Care Quality Commission

Far Fillimore Care Homes Ltd

Nightingale Court

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 14 and 15 September 2015 and was unannounced.

The provider of Nightingale Court is registered for accommodation and personal care for up to 43 people who may have a diagnosis of dementia. At the time of our inspection 37 people lived at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff practices around the administration and management of people's medicines did not consistently reduce the risks of people not receiving their medicines as prescribed to meet their health needs. This included making sure all people's 'as required' medicines was consistently available to them should they choose to have this.

Summary of findings

People's care and risk plans did not always have all the information for staff to refer to when they were at risk of not eating enough. This could result in delayed action being taken by staff in response to any changes in the risks to people's health needs.

People were supported by staff who knew how to protect them and reduce accidents and incidents from happening by ensuring people's needs were met in a safe way.

Staff knew how to recognise and report any concerns so that people were kept safe from harm and abuse. Recruitment checks had been completed before new staff were appointed to make sure they were suitable to work with people who lived at the home. People were supported by sufficient numbers of staff with the right skills to meet their needs and reduce risks to their safety.

Staff had been supported to assist people in the right way, including people who lived with dementia and who could become anxious. People had been helped to eat and drink enough to stay well. We saw people were provided with a choice of meals. When necessary, people were given extra help to make sure that they had enough to eat and drink. People had access to a range of healthcare professionals when they required specialist help.

People, who lived at the home, and or their representatives, were involved in making decisions about their care and support. Staff were aware of people's individual communication needs and used these to support people to give their own consent to their care and make everyday choices about the care provided where possible. Where this was not possible specific decisions about aspects of people's care were made with people who knew them well and who had the authorisation to do this in their best interests.

Staff understood people's needs, wishes and preferences and they had been trained to provide effective and safe care which met people's individual needs. Some people's care and risk plans had missing information when people's needs had changed either in the short or long term but this had not impacted upon how staff positively responded and met people's needs.

People were treated with kindness and respect. Conversations between staff and people who lived at the home were positive in that staff were kind, polite and helpful to people. People were able to see their friends and families when they wanted. There were no restrictions on when people could visit and they were made welcome by staff.

People who lived at the home and their relatives had been consulted about the care they wanted to be provided. Staff knew people they supported and the choices they made about their care and people were supported and encouraged to do fun and interesting things. This included creating an environment which was dementia friendly which provided stimulation and enhanced people's sense of wellbeing.

Staff supported people who lived at the home and their relatives to raise any complaints they had. The registered provider had a complaints procedure which included investigating and taking action when complaints were received.

People who lived at the home and their relatives knew who the registered manager was and felt they were approachable. Staff understood their roles and responsibilities and felt that they were supported by the management team.

People benefited from living in a home where quality checks were completed on different aspects of the service to drive through improvements. This included improvement plans to the home environment to benefit people who lived there and staff. The registered manager was open and responsive to continually improving people's experiences of the care provided so that people consistently received good standards of care and treatment.

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?

The service was not consistently safe. People's medicines needed to be managed more effectively to meet their needs safely. Staff were aware of the risks to people but care documentation needed to be strengthened to reduce the risks of people's needs not being safely met.

People were kept safe because there were sufficient staff to meet people's assessed needs. People were protected from potential abuse by staff who had the knowledge to do this.

Requires improvement

Is the service effective?

The service was effective. People had access to appropriate healthcare support and their nutritional needs were met. People were supported to make their own decisions and appropriate systems were in place to support people who did not have the capacity to make decisions for themselves. Staff received training and consistent support from the registered manager in order to meet people's needs, wishes and preferences.

Good

Is the service caring?

The service was caring. People were supported in a caring way with dignity, respect and kindness. People were supported to have choices and to be as involved as possible in all aspects of their care.

Good

Is the service responsive?

The service was responsive. People received personalised care and support which was responsive to their changing needs. People were supported to follow their own interests and encouraged to have stimulating things to do of their choice. There was a system in place for resolving complaints.

Good

Is the service well-led?

The service was well led. The involvement of people who lived at the home relatives and staff in the running of the home had been encouraged and promoted by the registered manager. The registered manager monitored the quality of the service people received to continually look at how this could be improved by gaining the experiences of people who lived at the home and their relatives.

Good

Nightingale Court

Detailed findings

Background to this inspection

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

This inspection took place on 14 and 15 September 2015 and was unannounced.

The inspection team consisted of one inspector and a specialist advisor in nursing care for people with mental health needs including dementia.

We checked the information we held about the service and the provider. This included notification's received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law.

We requested information about the service from the local authority. They have responsibility for funding people who use the service and monitoring its quality. In addition to this we received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with six people who lived at the home, five relatives, the registered manager and the deputy manager and four staff. We also spoke with a lead district nurse and an advanced nurse practitioner who has the skills to assess and diagnose people's health and medicine needs.

We saw the care and support people received from staff in the communal areas of the home. We also 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 looked at four people's care and risk records which related to consent, medicines and assessments of people's needs and identified risks in some aspects of their care. We also looked at the daily recording made by staff for handover meetings together with other records and documentation which included three staff recruitment records and quality checks of aspects of the services people received made by the registered manager and provider.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they received their medicines regularly and were happy with the support they received. We saw there was a system for ensuring prescribed medicine supplies was available for people when they needed them. However we saw that one person who needed their medicine on an 'as required' basis had run out. They had not had their medicine; which they took on a regular basis, for two days. The staff member was not able to offer an explanation for this but assured us this had not happened before and we saw from the medicine records this was the case. There was no evidence to show this practice had impacted upon the person's health but the registered manager took immediate action to reduce the risks of this happening again.

We saw staff administered people's morning medicines. Staff knew how to reduce risks to people when handling the majority of people's medicines and provided support to people to take their medicines comfortably. However, we saw an example where staff could have potentially placed people at risk due to their medicine practices. For example, a staff member handled a person's medicine without protective gloves and without using the special aid to halve tablets where this was needed to reduce the risks of contaminating this medicine. The staff member told us they could either halve the medicine with their hands or use the aid.

Staff we spoke with knew about the recording procedures when applying people's prescribed creams. However we saw they did not consistently follow these because they signed medicine records when they had not administered these creams to the person, but on behalf of other staff who had. We did not see any people's skin needs had deteriorated as a result of these practices but found the recording procedures in place did not help to manage, monitor and reduce risks to people.

We saw regular checks of people's medicines and staff practices had taken place so that any errors could be resolved in a timely way. The registered manager also confirmed they would be doing some further observations of staff practices to make sure these were consistently effective so that risks to people continued to be reduced.

We asked staff how they managed risks to people's health and safety. They were knowledgeable about the risks to people's safety and welfare. For example, they were able to tell us what support some people needed to eat enough which included seeking advice from health professionals in assessing how risks to people could be reduced. Staff spoken with knew what risks people needed to be protected from and how to do this. However, some people's care and risk plans had not always been updated to reflect changes in people's needs. For example, they did not reflect when people were at risk of not eating enough or the individualised support we saw staff provided to people to meet their identified needs and risks. This could have impacted on the monitoring of people's healthcare needs and delayed appropriate action taken to respond to any changes. The registered manager told us records would be improved so that they reflected the care people received to manage and reduce the identified risks to people.

We saw and heard from the registered manager and staff how they promoted people's independence whilst protecting them from avoidable harm. For example, we saw there was a small open kitchen area where people were able to make a drink or a snack with the possible risks identified for each person. One person said, "I'm going to make myself a nice drink" and said it was good they were still supported to be independent which was important to them.

We looked at how the home environment was assessed and monitored to make sure risks to people were reduced. We saw that a toilet on the ground floor of the home had a toilet cistern which was broken which had resulted in the top becoming loose and the toilet seat was loose. This had been reported to the staff member responsible for maintenance at the home but staff had not made sure the toilet was not used until the repair had been completed. The registered manager took action immediately to make sure people who lived at the home or visitors did not use this toilet until it had been repaired so that it was not a safety hazard.

Staff understood how to report accidents and incidents and knew the importance of following the procedures in place to help reduce risks to people. When accidents or incidents had occurred they had been analysed so that steps could be taken to help prevent them from happening again. For example, a person had fallen and action had been taken which included consideration of what equipment would help in reducing risks to their safety and

Requires improvement

Is the service safe?

wellbeing. Accidents and incidents were also discussed at the handover meetings between each shift to make sure staff were aware and people's needs were monitored if they had experienced an accident.

People who lived at the home and family members we spoke with told us the support staff provided to people kept them safe and people felt safe living at the home. One person told us, "When I need them they (staff) are there. All the staff are good to me, I am never mistreated by any of them." Staff we spoke with were able to tell us how they kept people safe and protected them from potential harm and abuse. They had received relevant training and understood their responsibility for reporting concerns. Information was displayed in the office for staff with details of the procedures they needed to follow. When we spoke with one member of staff they told us they had access to this information and said, "I have never seen anyone being harmed here but if I did I would have no hesitation in reporting this to [registered manager's name]."

People who lived at the home and family members told us there were enough staff around to help people when they needed it. Although staff were seen to be busy they spent time chatting with people and noticed when people's needs changed and they required support. For example, when one person became anxious staff spent time with them to provide support until they felt better. We also saw when people struggled to walk independently staff noticed so that people had the help they needed. Staff told us they felt there were enough staff to make sure people were supported in a safe manner. The registered manager told us that the staffing levels were adjusted if people's needs increased. They told us there was an extra staff member on duty during the morning periods as this had been recognised as a busy time for staff. Staff told us this helped them to meet people's personal care needs. The registered manager told us they were recruiting a person dedicated to plan and arrange activities. We heard from staff we spoke with and saw in staff recruitment records that staff were unable to start at the home until essential employment checks had been completed. This included checks with the disclosure and barring services. These checks helped the provider to make safe recruitment decisions.

Good

Is the service effective?

Our findings

People who lived at the home and family members thought staff had the abilities to meet people's needs and knew how to care for them. One person told us, "Very well looked after here, they (staff) know what to do." One relative said, "The care is good" and "Staff do know what they are doing as I have seen the care they provide works well for [person's name].

We spoke with one staff member who had recently started working at the home. They told us their induction programme included identifying the training they needed to meet the specific needs of people who lived at the home together with learning about the providers procedures. To help them to get to know people who they supported they worked alongside more experienced staff until they felt confident to work alone.

Staff spoken with consistently told us they felt supported in their roles by the management team and their colleagues. Staff told us they had one to one meetings which gave them the opportunity to discuss any concerns or issues they had, training they needed and to gain feedback about their own performance. One staff member told us, "Supervision is quite good, very personalised to yourself" and you get the opportunity to talk through areas of your work you are stronger in and those which you need to improve upon."

Staff had received training which was relevant to their roles and this was kept updated. Staff told us they had received training which helped them to understand and support people with dementia. We saw examples of how staff put this training into practice when they were supporting people. Staff knew people's individual communication needs and effectively used different ways of making sure people felt understood. We saw examples where the warmth of touch was used by staff where they recognised it was appropriate for each person. For example, one person had a hug with one staff member and smiled in acknowledgement to show how their wellbeing was enhanced by this gesture. Staff also enabled people to lead conversations and we saw people enjoyed laughs with staff at different times and at other times reassurance was provided to help some people feel well.

People we spoke with told us that staff asked them if they would like any help before they did anything. We saw staff obtained people's consent and supported them to make everyday decisions about different aspects of their care, such as, whether they would like a drink and what they wanted to do. Staff we spoke with understood the importance of making sure that people were able to make choices relating to their care. They told us and at different times we saw they used people's individual preferred methods of communication to help people make everyday decisions, such as, showing people items when this assisted them to make their own choices known.

We spoke with staff about their understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). One staff member told us, "It's all about helping people make their own decisions where possible. If they are unable to do this we look at involving others who know them in their best interests." Staff told us of one example where a person did not have the mental capacity to make an informed decision about their medicines. Following consultation with the person's family and doctor, the decision had been taken that it was in the person's best interest that their medicine should be administered disguised in food, without their knowledge. Although staff knew about this and how to meet this person's needs effectively the registered manager acknowledged the type of food needed to be made clear within their care records.

We saw staff practices were the least restrictive whilst they supported people. For example, when people had been assessed at risk due to their decreased walking abilities other options to reduce risks to their wellbeing and safety were considered to make sure people's needs were met in the least restrictive way. Where people had restrictions in place to keep them safe and meet their needs applications under the DoLS had been made to the funding local authority to make sure people were not being restricted unlawfully.

We saw staff knew how to support people to choose what they wanted to eat and people told us the food was good. One person told us, "Food is very good." Another person said, "I like my meals, they are cooked well." Staff helped people into the dining room for the meals if this is where they wanted to have their meals and we saw this was done in an unhurried way with staff having a chat with people along the way. Staff were aware of people's health needs which impacted upon their dietary requirements, such as, people who required a diabetic diet and we saw people's diets were catered for. One staff member told us, "Some

Good

Is the service effective?

people have their meals fortified with things like butter and cream. We let the doctor know if people are losing a lot of weight so that they can look at whether they need extra things like supplements." Another staff member said, "We always let the kitchen know if people's diets change or we are concerned about people's eating or drinking. There is good teamwork here." Although staff were knowledgeable of people's dietary needs the registered manager confirmed to us they would make sure there was guidance for kitchen staff about people who required their meals fortified and how this should be done. The registered manager also acknowledged people's dietary preferences for kitchen staff to refer to needed to be reviewed to make sure this information remained current as a guide for kitchen staff.

We spoke with people about how they were supported by staff to keep healthy and well and have good access to health care services. People's healthcare needs were recorded in their care records and it was clear they had been seen when required by healthcare professionals such as district nurses, chiropodists and their doctor. One person told us, "I consider myself to be well looked after here, it I am not feeling well I would ask to see a doctor and this would be arranged." One relative said, "Staff keep me informed via phone calls on a regular basis if they see the doctor or nurse."

Good

Is the service caring?

Our findings

People who lived at the home and relatives spoken with told us staff were caring and treated them well. One person said that the staff were, "Very kind" and "I like them all." Another person told us, "I am happy here, they treat me just fine and we all have a laugh." One relative told us, "She has been very happy. Always has a laugh with the staff. Gets on well with the staff, they are all friendly." This was confirmed by two health professionals, one described staff as really caring for the individual person.

There were many examples of people who lived at the home chatting and laughing with staff at different times throughout the day. All the staff we spoke with were motivated to provide people with the best possible care and worked as a team. We saw examples where this happened on the day. For example, one person was laughing and joking with the laundry staff whilst they helped to fold laundry items. One staff member told us, "It's all about the residents and knowing they're happy." Another staff member said, "I enjoy working here, we all work as a team and we care about the residents."

We saw staff used appropriate reassuring touch, made eye contact and listened to what people were saying, and responded accordingly. These approaches helped as we saw one staff member noticed when one person looked uncomfortable. They spent time speaking with this person to check how they were feeling. The staff member was interested in what this person had to say, often using prompts which helped this person to say how they were feeling.

We saw staff spoke kindly with people and took time to listen to what people were saying to them. They knew and used people's preferred names. We saw where people made their choices known to staff these were listened to and people were given time to respond. Staff we spoke with told us they enjoyed supporting the people living there and were able to share a lot of information about people's needs, preferences and personal circumstances.

One relative told us staff knew their relation and that they liked to go to walk because they had always been busy in their lives and this was respected by staff as a way of life for this person.

People we spoke with told us they felt involved in the care they needed and could choose what they wanted to do and where they liked to spend their time. One person shared with us they were supported by staff to go to the local shop to get their daily paper. They told us this is something they liked to do as part of their day. Another person liked to go to the shops in town and staff supported them to do this as they wished. We saw and spoke with some people who liked to spend private time in their rooms and staff were seen to respect this. One person told us, "I choose to spend time in my room but if I want company I know where to find it."

We noticed staff understood the importance of small details, such as, helping people with the jewellery they liked to wear and how they preferred their hair to be styled. One person told us they had had their hair styled and we heard a staff member commented on how nice it looked which made this person smile in recognition of this comment.

Staff knocked on people's bedroom and bathroom doors before entering and ensured doors were closed when people were being assisted with their personal care needs. One person told us they liked to have their bedroom door closed and we saw this was respected by staff. When staff spoke with people about their personal care needs, such as, if they needed to use the toilet, this was done in a discreet way. We saw that staff encouraged people's independence, such as, when they moved around the home environment using walking aids but also noticed when people struggled so that their dignity and safety were maintained.

We saw visitors during the day and relatives spoken with told us family and friends could visit at any time and we saw visitors at the time of our inspection. We observed staff were friendly and welcoming to visitors to the home. One relative told us it was their family member's birthday and a party had been arranged for the day with a cake.

Good

Is the service responsive?

Our findings

People told us that they were happy at the home and that the staff knew them well and cared for them in the way they wanted. One person we spoke with told us, "They (staff) always help me when I need it." Another person said, "They (staff) are going to go to the shops today." All relatives spoken with told us their family members received the right care and support according to their needs. One relative told us, "As long as my dad is happy I am happy. They keep me updated with dad's health if it changes or he falls."

Staff told us and we saw before people came to live at the home their individual needs were assessed to make sure these could be effectively met and responded to. This was also confirmed by a relative. They said decisions about whether their family member's needs could be met at the home were done, "With upmost consideration in regards to their mental and emotional health." We saw many examples which showed staff understood what mattered to people and how to respond to people with dementia effectively on a one to one basis. For example, one person liked to hold different items which were displayed in the home for people to touch and have fun with. We saw staff knew this was important to this person and encouraged this. Staff used these items as talking points with people and we saw people enjoyed the chats about what items meant to them either in past times or now. A relative told us they had seen staff with their family member prompting them to drink when they had forgotten to do this. They said staff did this in a way their family member particularly understood so that they did drink so that their needs were responded to in an effective way for them.

People could choose what they did during the day with fun and interesting things both planned and spontaneous. We saw people chose to sit and walk in different parts of the home at different times which provided them with different experiences of interest. For example, one person enjoyed picking up interesting items and happily showed us a harmonica which they played. Staff spoke with this person about how wonderful their tunes were and this person's facial expressions lit up when staff spoke with them about their harmonica playing. During the day we saw staff spent time with people on an individual basis where they sat alongside people and talked with them. We also saw there was entertainment in the afternoon with music playing which people recognised and we saw people's feet tapping to the rhythms of the music. One person liked to dance and their facial expressions showed this experience enhanced their wellbeing. Another person liked to sit in different places and picked up some books along the way which they sat looking at these.

When we spoke with staff they had a good understanding of people's individual needs and we saw they knew how best to respond to these throughout the day of our inspection. For example, one person had sustained an injury and staff were able to confirm the care this person needed to meet the change in their needs in the short and long term. Although there was missing information in some people's care and risk plans to reflect changes in their needs we saw this had not impacted on how staff responded to and met people's needs. However, the registered manager told us people's care and risk plans would be reviewed using the new electronic care planning system so that people's records consistently reflected short or long term changes in people's needs.

The registered manager and staff we spoke with told us there were systems in place which helped them to be consistently responsive to people's needs. For example, there was a stable staff team who had worked at the home for a long time so they knew people's needs and when changes occurred. They told us that agency staff were not used and permanent staff covered shifts if people were unwell. We saw this happened on the day of our inspection as the chef was not at work but a permanent member of staff with the right qualifications prepared and cooked people's meals.

We also saw staff kept daily records of the care they delivered and how people responded to care so they could monitor if their needs changed. Staff told us they knew when people's needs changed because they regularly supported them and verbally shared information between the staff team, such as, at handover meetings. We attended a staff handover meeting and saw staff were verbally given up to date information about each person's needs and their wellbeing on the day to enable staff to respond to these in the right way and at the right time. We found examples where these arrangements for assessing, planning and reviewing people's care needs had been successful. For example, when staff had noted that one person needed some support with their health needs this had been communicated to the advanced nurse practitioner. We spoke with the advanced nurse

Good

Is the service responsive?

practitioner and they were positive about how staff managed people's health needs. They told us staff were prompt to share any concerns they had about people's health needs with both district nurses and doctors so that people received effective care and treatment. We also spoke with a district nurse who regularly visited people who lived at the home. They believed staff to be caring and responsive to people's health needs and always alerted them appropriately if they were worried about anyone who lived at the home. Relatives we spoke with also told us they were kept informed by the staff of any changes in their relations needs and or if they became unwell. A relative told us, "The important thing is that the staff know what [person's name] needs and they provide it, and I've seen the staff do that."

The registered manager was able to show us the process for investigating people's concerns and complaints. We saw that there were no on-going complaints and action was taken when complaints had been made We asked two people who lived at the home and relatives who we spoke with how they would complain about the care if they needed to. People who lived at the home were aware they could tell staff if they were unhappy. A relative told us, "If I had any problems would speak with the manager or [deputy manager's name]." We also asked staff how they would know if people who had mental health needs were unhappy with their care and were not always able to verbally express their feelings. A staff member told us, "We would see they were unhappy by their facial expressions and body language, such as, people may stop eating or drinking."

Good

Is the service well-led?

Our findings

We saw people who lived at the home and relatives we spoke with knew who the registered manager was and told us that they felt comfortable in approaching them. One person told us the registered manager and the deputy manager were both visible around the home and said, "I think it is first class. The place is run well." A relative we spoke with who told us the management team were responsive and made them feel welcome and listened to. Another relative said, "Would recommend the home to people." During our inspection we saw people approached the registered manager and they took time to spend time chatting with people.

The registered manager was fully supported by the deputy manager and the registered provider.

Staff spoken with enjoyed working at the home and were motivated to provide a good standard of care to people. One staff member told us we all work together to make people happy even the laundry and maintenance staff spend time with people, "We all try to brighten people's day." We saw many examples where staff worked as a team and communicated with each other and understood their roles and responsibilities. For example, the staff member who worked in the laundry had some people who lived at the home go and help them or just to have a chat during the course of the day. We saw that this staff member knew each person by their name and there was laughter shared.

Staff we spoke with told us they felt supported and were able to approach the management team about any concerns or issues they had. One staff member told us they felt supported by the registered manager and that they could tell them their concerns if needed. All the staff we spoke with knew about the provider's whistleblowing policy and how this could be used to share any concerns confidentially about people's care and treatment in the home.

Our discussions with the registered manager showed they fully understood the importance of making sure the staff team were fully involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw that staff had designated duties to fulfil such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required. Staff told us they were enabled to share ideas for the benefit of people who lived at the home.

Support was available to the registered manager to develop and drive improvement and quality checking systems of the service being provided to people was in place. We saw that help and assistance was available from the deputy manager to monitor, check and review the service and ensure that good standards of care and support were being delivered. We looked at the quality checking systems the registered manager and provider had in place to see how regular checks and audits led to improvements for people who lived at the home. We saw evidence that regular checks were completed which included care plans and infection prevention and other aspects of the service. These checks were used to inform areas for improvement and to support staff in their roles for the benefit of people who lived at the home. For example, staff had to carry items upstairs to the sluice room to be cleaned and it was difficult for staff to access the sink. The registered manager informed us that there were plans to have a purpose built sluice room as part of the new building work being undertaken at the home. They also told us once the building work was completed people would have en-suite bathrooms in their bedrooms.

We saw people and their relatives were provided with opportunities of sharing their views about the quality of the service they received. We saw meetings were held with people and questionnaires were available for people to complete on the quality of certain aspects of the services provided to people. For example, people had discussed trips and meals at the recent meetings and the questionnaires held positive feedback.

We spoke with an advanced nurse practitioner and a lead district nurse who were both complimentary about the management and staff at the home. They told us they had no concerns about how the home was managed and said staff were always responsive to people's needs.

The registered manager and staff had used the current thoughts about best practices in creating a dementia friendly environment for people. We saw there was some pictorial signage to help people identify the room's purpose, such as toilets so that people's independence was promoted and people's anxieties were reduced. The layout of the home environment and furniture encouraged

Good

Is the service well-led?

positive social communications and stimulation for people. For example, one person gained much enjoyment from using the assorted handbags hung up in various parts of the home environment.