up to 25 people. Everyone living at Kenwyn had their own bedroom, some of which were en-suite. At the time of the inspection 19 people were living at Kenwyn, some of whom had been resident for a number of years. Some of the people living at the home had dementia.

People said they liked the home for example one person commented "I have been at this home for several years and think it is really good." The home was clean and odour free throughout the inspection. Some areas of the home, for example bedrooms, a wet room and corridors had been newly decorated and furnished. Some areas of the home had been changed to make them more dementia friendly. For example, bedroom doors were painted in different colours and corridors had been decorated to give a more homely feel. There were plans to undertake further improvements to the home to support better dementia care.

Family and friends were welcomed into the home and were supported to be involved in their relative's care, where appropriate. During the inspection we met three relatives who visited the home, two of whom said they visited several days a week. One relative said "I can call in anytime." Another commented the staff "are brilliant" and another said "staff are really communicative" which they found helpful.

People were supported to have enough to eat and drink. Specialist dietary needs were also catered for. People said the food was really good. One person commented "you can't complain about the food, it's what makes this home worth staying in!" We observed people enjoying the meals they were being served and being offered alternatives, where they did not want the meal on offer.

There were sufficient numbers of staff to provide support and care for the people at Kenwyn. The provider said they were planning to increase staffing levels from February 2016 to support better dementia care. People were kept safe by staff who understood how to protect vulnerable adults from the risks of abuse. People's risks, needs and preferences had been recorded when they arrived at Kenwyn and care plans had been developed to support them. Care plans described people's care and the support they needed. Staff knew people well and worked in a compassionate and caring way. However we found, on some occasions, staff did not undertake sufficient regular checks to meet people's needs.

Staff administered and recorded medicines safely. Stocks of medicines were kept secure and staff followed safe procedures to return medicines to the pharmacy when they were no longer required. People's physical and mental health needs were addressed by staff working with health and social care professionals including the GP, dentist, optician and local hospital. A health professional commented; "the home works in partnership with the [health professional] team."

Staff were recruited safely and received an induction when they commenced working at Kenwyn. This included work shadowing experienced staff as well as undertaking training. Staff had received training to ensure they were able to deliver care effectively. This included training identified as essential, for example health and safety, fire safety and safeguarding vulnerable adults. Staff also completed other courses to support them in developing specific skills, for example end of life care. Some staff were undertaking a year-long course on dementia care, which they were planning to deliver to other staff. They were also developing an action plan to introduce changes to the home to support better dementia care. This included making changes to the décor and furnishings as well as changes to the way people worked with people with dementia.

Staff understood the requirements of the Mental Capacity Act 2005. Where a person had been identified as not having the capacity to make a particular decision, staff had undertaken best interest meetings which had included family, health and social care professionals. Where a need to keep a person safe had amounted to a deprivation of their liberty, staff had applied for a Deprivation of Liberty Safeguards authorisation.

The home was required by the Care Quality Commission to have a registered manager. 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.

The registered manager resigned from their post in September 2015 but was still working part time at the home and had decided to apply to be the registered manager again. Since September 2015, operations staff from the provider's organisation had provided management support to the home.

There were systems in place to quality assure the standards and safety at the home. These included regular audits, surveys and resident and staff meetings. Where there were areas that needed to be improved, the provider and senior staff made sure that they made the changes and monitored them.

## 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 said they felt safe and happy in the home.

There were sufficient staff to keep people safe and meet their needs.

Staff had been recruited safely.

People were protected by staff who could describe the signs of abuse and what do it if they identified them.

Medicines were stored, administered and recorded safely. Medicines that were no longer required were returned appropriately to the pharmacy.

### Is the service effective?

Good ●

The service was effective as staff had the necessary skills and knowledge to support people. This training included an induction and training identified as essential by the provider. Staff had also undertaken training to support their development, for example training in dementia care.

People enjoyed the meals at Kenwyn. They were supported to have sufficient to eat and drink, maintaining a balanced diet.

There were good communications with healthcare professionals and people were supported to attend appointments to ensure they maintained good health.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and treated them with compassion. People and their relatives commented that staff were "fantastic" and "kind".

People and families were involved in developing care plans and were actively involved in making choices about their care.

People's dignity and privacy was respected and families were able to spend time on their own with their loved ones if they wanted to.

### **Is the service responsive?**

The service was mostly responsive. However there was some evidence that staff did not always check people frequently enough to ensure their needs were being met.

Staff listened to people and supported them to make choices according to their preferences.

There were systems in place for people to voice concerns and make complaints, which people and families were aware of. Concerns had been addressed to the person's satisfaction.

**Requires Improvement** ●

### **Is the service well-led?**

The service was well-led by senior staff who understood their responsibilities.

There was a clear vision for the home which managers and staff were able to describe. This included how improvements to the home would support this vision.

There were links with the local community, including the church and an Age Concern day centre.

There were regular audits of the quality of the care provided. Where improvements were needed there were actions to address them with dates for completion. A survey of people living at Kenwyn had identified some areas for improvement which were being undertaken.

**Good** ●

# Kenwyn

## 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 20, 21 and 22 January 2016 and was unannounced. The inspection was carried out by one Adult Social Care inspector.

Before the inspection, we reviewed information we held on our systems. This included statutory notifications submitted to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR) which had been submitted to Care Quality Commission in June 2015. This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

The home was located in a quiet residential cul-de-sac in the market town of Crediton, and comprised of an original two storey house which had been extended to provide additional accommodation. The home was within walking distance of the high street shops, library and bus stops.

There was a main dining room which was divided into two areas. This was adjacent to a conservatory which was used as a sitting room. There was an another sitting room on the first floor and two further seating areas, one on the first floor and one in the entrance hall. Externally there was a garden laid mainly to lawn, as well as off street parking.

During the three days of inspection, we met 14 people using the service. We talked with the manager, two staff from the provider's operations team who were supporting the manager and five care staff. We also met a director of the provider organisation who was the nominated individual. Nominated individuals, like registered managers are required to register with the Care Quality Commission.

We spoke with 1 social care professional during the inspection and contacted 10 health and social care

professionals who worked with people at Kenwyn after the inspection. We received three responses.

We looked at care records which related to 2 people's individual care and 2 people's medicine records. We looked at 2 records of staff, one of whom had started working at the home in the last twelve months. We reviewed records which related to the running of the home, including staff rotas, supervision and training records and quality monitoring audits.

## Is the service safe?

### Our findings

People said they felt safe and happy living at Kenwyn. People chatted with staff throughout the inspection in a relaxed and confident manner. One person said "I have been at this home for several years and think it is really good." Another person described how staff helped them and made sure they were safe. They said "my family are happy I am here as they know I am safe." A relative described the home as "the best I saw and I saw a lot". A health professional said "I have seen a great improvement at Kenwyn over the last couple of years."

Staff had been trained in how to recognise signs of abuse and knew what to do if they identified any concerns. They were able to describe actions they would take, including reporting it to managers and, if necessary, to the local authority safeguarding team. We had received a statutory notification about an issue the previous year which had been also reported appropriately to the local authority.

Care records described risks to people's health and well-being and there were clear plans about how these should be addressed. Daily notes recorded that staff had undertaken support to deliver care to meet the identified needs and risks. People, and their families, were involved in reviewing care plans with health and social care professionals. For example during the inspection, one person had a review completed with staff, family and a social care professional present.

Care records included a personal emergency evacuation plan (PEEP) which described what staff should do to support the person to evacuate them from the home if a fire should break out. The PEEPs included a photograph, a summary of the personal details including the person's GP and medication. It also described the physical and psychological needs of the person. For example, stating whether the person would appear confused, would need a wheelchair and how many staff would be required to move them safely.

There were sufficient staff to support people in the home. A dependency assessment tool was used to calculate the number of hours needed to support people safely. Senior staff said they regularly had more staff hours than the number of hours calculated as necessary. The provider said that additional hours were being introduced in February 2016 to enable staff to work with people. Staff had been recruited safely with pre-employment checks undertaken prior to the new member of staff starting work. These checks included references from previous employers and Disclosure Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed and administered safely by staff who had been trained and assessed as competent. Medicines were provided by a local pharmacy using a monitored dosage system, which provided blister packs which were colour coded according to the time of day when the medicine should be administered. Staff coloured the medicine administration records (MARs) for each person so that it was clear when people should receive medicines. MARs had been completed accurately and signed by staff. Where people had declined medicines, staff completed a sticky label which was then stuck to a small plastic sealed bag which the unused tablets were put in for return to the pharmacy.



Some medicines for people living at Kenwyn required more secure storage. These medicines were stored correctly and documentation including daily audits of the number of these medicines in stock had been completed fully. Medicines which needed to be stored at a refrigerated temperature were held in a dedicated, locked refrigerator. Staff had completed daily checks on the temperature of this to ensure it stayed within the allowed limits.

The home was clean and well-maintained. There were no unpleasant odours in any part of the home. Staff used personal protective equipment (PPE) when working with people and in the kitchen. We observed staff changing aprons and gloves when they had finished delivering personal care to one person before moving to another. There were systems in place to manage clean and dirty laundry. There were systems for people if they chose to do their own laundry, however at the time of inspection, no-one living at the home did this.

## Is the service effective?

### Our findings

People were supported by staff who had the knowledge and skills needed to carry out their roles and responsibilities. One member of staff said "we have regular training sessions for example, half of us did medicine training last week and others are doing it next week." Staff had completed a Care Certificate self-assessment which senior staff said they were using to identify any gaps in their training. The Care Certificate is a nationally recognised award that all new staff in care homes are expected to complete during their induction.

Staff received an induction when they first started working at the home. This included being introduced to people in the home, reading care records and shadowing experienced staff. New staff also completed training in a number of areas including health and safety, manual handling, evacuation procedures, safeguarding vulnerable adults, and the Mental Capacity Act 2005. Records showed staff had completed their induction and other courses relevant to their role. New staff were also given supervision and where necessary, there was evidence the probationary period of working for new staff was extended.

Staff were supported to undertake nationally recognised qualifications in care and additional training, where a need was identified. For example some staff were completing a one year course in dementia. They described how they were starting to put some of the learning into practice, for example changing some parts of the home. They also said they planned to train other staff in how to make Kenwyn a "dementia friendly home" when the course was complete.

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

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

We checked whether the service was working within the principles of the MCA. Records showed over half the staff had received training about the MCA and DoLS. The registered manager and staff were able to describe their responsibilities in relation to the Act.

We found people's capacity to make certain decisions had been assessed from time to time and where they did not have capacity to make a particular decision, best interest assessments had taken place and best interest decisions recorded. Staff were aware of the need to follow the decisions and support the person in a way that supported them to be as independent as possible.

One application for a DoLS authorisation had been submitted to the local authority, although this had not

yet been assessed or granted. However staff described how they supported the person in the least restrictive way possible by offering distractions when the person wanted to leave the home unaccompanied.

On the first day of inspection we spent time in the dining area over lunch and talked to people about the meals they had at Kenwyn. Most people came to the dining room for their lunch, although some people preferred to eat in their room. Staff said some people ate breakfast in the bedroom but then chose to eat other meals in the dining room.

The lunch on that day was a Lancashire hot pot with new potatoes and vegetables followed by a dessert. People clearly enjoyed the lunch and some chose to have seconds when offered. One person said they would prefer a smaller portion and staff immediately provided this. People's comments about the food included "really good" and "you can't complain about the food, it's what makes this home worth staying in!" Specialist dietary needs were also catered for, for example diabetic diets. Staff were also aware of the need to take into account food allergies when preparing food.

We asked a member of staff whether anyone needed support with feeding. They said that, at the time of inspection, none of the people living at Kenwyn needed one to one support. However they added there were two people in hospital who, if they returned, would require this. They also said that there were sufficient staff at lunchtime to provide support if needed.

People were provided drinks throughout the day. There were jugs of cold drinks available which were replenished regularly. Tea and coffee was also served to people during the morning and afternoon. One relative said they were able to make a cup of tea at any time if they or their family member wanted one.

People's physical and mental health needs were addressed by staff working with health and social care professionals including the GP, dentist, optician and local hospital. One health professional said "From our experience we have no concerns about the care at Kenwyn Care Home, Crediton and find the staff very helpful and supportive of our services." Another health professional commented; "the home works in partnership with the [health professional] team, we are asked to visit residents in the correct manner, they will often contact us for advice etc."

A member of staff said they had effective partnership working with the local GP and felt able to phone for advice and help whenever needed. Staff arranged appointments with other health professionals when they had concerns about a particular aspect of a person's physical health. Care records contained details of appointments and check-ups which had been arranged for people. There was evidence that people had been supported to attend these appointments.

The home was clean, well-maintained and odour-free throughout the inspection. Some areas of the home had been refurbished to better supported people living with dementia. For example, people had been consulted about the colour of their bedroom door, which had then been changed to their choice. The door colours aimed to help people to be able to identify their bedroom more easily. The doors had also had a stencilled door knocker and letterbox which staff said helped to provide a "feeling of it being their own front door." Staff were able to describe how it had helped one person from often going into someone else's bedroom by mistake.

Staff had also decorated corridors to give a more 'homely' feel. For example a large wall transfer of a magnolia tree in blossom had been placed on one corridor, while another corridor had large red poppy wall transfers along it. Staff said this had been chosen as one person living on that corridor had particular

memories associated with poppies. The end of one corridor, which only got natural light from a skylight, had also been adapted. This area was decorated with a trompe l'oeil mural on one wall, depicting an open window overlooking a beach. Curtains and a window ledge with plants had been added to enhance the effect. Pictures, comfortable sofa, chairs and soft furnishings provided a quiet seating area for people. One person said "I really like sitting here as I used to live by the sea."

A bathroom had also been upgraded to provide a wet-room shower which people said was "good." Senior staff said they had taken into consideration colours for carpets and flooring to make sure they were suitable for people with dementia.

Some other areas of the home including the dining room and conservatory were not well adapted to people who used walking aids and who lived with dementia. These areas had furniture which we observed people with walkers having to negotiate around with some difficulty. On several occasions a person using a walking frame had to move the furniture before they could proceed. Some artwork by people living at Kenwyn had been put up on the walls of these rooms to enhance the decor. However the rooms were not well adapted to people's needs. Chairs were around the edge of the room, which meant that it was not easy for people to have face-to-face conversations with other people in the room. The large expanse of windows meant that people facing the windows needed the curtains drawn for part of the day due to the sun in their eyes. The television in the corner of the conservatory was mounted in a top corner of the conservatory, which was difficult for people to see from the other end of the room. Most people were not engaged in watching the TV, although the sound was turned up quite loud. One person commented that they were not able to choose what to watch and they found the noise of the TV too loud, particularly when they were eating lunch. The nominated individual and senior staff said they would consider what changes they could make to these areas so that it was more appropriate for people at the home. They also described how they were working towards making all parts of the home dementia-friendly.

## Is the service caring?

### Our findings

People said staff were really kind and caring. Comments from people living at Kenwyn included "Staff are fantastic." "Staff are very kind." One person described a particular member of staff as "she's lovely, she is always happy to help me with anything I need."

A relative described staff supporting her family member as "very communicative, managing her anxieties." They also added that staff encouraged visitors to feel at home, always offering to help. The relative said they were able to "make a cup of tea if I want

Another relative said "the home is lovely, a perfect location for the shops. It's very welcoming not institutionalised." They also added "the cleaners are lovely and always chat when they are cleaning Mum's room." A social care professional said about the home; "the family love it" adding about the staff "all know her needs and know her well."

Our observations confirmed what people had said throughout the three days of inspection. For example, where one person did not want to eat the meal they were offered, staff came and talked to them quietly offering alternatives to tempt them to eat.

One member of staff explained how she had helped a person when off duty. She described how in her own time, she had typed up notes the person had written. She also said that staff would, on days off, come and take a person to church if they wanted to go. Staff also did some shopping for people, for example one member of staff said a person liked a particular jam, so she would buy it for her whenever she asked for it.

Staff knew people well and chatted to them about things that interested them. They also knew people's family and described how they liked to make the family feel at home as well when they came to visit.

Staff recognised the importance of maintaining people's dignity. People were encouraged to remain independent. For example one person helped others in the home by delivering their newspapers to them. Another person walked out most days to the shops or the local Age Concern centre. Staff respected people's right to privacy, knocking on their bedroom door and waiting to be invited in before entering.

Friends and family were welcomed throughout the day and evening. One person said they were encouraged join in activities if they wished but were also able to have privacy with their relatives if they preferred. One relative said "I come several times a week and often join in with the activities." Another relative said the home had had "a lovely Christmas party."

People were involved in making decisions about their care. For example one person explained how they preferred to eat in their room and staff had been happy to support this. Records showed evidence of meetings with families and health and social care professionals. These meetings helped to ensure that they were also involved in making decisions and planning people's care where the person lacked capacity to make a decision.

## Is the service responsive?

### Our findings

Some aspects of the care provided was not always responsive to people's needs. There were occasions during the inspection, when there were no staff present in the conservatory and dining room. For example, during one of the visits, we sat in the conservatory for 15 minutes with four people, all of whom had dementia. No staff came to check people were alright during this period. One person became clearly agitated. The inspector had to go in search of staff to support the person. On another occasion, the inspector sat in the conservatory with six people. Two people with dementia, were clearly unhappy with each other and were making rude remarks about the other. Another person with dementia appeared distressed. Again, staff were not visible.

We also observed one person sitting at a dining table with their head on the table. On another occasion, we observed a person eating cereal with a fork, without staff present, although when we returned back through the dining room, the cutlery had been changed.

One person said "staff are generally good but a couple rush me." They also said this had not changed although they had raised it as an issue with the staff member. Another person said "Some staff know it all and don't listen to me" although they said other staff were really good and supported them to do what they wanted.

One person said they had been supported by staff to sit with another person in the home which they had asked to do as they had a friendship with this person. A relative commented that staff were "really brilliant at mealtimes in terms of managing who sits where." One person said they had chosen to sit on their own whilst two other people said they really enjoyed sitting at a table for two.

People were able to contribute ideas and share their experiences with staff at resident meetings. On the first day of inspection we were shown minutes of a resident meeting held in August 2015, and senior staff said they believed another had been held in October 2015 although there were no minutes available. It was not possible to identify whether the actions from the meeting in August 2015 had been completed. Senior staff agreed that due to changes in management, they were not sure what had happened. However they said they were planning to set up a schedule of resident meeting for 2016. On the third day of inspection we observed there were posters displayed in the dining room and in other parts of the home to inform people of a meeting to be held the following week.

The home had various activities which were run weekly or monthly. These included music and memories sessions, art and crafts sessions, folk instruments sessions, fitness groups, visiting singers and church services. During the inspection we observed a well-attended church service being held as well as an art group which four people chose to get involved in. There was also a hairdresser visiting on the first day of inspection who offered people the opportunity for a cut and/or styling. Staff said they also offered pamper sessions such as manicures which some people chose to have. However, two people said they would like to go on more outings. Two members of staff also commented that they would like to take people out more. However they said this was not very easy as it could leave the home short-staffed and the home had no

vehicle so relied on buses, which made it difficult.

People were supported to follow their interests and do activities of their choice. For example, one person said they were very interested in writing and staff had helped them to do this. Another person described how they enjoyed going out independently walking to the local Age Concern service. Other people were also supported to go to this service but arrangements were made for them to be either escorted by staff or picked up by the local bus service. A health care professional said "there are residents who independently like to walk to town and the home support this, they like to treat all residents as an individual and will adjust care plans to show this." A relative said about their relative "likes the singing and will go to Age Concern. Staff walk her down."

Risk assessments and care plans had been completed and were updated regularly or when a change in a person's needs arose. Care plans provided details about the person including information about the family, their likes and dislikes and some of their history. A family member commented that they were involved in developing their relative's care plan and contributing to reviews about this.

However one person said they liked to "keep busy". We observed this person spending a lot of time moving around the home, but did not see staff encouraging them to do any activities. On several occasions this person said "I'm bored" adding "I would like more to do". Staff said one person helped in the kitchen, but we did not see any evidence of this in their care plan or of this happening during our inspection.

The home had a complaints policy, which described how people could complain and what they could do if they felt their complaint had not been resolved to their satisfaction. Three people we spoke with said they knew how to make a complaint, but had never needed to. Two relatives said they had never had to make a complaint but if one added that if they had a concern "I would talk to a team leader and then the manager." Records showed that where a person had raised a concern, appropriate actions had been taken to address this to the person's satisfaction.

## Is the service well-led?

### Our findings

At the start of the inspection there was no registered manager in post. However, during the inspection the provider confirmed that a previous registered manager, who still worked at the home, had agreed to re-register. This member of staff confirmed this intention. They said they were already working in the manager role and would be supported by a deputy manager, as they did not work full-time.

Everyone living in the home and their relatives that we spoke with, said they thought the management team were good and always responded to them if they asked a question. Throughout the inspection, we saw the senior staff working with people in the home, talking to them about their care. For example, one person wanted to discuss a problem with the manager about their room. The manager visited the person's room with the person. The person was able to show the issue to the manager who explained what could be done to address the issue.

As well as the manager, there was a team leader on each shift who took responsibility for coordinating care workers as well as administering medicines. The team leader on duty had a desk based in the main entrance hall which meant they were easily accessible to staff and people living in the home. We observed team leaders acting immediately where an issue arose. We also observed them offering advice and support to care workers.

The home had links with the local community, including the church and the local Age Concern organisation. Staff described how these links were important to people as they were involved in activities with both.

People had completed a resident's survey in May 2015. The information had been analysed and showed a majority of positive responses to all questions. 13 of the 21 questions had achieved a positive satisfaction rate of over 90%. Where the number of positive responses to a question fell below the target of at least 80% satisfaction, actions had been implemented to improve the service. For example only 64% of people had said they there were enough residents meetings, so the home had introduced resident meetings every two months.

Staff said they had had concerns about the number of changes to the management, but they were hopeful that "things would settle down" with the new plans. Staff said they had felt supported by the current senior managers who had been able to support them during the transitions. There were minutes of staff meetings which had taken place in the summer of 2015. The manager said that she was planning to reintroduce regular staff meetings now that she was in post.

The provider website described their philosophy as "to encourage and support our residents in making choices, in being independent" with an aim to "strive to provide a high quality of care to all of our residents. The most important aspect of this is the quality and professionalism of the people who provide that care."

A number of staff were being supported to undertake a one year course to support people with dementia. Senior staff described how they expected to complete the course in May 2016 and would use the knowledge



and skills to support changes in the home. They described how they had already implemented some changes to make the home more dementia friendly. These included changes to the décor of the home as well as supporting staff to understand ways to support people with dementia. An audit had taken place against an "Inspiring Action" checklist in October 2013. The checklist provided a self-assessment of where homes have met dementia friendly care standards. This had identified nine areas where the home had met the criteria, 16 where it had partially met the criteria and 25 where it had not met them. The audit had been repeated in March 2015 and shown some improvements with 15 met, 25 partially met and 10 which hadn't been met. The provider said the management team were expected to produce an action plan by February 2016. He said the action plan would outline the changes and improvements that would be implemented to support more of the criteria being fully met.

Records showed there were regular audits and checks to provide quality assurance of the service. For example there were audits in the home of care plans and medicine administration records. Other checks on the property and equipment used in the home were also carried out regularly. In addition, an audit by staff from the provider's head office had been undertaken in January 2016. This looked at areas including the appearance and cleanliness of the home. The audit also checked whether information about safeguarding and complaints was displayed, whether staff training, supervision and meetings records were complete and up to date. It also reported on people's personal funds, resident meetings, complaints and other aspects of people's care. The audit had identified some issues and identified actions that needed to take place to address them, with a date when this should be completed.