Durham Care Line Limited

Lyons Court Care Home

Inspection report

Stones End
Evenwood
Bishop Auckland
County Durham
DL14 9RE

Tel: 01388834516
Website: www.carelinelifestyle.co.uk

Date of inspection visit:
04 January 2018

Date of publication:
02 February 2018

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection visit took place on 4 January 2018 and was unannounced.

Lyons Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Lyons Court accommodates up to 50 people in one adapted building providing nursing care and support for people living with dementia including those who may experience behavioural disturbance or distress and younger adults. At the time of our inspection visit there were 36 people using the service. Lyons Court is divided into five separate units including a specialist behaviour unit called Raby and a general nursing unit called Windsor.

The service now had a registered manager in place who had been registered since August 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the service in November 2016 and rated the service as 'Requires Improvement.' At that visit we found breaches of regulations in relation to staffing levels, medicines management, the safety of some fixtures and fittings and cleanliness and checks in relation to infection control. There was no registered manager in post. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective and Well-led to at least good. The provider sent us an action plan in which they set out how they would meet the regulations. At this visit we saw improvements had been made and the service was meeting all regulations at this time.

The service was now safe. People, staff and relatives we spoke with told us they felt safe at Lyons Court. Staff and people were aware of procedures to follow if they observed or were aware of any concerns. Accidents and incidents had been appropriately recorded and monitored and risk assessments were in place for people who used the service and staff.

Staffing levels were appropriate and a consistent staff team was in place. The service has implemented a recruitment drive for nursing and bank staff which had been successful and also ensured annual leave and sickness was managed more proactively resulting in much lower agency staff usage.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. Medicines were stored in a safe manner.

Appropriate health and safety checks had been carried out on the building and the home was clean and well maintained. We saw that infection control measures were now well embedded and a recent external audit by the infection control nursing team was positive.

The service was now effective. Staff were now suitably trained and received on-going training and support. Staff received regular supervisions and appraisals and told us they felt supported. We saw staff were supported by debrief sessions to review any incidents that took place at the service and staff members told us they were able to speak up and learn from these meetings.

People's day to day health needs were met by the staff and the service had good relationships with external healthcare professionals. Care records showed that people's needs were assessed before they started using the service and they were supported to transition to the service as smoothly as possible.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The home environment had recently been restructured to move units around. This had been well planned and the service ensured measures such as a hold on admissions enabled less impact on people using the service. There was still work on some units to complete décor to ensure a more focussed dementia friendly environment was in place but we saw this was action planned for completion by the provider.

The service remained caring. Staff supported people who used the service with their social and emotional needs. We observed that all staff were caring in their interactions with people at the service. We saw people being treated with dignity and respect and people told us that staff were kind and professional.

The service remained responsive. People's care records were detailed and personalised which enabled staff to support people in line with their personal preferences.

The provider had a system in place for responding to people's concerns and complaints. People and the relatives that we spoke with during the inspection told us they knew how to complain and felt confident that staff and registered manager would respond and take action to support them.

The service was now well-led. People and relatives told us they felt confident in the registered manager and our observations confirmed they knew the staff and all people within the service well.

Records looked at during the inspection demonstrated that audits were in place to monitor and improve the quality of the service provided. The service had responded to requirements and recommendations from the previous CQC visit in November 2016 and a clear record of actions was recorded and reviewed on a regular basis by the management team.

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 had improved to Good.

Medicines were managed in a safe way and they were administered in a caring and supportive manner.

Staffing levels were appropriate to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people and staff to maximise their safety.

The staff team were aware of their responsibilities with regards to safeguarding. Infection control measures had been implemented and the service was clean and hygienic.

Is the service effective?

Good

The service had improved to Good.

Staff were suitably trained and received regular supervisions, debrief sessions and appraisals.

People had access to healthcare services and received on-going healthcare support.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service remained Good.

Is the service well-led?

Good

The service had improved to Good.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and had worked through their action plan to address areas for improvement.

Staff members told us the management team were approachable and responsive and they felt supported in their roles.

The service had links with the community and other organisations.

Lyons Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 4 January 2018 and was unannounced.

One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is someone who has experience of using or supporting someone who used this type of service.

Before the inspection we reviewed the information we held about the service in order to plan for our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Commission know about.
We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority safeguarding and commissioning teams. We also contacted the clinical commissioning group (CCG) and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their comments to support the planning of the inspection.

We spoke with people who used the service, staff and relatives. We spent time with people in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home, and visited people in their own rooms when invited.

During the inspection we spoke with six people who used the service and three relatives and visitors to the home. We also spoke with the registered manager, the head of home operations, the administrator, one nurse, four care staff, and the activity co-ordinator. We looked at a range of records which included the care and medicines records for six people, recruitment and personnel records for care workers and other records

relating to the management of the service.

Good

Is the service safe?

Our findings

On our last visit to Lyons Court in November 2016 we found the provider had not ensured wardrobes were securely attached to walls, there were issues with cleanliness and checks on infection control practice were not in place. People had told us there were staffing level issues and medicine administration in relation to topical medicines and as and when required medicines required improvement.

On this visit we saw considerable recruitment had taken place along with additional support through supervision for all staff. There was also a risk assessment in place that had been shared with the staff team to monitor the deployment of staff across the home and the five units within it. We saw that safe staffing levels were provided with two nurses on duty at all times and 11 care staff during the day and eight care staff at night time with 36 people currently using the service. We observed that although the service was busy, care was not rushed and call bells were answered quickly.

We saw staff using personal protective equipment such as gloves and aprons when dealing with people's personal care needs or when dealing with food. We saw that housekeeping staff had cleaning schedules they completed to ensure the service was kept clean and the potential for catching an infection was minimised. We saw a recent external audit by the infection control nursing team from the local Clinical Commissioning Group in October 2017 had been positive about cleanliness and infection control practices at the home.

Medicines were securely stored in a locked treatment room on each floor and were transported to people in a locked trolley when they were needed. Nurses and senior care workers had completed relevant training and had been assessed as competent. We observed staff explain to people what medicine they were taking and why. People were given the support and time they needed when taking their medicines. People were offered a drink of water and staff checked that all medicines were taken.

Medicines were all managed using an electronic ordering and administration system. The nurse on duty explained this and demonstrated the administration process to us. They told us, "This is a brilliant system, so much easier to monitor and maintain stock checks." We saw them accidentally drop a tablet and we watched as they disposed of this correctly and amended the stock count electronically as per their procedure. We saw medicine charts for topical medicines were also improved with a clear body map and signed by staff to ensure people received their medicines in the way it was prescribed.

Staff we spoke with had a good understanding of protecting people from abuse. People at the service appeared comfortable and happy with the staff supporting them. Relatives we spoke with told us, "Not sure how things would work if there was a full evacuation fire drill but on balance I feel my relative is safe." We advised the relative to speak with the registered manager to discuss fire procedures if they were concerned. A person said, "It is a lovely safe place to be I am so happy to be here."

We looked at the safeguarding file and saw records of safeguarding incidents, including those reported to the police. CQC had been notified of all the incidents. We found the registered manager understood and

followed safeguarding procedures, and had a positive working relationship with the local authority safeguarding team and police. The registered manager regularly reviewed and updated any safeguarding alerts so any learning or actions were immediately addressed by the service. We saw an example of a recent incident where staff had not been able to get help when dealing with an incident. The staff team had a debrief session and discussed the use of walkie talkies to alert other staff members if they were in difficulty. These had been purchased immediately by the provider and were about to be deployed. This showed the service supported staff to keep people and themselves safe.

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. Staff members we spoke with were clear on reporting any concerns.

The training information we looked at also showed staff had completed other training which enabled them to work in safe ways. This included fire safety, first aid and health and safety training, which we saw was regularly updated. We saw staff were trained in MAPPA a conflict management strategy that includes the use of physical restraint as a last resort. Staff confirmed they had been trained and we saw that any physical intervention use was immediately reviewed. We saw the service had sought support from its internal behaviour support team to help keep people safe in relation to the management of behaviour that may challenge.

Risks to people were identified and managed so people were safe. This included an assessment of the level of risk and action taken to mitigate the risks to the health, safety and welfare of people. Risk assessments were completed for the environment, accessing other parts of the home, use of the nurse call bell, moving and handling, mobility, falls, use of bed rails, nutrition and hydration, choking, continence and skin integrity. There were specific risk assessments for distress and risks associated with behaviours that may challenge.

Robust recruitment procedures were in place which reduced the risk of unsuitable staff working at the home. These procedures included checks of any criminal background, obtaining suitable references, interview scenarios and proof of identification. The registered manager told us they planned to look at training to help people using the service take a more active part in the recruitment and selection process.

Regular health and safety checks were carried out to help ensure the premises; environment and specialist equipment were safe for people and care staff. This included fire safety checks as well as checks of the electrical installation, gas safety, water safety, portable appliance testing and servicing of equipment used in care delivery. Health and safety checks were up to date when we visited the service.

The service had an emergency contingency plan, and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that staff had set guidance in place about how to respond in case of an emergency, in order to promote and support people safely.

Good

Is the service effective?

Our findings

On our last visit to Lyons Court in November 2016 we found the provider had not ensured staff had received recorded supervision and food and fluid records were not always completed.

During this visit, the staff we spoke with told and that they had received supervision. We saw a planner was in place and staff supervisions had taken place regularly. This is a formal opportunity for staff to discuss their work practice and any training needs, as well as issues or concerns they may have. All staff we spoke with said they felt supported by the registered manager and management team. We saw records to confirm that staff had received an annual appraisal. The registered manager also showed us that new staff had been supported with regular meetings through their probationary period.

All staff we spoke with told us they were provided with training that enabled them to do their job and meet people's needs and that they had up to date training. This included on line training and hands on moving and handling training. Staff mandatory training was up to date. Mandatory training is training the provider deems necessary to support people safely. This included moving and handling, health and safety, food hygiene, first aid, safeguarding, mental capacity, dementia, medicines, fire safety and infection control. Additional training had been provided to help staff meet people's specific support needs. We saw that training such as end of life care and diabetes had been delivered to staff members.

We were told that family members were also offered the provider's online learning resource to access training in areas such as dementia and understanding medicines. This was a positive use of information technology by the home.

New staff received an in house induction, which included shadowing experienced staff, attending training and completing the Care Certificate. The Care Certificate is a nationally recognised set of standards staff must adhere to when working in social care.

We saw records that showed that staff met together regularly with the management team and minutes were kept of these meetings which everyone signed. We saw that as well as day to day issues, staff discussed ways of improving the service. This showed relevant updates were shared with the staff team.

People's needs had been assessed both before and shortly after their admission to the service. The provider had their own transition co-ordinator who undertook assessments that were used to develop detailed and personalised care plans. We saw that the transitions co-ordinator also led a review after six weeks for the person, family and care manager to attend.

Some people living at the home were able to make some decisions about their care and support for themselves. Where decisions were made on behalf of people who were unable to give their consent, mental capacity assessments had been carried out in accordance with the Mental Capacity Act 2005 (MCA). 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 capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that capacity assessments had been completed in key areas such as medicines and personal care. Best interest documentation was also in place which detailed how a certain decision was reached. This had been undertaken by a multi-disciplinary team and with family members and the person where possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The authorisation 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw authorised restrictions were in place for eight people living at the service which prevented them accessing the community alone.

We saw from assessments and support plans that people were supported to express their own individuality in relation to their spiritual, cultural and sexuality preferences. We found that all staff received training in promoting equality and diversity and staff were able to tell us how they upheld people's preferences and upheld their confidentiality.

We spoke with people and relatives who told us they had confidence in the staff's abilities to provide good care and support. One person said, "I don't think untrained staff would be able to look after me this well they know to look for signs and symptoms." Relatives we spoke with said they were happy with the communication they received from the service and they felt the registered manager or staff would contact them if there were any issues with their relative. One relative said, "The staff are professional and always talking about training, you can tell this is the case by the way they deliver such good care."

People were supported to receive a healthy and nutritious diet. Information relating to any specific dietary needs was included in people's care plans. Everyone we spoke with was positive about the food at the home.

The Malnutrition Universal Screening Tool (MUST) was used to complete individual risk assessments in relation to assessing the risk of malnutrition and dehydration. This helped identify the level of risk and appropriate preventative measures. Fluid intake charts were used to record the amount of drinks a person was taking each day and intake goals and totals were recorded. All charts were well completed and analysed, which showed staff were effectively monitoring people's intake and taking action, as required. The registered manager told us they were being assessed shortly by the external Focus on Undernutrition team who provide training and guidance to promote good nutrition for older people in County Durham.

We observed the lunchtime meals served where people were well supported and offered choices in a calm and sociable atmosphere. Because the service had implemented two sittings it meant people could be supported on a 1:1 basis by staff. We discussed with the registered manager about pictorial menus being in place and they told us they were working on every meal being photographed so it clearly resembled what people would be served to help them make choices.

We saw people had access to a range of external healthcare professionals. One person said, "If I feel poorly they always get the doctor or nurse to check me over." The service had good links with people's GP's and other specialists such as dietitians and speech and language therapists. We were told by nursing staff that relatives were kept informed about healthcare decisions affecting their family members. One relative told

us, "We get calls when our relative is unwell and we know they are in safe hands."

Good

Is the service caring?

Our findings

People and relatives were complimentary about the caring nature of staff. People we spoke with said, "Such care, patience and dedicated staff, I really am very lucky," and "I think the staff know there is something not quite right with me before I do - yes they know me well." Relatives we spoke with said, "My relative now enjoys a better quality of life and this is due to the staff and positive attitude of the care home. And, "My family member has improved dramatically since being here, I wish I had chosen this care home first."

We spoke with the staff team, one of the nursing team told us, "We work really well as a team here and care about everyone and each other."

We observed people being offered choices about what they wanted to do or where they wanted to go. People told us they were given choices by staff and comments included, "I can choose my food, clothes, whether or not I have a shower or bath and if I want to stay in bed all day that's fine as well!"
Bedrooms were individually decorated and contained people's own personal possessions such as family photographs.

We saw positive interactions between staff and people. Staff were holding hands with people and the atmosphere across the whole service was calm and caring. People using the service appeared very comfortable in the company of staff.

Staff were respectful in their approach. They treated people with dignity and courtesy. Staff spoke with people in a professional and friendly manner, calling people by their preferred names. We observed care staff assisted people when required and care interventions were discreet when they needed to be. One person told us, "It is not nice having to depend on others for personal care but they do it so professionally it takes away the embarrassment." We spoke with staff on the first floor Raby unit supporting people with challenging and disinhibited behaviour in a way that was calm and which upheld the dignity of the person and those around them.

People and relatives were involved in the care planning process. Meetings and reviews were carried out to involve people and their relatives in all aspects of people's care .This meant that people and their representatives were consulted about people's care, which helped maintain the quality and continuity of care. We saw feedback following the introduction of a sensory room at the home from one relative. It said, "The room allows us as family to have quality time with [Name] and [Name] responds well without distraction. The calming atmosphere seems to relax [Name] and there is a noticeable difference when we are together in the room."

Regular resident and relatives' meetings were held. Topics discussed at previous meetings included gathering people's views about menu choices and activities. People were encouraged to express their views and actively supported to give suggestions to the staff team regarding their care, treatment and support. At a recent meeting people decided they didn't want to celebrate Halloween as this event did not have much meaning for them so the home was not decorated for this.

We looked at the arrangements in place to ensure equality and diversity and to support people in maintaining relationships. Relatives told us they were given regular updates about their relation and said they could visit and ring at any time and that visiting times were clearly explained to them. This showed the service supported people to maintain key relationships.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. Currently three people using the service had support from advocates and the registered manager told us she was seeking further support for people who had no next of kin or family to ensure their choices were upheld.

Good

Is the service responsive?

Our findings

People told us staff were responsive to their needs.

There were systems in place to ensure the staff team shared information about people's welfare. A staff handover procedure was in place. Information about people's health, moods, behaviour, appetite and the activities they had been engaged in were shared. One nurse told us, "We have continuity here and good communication." This procedure meant that staff were kept up-to-date with people's changing needs.

We looked at six care plans belonging to people who used the service. We found care planning and the provision of care to be person-centred. Person-centred care means ensuring people's interests, needs and choices are central to all aspects of care. People had contributed to 'life history' documents in care files, which gave staff a good level of information regarding what and who was important to them. People's individual interests, preferences, as well as their anxieties were taken account of. We observed a visiting psychiatrist discussing one person's needs with care staff who were extremely knowledgeable about a person's current behavioural difficulties. They provided a clear rationale of triggers and responses that appeared to support the person and were able to assist with the medication review with the psychiatrist in a well-informed and professional manner.

Care plans were comprehensive and contained up to date, accurate information. We saw care plans were reviewed regularly. Care plans were reviewed and updated at least once a month to ensure they contained relevant information. Relatives we spoke with confirmed they were regularly involved in people's care planning and were updated if there were any changes in people's conditions. We saw that paper care plans were in the process of being moved to the provider's PASS electronic system that was in the process of being implemented.

A relative told us a combined multi disciplinary approach had avoided their relative having to go to hospital for a surgical procedure that occurred regularly - or should have done. Now the treatment was delivered at the home with known staff supporting the person. They told us this has meant the intervention was successful and had improved the person's quality of life.

We found the provider protected people from social isolation. We saw some staff including the chef brought their paperwork into the lounge to complete and this then encouraged chatting amongst staff, visitors and people. One person told us, "I don't like to join things to be honest so I get my own one to one support and we have a wonderful chat and cuppa." There was an activities co-ordinator employed by the service who we spoke with, they said, "There is loads of things happening here, it's pretty hectic sometimes with singing and bingo." Many people on the first floor Raby unit had support from staff on a 1:1 basis and we saw people going for walks, undertaking daily living tasks and enjoying sensory equipment. One person told us, "The activity lady is brilliant she tries hard to involve everyone and we are asked for suggestions as well."

There was a complaints procedure in place. There were opportunities for people and staff to raise any concerns through meetings. We saw that there had been three complaints in 2017 which had been

investigated and responded to by the registered manager in accordance with the service's procedure. People we spoke with and relatives knew how to make a complaint if they wished. One person said, "If I had to complain I would use the chain of command it's not fair to the staff otherwise."

Care records included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). Care plans had a detailed plan that showed the involvement of the person and their family to record people's wishes for care at the end of their life. We spoke with one of the nurses who told us, "I am passionate about end of life care. We are very hot on ensuring we have any anticipatory medicines quickly and in the four years I have been here, no-one has been in pain towards the end of their life."

Good

Is the service well-led?

Our findings

On our last visit to Lyons Court in November 2016 we found the provider had not ensured a registered manager was in place and governance and audit processes were not well embedded.

On this visit we saw the registered manager had been in place for 12 months. People who used the service and staff that we spoke with during the inspection spoke highly of the registered manager. Staff told us they felt the registered manager was very proactive and acted and listened on any concerns the staff team raised. One staff member said, "She is very focussed," and another said, "I always feel listened to." One person we spoke with told us, "The manager and all the staff have an 'open door' policy so I would pop in and have a chat and sort things out there and then."

Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. Observations of interactions between the registered manager and staff showed they were open and positive. One staff member told us, "We have a good manager and a good team, things have got better. Communication is better and activities are better."

We saw records to confirm regular meetings took place with staff. The last meeting on 20 December 2017 discussed service news, staff sickness, staff deployment and infection control measures. We saw that staff were provided with debrief sessions led by the provider's behaviour support team. Staff told us these were open, honest forums where they could discuss support and strategies to support people with their complex behaviour. The provider's homes operations manager also carried out regular visits to the home where as well as undertaking quality checks they also spoke with staff and people using the service to obtain their views.

We saw that the staff had undertaken a survey in 2017 where staff had raised issues about pay and shift patterns and that they would like to see improvements such as more management from head office being seen in the service. We spoke with the registered manager and head of home operations for the provider who told us, "From our staff surveys a decision was made to give home managers autonomy to agree specific shift patterns to support reasonable and legitimate requests." We also saw the service working to develop staff progression through developing an Associate Practitioner role with Teesside University and implementing a report when head office staff visited services to provide visible and constructive feedback. This showed the provider listened and acted upon the views of the staff team. Staff said they thought training was of a good standard and that the best things about their role was the people using the service and their fellow staff members.

We saw that people using the service and their families had been asked about their views. This included a consultation about recent environmental changes within the home and also in a monthly meeting forum where we saw issues such as activities were discussed. We saw in 2017 that people had asked not to celebrate Halloween and that they liked staff to wear uniforms when supporting them in the community as people felt it gave a professional image. One person told us, "I have completed a questionnaire and on it I was asked to suggest improvements, it is so good here I couldn't think of anything!" This showed the service

was willing to listen and take on board feedback and to make improvements.

One relative we spoke with said, "The atmosphere here is friendly and welcoming and it is comforting to leave family in such a lovely place."

Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. The registered manager explained various audits and checks that were carried out on medication systems, the environment, health and safety, care files, catering and falls. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled.

Following our last inspection visit in November 2016, the provider had developed a robust action plan which they shared with us to show how they would address the areas for improvement identified. The service had also carried out a major re-design and refurbishment, brought in new training and recruited staff from overseas as well as bringing in systems such as incident debriefs to support staff and learn from events. The provider had an on-going quality improvement plan in place now that all improvement actions from our last inspection had been met. This showed the service was keen to maintain the positive trajectory of improvement.

The service was part of the local village community and people attended the dementia café held locally and also used the sensory garden that was part of the local community centre. Two people also attended a dementia friendly swimming session held in Spennymoor every fortnight.

The law requires that providers of care services send notifications of changes, events or incidents that occur within their services to the Care Quality Commission. We checked and found that since our last visit we had received appropriate notifications from the service.

We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's confidentiality.