Care Quality Commission

Casterbridge Homes Limited

Deanwood Lodge

Inspection report

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27 July 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Deanwood on the 21 and 27 July 2016. Deanwood Lodge provides residential and nursing care for older people; many of the people living at the home had a diagnosis of dementia. The home offers a service for up to 47 people. At the time of our visit 28 people were using the service. This was an unannounced inspection.

We last inspected in January 2016 and found that the provider was not always meeting the regulations. We found that people did not always receive safe care and treatment as they were not always protected from the risk of choking. People were cared for in an environment which was not always safe. Additionally people did not always benefit from person centred care and did not have access to activities and meaningful stimulation. The provider did not have effective systems to monitor and improve the quality of service people received. Following our inspection in January 2016, the provider issued us a plan of the actions they would make. At this inspection we found appropriate action had been taken.

There was a registered manager in post on the day of our inspection. 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.

People were cared for by staff who had not yet all completed their formal training in all the topics they needed. A number of people living at the service had a diagnosis of dementia, however not all staff had effective training around dementia. All staff felt supported by the registered manager and provider. The registered manager had a clear plan in relation to staff training.

People and their relatives were positive about the home, the staff and management. People told us they were safe and looked after well in the home. Staff managed the risks of people's care and understood their responsibilities to protect people from harm. People had the assistance they required with their prescribed medicines.

People had access to plenty of food and drink and received a diet which met their needs. Staff ensured their on-going healthcare needs were met.

People benefitted from activities and person centred care. There was a friendly, pleasant and lively atmosphere within the home. People also enjoyed the time they spent with each other and staff and carrying out activities. People were offered choices about their day. People and relatives told us they felt listened to and able to raise concerns or suggestions.

Staff were supported by a committed registered manager. There were enough staff with appropriate skills deployed to meet the needs of people living at the service and support them with activities. Staff spoke positively about the home and the registered manager.

People and their relatives spoke positively about the management and the service. The registered manager ensured people, their relatives and external healthcare professional's views were listened to and acted upon. The registered manager and provider had systems to assess, monitor and improve the quality of service people received at Deanwood Lodge.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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. The environment was maintained and staff were aware of how to protect people from the risks associated with their care.

People received their medicines as prescribed, staff documented the support they provided people.

Staff understood their responsibilities to report any concerns to the manager. There were enough staff deployed to meet the personal care needs of people at the home.

Is the service effective?

Requires Improvement

The service was not always effective. Care staff did not always have access to the training they needed to meet people's needs.

People were supported to make day to day decisions around their care. People's care documents reflected their capacity to make choices about their day.

People received the nutritional support they needed. People were supported with healthcare appointments.

Is the service caring?

Good

The service was caring. Care staff and nurses knew people well, what was important to them.

People's dignity was promoted and care staff assisted them people to ensure they were kept clean and comfortable. Care staff engaged with people positively whilst assisting them with mobility around the home.

Is the service responsive?

Requires Improvement

The service was not always responsive. People's care plans were not always current and accurate. The meaningful engagement people received from staff had not always been recorded.

People had access to activities and events which they enjoyed. People were supported to maintain their personal relationships.

People and their relatives told us they felt involved and their concerns and complaints were listened to and acted upon.

Is the service well-led?

Good

The service was well led. The registered manager and provider had ensured systems in place which were regularly undertaken to sufficiently assess, monitor and continually improve the quality of service people received.

People and their relative's views regarding the service were sought and acted upon.

Relatives, healthcare professionals and staff spoke positively about the direction of the service.

Deanwood Lodge

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 the 21 and 27 July 2016 and it was unannounced. The inspection team consisted of two inspectors.

At the time of the inspection there were 28 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with healthcare professionals, including social care commissioners and safeguarding teams.

Due to CQC scheduling changes a Provider Information Return (PIR) was not available. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service.

We spoke with four people who were using the service. We also spoke with five people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with four care staff, a nurse, the head of residential care, an activity co-ordinator and the registered manager. We reviewed six people's care files, three care staff records and records relating to the general management of the service.

Good

Is the service safe?

Our findings

At our last inspection in January 2016 we found that people were at risk because regular safety checks of the premises had not been carried out in accordance with the provider's policies. We also identified that areas of the home where people may be at risk were not always secured. This was breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider. They gave us an action plan which informed us all the actions which they would complete. At this inspection we found appropriate action had been taken to address these concerns.

People could be assured the premises were safe and secure. A maintenance worker carried safety checks on the premises. People's electrical equipment had been checked and was safe to use. Fire safety checks were completed to ensure the service was safe. Regular fire evacuation drills were carried out to ensure staff understood the actions they needed to take in the event of a fire. Water temperatures were also recorded in the home, and where concerns were identified appropriate action was taken by the maintenance staff to ensure people were kept safe.

People who spent some of their time walking with purpose around the home were protected from risks in their environment. For example, rooms which contained equipment and chemicals that could harm people were kept secured. When domestic staff used cleaning products they ensured these were never left unsupervised.

People had been assessed where staff had identified risks in relation to their health and well-being. These included moving and handling, mobility, agitation, nutrition and hydration. Risk assessments gave staff guidance which enabled them to help people to stay safe. Each person's care plan contained information on the support they needed to assist them to be safe. For example, one person was at risk of pressure sores, had information on how they should be assisted with their mobility and the pressure relief equipment they needed. Where people had pressure relieving equipment, such as pressure relief mattresses, these had been set in accordance with their weight. This ensured they were protected from the risk of damage to their skin integrity.

People told us they felt safe in the home. Comments included: "I'm safe, thank you" and "I'm alright". A relative told us, "I think they're safe. I have peace of mind".

People were protected from the risk of abuse. Care and nursing staff had knowledge of types and signs of abuse, which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the registered manager, or the provider. One staff member said, "I know where to go if I have any concerns". Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding or the CQC. They said, "I couldn't standby and do nothing". Staff told us they had received safeguarding training.

The registered manager raised and responded to any safeguarding concerns in accordance with local

authority safeguarding procedures. Since our last inspection the provider had ensured all concerns were reported to local authority safeguarding and CQC. Where necessary the registered manager had referred staff to the Disclosure and Barring Scheme when allegations of abuse committed by staff had been substantiated.

People and their relatives told us there were enough staff to meet their needs. Comments included: "They are always around"; "I don't have to wait long for help"; "Always staff around, don't see a problem" and "It seems better. There's a lot more staff on the floor".

There was a calm and homely atmosphere in the home on both days of our inspection. Staff were not rushed and had time to assist people in a calm and dignified way. Staff told us there were enough staff available on a day to day basis to meet people's needs. Comments included: "Staffing levels have got better over the last couple of weeks. We had agency, which was difficult, but we only had one last week" and "I think we are okay, staffing has increased, and we've taken action to ensure people are cared for". The registered manager and a representative from the provider had identified the number of staff needed to ensure people were kept safe. Staff rotas showed on the days of our inspection and other days, there were an agreed number of staff in line with the providers expectations deployed to meet people's needs. The registered manager stated that two activity staff had been recruited, but had yet to start. Two nurses were being interviewed for night duty as this was currently being covered by agency nurses five nights per week.

Records relating to the recruitment of new nursing and care staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. Where nurses were employed a record of their registration to the Nursing and Midwifery Council was obtained by the service. The registered manager stated they were going to implement a recruitment checklist to ensure they reviewed all the relevant recruitment checks before employing new staff.

People received their medicines as prescribed. Nurses and care staff assisted people to take their medicines as prescribed. Staff gave people time to take their medicines, and ensured they were taken. Where people were prescribed medicines which were administered 'as required'

People's prescribed medicines were kept secure, and staff ensured when medicines were taken from the branded and labelled boxes that the date the boxes were open was recorded. This enabled staff to ensure people's medicines were not inappropriately used. Nursing and care staff maintained an accurate record of the stock of people's medicine stocks. This meant staff maintained a clear record of the support they provided people regarding their medicines.

Requires Improvement

Is the service effective?

Our findings

People were not always supported by staff who had completed all of their required training to meet people's individual needs. Most people who lived at Deanwood Lodge lived with a diagnosis of dementia. It was expected by the registered manager and provider that all staff working at the home would receive training in supporting people with dementia. Some staff had attended 'Effective Communication & Virtual Dementia Experience' or had taken part in a dementia awareness eLearning (computer based training courses) course to assist them with the understanding of supporting people who live dementia. Plans were in place for further staff to attend this course as well as the local authority two day course on dementia awareness. The home had two dementia link workers who had received additional training in supporting people with dementia. We were told that they attended local update events and conferences.

However, good communication skills and dementia friendly practices were not always embedded in some of the staff practices when supporting people with dementia. For example, we observed three care staff who were supporting people with their nutrition. The staff members did not always communicate with the person they were supporting, such as telling them what they were eating, or asking if they were enjoying the film, or if they would like a drink. One person living with dementia required one to one support as they were at high a risk of falling. We observed the care worker assisting this person on the first day of our inspection and there was limited meaningful engagement. The member of staff told us they were solely to support the person to protect them from the risk of sustaining an injury from falling. This meant people living with dementia did not always benefit from meaningful and effective support from care staff, as care staff did not always have effective dementia training.

Not all staff had received the provider's mandatory training. For example some staff who worked for the home for several months had not yet received training regarding infection control, food safety, health and safety and Mental Capacity act. There was evidence of plans in place to address this shortfall. For example, plans were in place for some staff to receive an update training course in safeguarding people.

These issues were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff had received additional training where necessary to assist them with their role such as oral hygiene and catheter care. The registered manager had implemented competency observations of staff which included assessing their skills to support people such as assisting them their bathing, eating and drinking and record keeping. We were told all staff would be observed and monitored to ensure people received care that respected their dignity. Some staff had recently been trained as 'train the trainers' in moving and handling and infection control. The aim of this was to allow staff to be trained in house and have staff who had additional knowledge and skills in these subjects.

New staff were required to complete an induction programme which included shadowing a colleague as well as reading polices and documents relating to the home. New staff were expected to complete a series of eLearning courses before they started to work at the home or within 12 weeks of employment.

The registered manager was reviewing how training was to be delivered. They said, "I'm wanting to move away from eLearning and put more of an emphasis on class room based training." This included the delivery of the care certificate to ensure that new staff understood the minimal standards of care.

Care staff had access to supervisions (one to one meeting) with their manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff also told us they could always meet with the manager to discuss concerns when necessary.

At our last inspection in January 2016 we found that people were not always protected from the risk of choking. This was breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider. They gave us an action plan which informed us all the actions which they would complete. At this inspection we found appropriate action had been taken to address these concerns.

Where people were at risk of choking or malnutrition they had a diet which protected them from these risks. For example, people who were at risk of choking had access to a diet which met their needs and included soft or pureed meals and thickened fluids. Care and nursing staff knew which people needed this support. Care staff were aware of people's needs and provided appropriate choice. Where staff had identified people were at risk of malnutrition, they monitored the food people had and provided plenty of gentle encouragement. For example, staff expressed concern about one person, they provided encouragement, and supported them to enjoy their pudding.

People told us they enjoyed the food they received. Comments included: "It was lovely, you should have some"; "The food is usually really good"; "I enjoyed my dinner, it was really nice" and "It's good." One relative told us, "The food is always of good quality. (Relative) enjoys it."
People had access to drinks throughout the day. Fruit was display and available to people.

People's special dietary needs were catered for. The chef recognised that some people with dementia preferred to eat finger foods. They had produced bite sized pasties which people enjoyed. Staff knew the food people enjoyed and offered people choices of meal. We observed care staff showing people meals and puddings to enable people to make an informed decision over what they would like to eat.

A new chef had been employed at the home. Their plan was to review the meals being provided and plan a menu based on people's preferences and dietary needs. They were planning to speak to all people and their relatives and review each person individual catering requirements to ensure that they had captured their food and drink likes and dislikes. They were also planning to source local produce and 'step away from frozen vegetables and meats'. They said, "I would like a two week menu that reflects the seasons; use local suppliers and provide fresh nutritional meals."

Staff had undertaken training on the Mental Capacity Act (MCA) 2005. 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff showed a good understanding of this legislation and were able to cite specific points about it. One member of staff told us, "I'd ask people. I always give them a choice. Choice with clothes, food and drink. I look for indicators of what they want." Another staff member said, "We can never force someone, for example, I couldn't force someone to just get up."

The registered manager and nursing staff ensured people's capacity to consent to their care had been recorded. Where staff were concerned a person did not have the capacity to make a specific decision, they completed a mental capacity assessment. These assessments clearly documented if the person had capacity to make the decision. For one person a best interest decision had been made as the person no longer had the capacity to understand the risks to their health if they left the home without support. The manager made a Deprivation of Liberty Safeguard (DoLS) application for this person. 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).

People had access to health and social care professionals. Records confirmed people had been referred to a GP, dentist and an optician and were supported to attend appointments when required. People's care records showed relevant health and social care professionals were involved with people's care. For example, records of appointments with healthcare professionals were clearly documented on people's records. The clinical lead nurse said that the home received a visit from a General Practitioner (GP) every other week, or on request. They had a list of contact numbers of other health and social care professionals if required.

Good

Is the service caring?

Our findings

People and their relatives had positive views on the caring nature of the service. Comments included "The staff are definitely good"; "The staff really do care"; "Very happy. He's looked after"; "I think the (residents) are cared for very well" and "I'm very happy with the care here. I couldn't ask for better." A healthcare professional told us, "The staff are very caring. Patients seem to be happy; they want to stay here and don't want to go to hospital."

Care staff interacted with people in a kind and compassionate manner. Staff adapted their approach and related with people according to their communication needs. They spoke to people as an equal. They gave them information about their care in a manner which reflected their understanding. For example, one person attempted to walk across the lounge independently with their walking frame. Staff praised them which was appreciated by the person as they thanked them for their support.

Care workers knew the people they cared for, including their likes and dislikes. When we discussed people and their needs, all staff spoke confidently about them. For example, one care worker was able to tell us about how they enjoyed caring for people, they told us how they supported to people to dance as this made them happy. They said, "They like to dance, you can ask them to lead."

People were cared for by care workers who were often attentive to their needs. For example, care staff knew when people's needs had changed and ensured the support they needed was provided.

People were able to personalise their bedrooms. One person had items in their bed room which were important to them, such as pictures of people important to them. One person liked to keep their bed room private and had requested a small gate be in place to maintain their private space from other people living in the home. This person's wishes had been respected and their consent had been sought for this gate. They told us, "The gate makes me feel secure; I have lots of things in my room which are important to me."

People were treated with dignity and respect. We observed care workers assisting people throughout the day. Care staff told us how they ensured people's dignity was respected. Care staff ensured when they were providing personal care that people's bedroom doors were closed and their curtains were drawn. One person told us, "They treat me with dignity." A relative told us, "The staff are incredibly dignified. I have no concerns." All staff told us how they ensure people are treated with dignity and respect. One member of staff told us, "If a (staff member) left a door open I would challenge them. People have to have dignity and privacy."

People and their relatives received care and compassion at the end of their life. One person was receiving palliative care. They and their relatives spoke positively about the care they received. One relative told us, "The staff have been wonderful. They let us know if anything changes. It is a good home and we have no concerns." The person told us, "It's excellent. The staff are very caring, I have everything I need."

People were supported to make advanced decisions around their care and treatment. For example, one

person was asked for their views of where they would wish to be treated in the event of their health deteriorating. The person, with support from their family had decided they wished to be cared for at Deanwood Lodge and not go to hospital for any treatment which may prolong their life and not improve the quality of their life. A 'Do Not Attempt Cardio Pulmonary Resuscitation' form was in place which stated they did not want to receive active treatment in the event of heart failure.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in January 2016 we found that people did not always receive care and support in accordance with their personalised needs and did not always have the support they needed to meet their social needs. This was breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider. They gave us an action plan which informed us all the actions which they would complete. At this inspection we found appropriate action had been taken to address these concerns.

People and their relatives spoke positively about their social life in the home. Comments included: "There always seems lots to do"; "He's happy, he's very active here and they encourage that"; "The staff come to me, they smile and wave to me. I'm not ever alone" and "We have a dog come around. It was lovely." A healthcare professional told us, "There is meaningful engagement (for people), they (the staff) help keep it personalised."

People had access to activities, events and interests which they enjoyed. We spoke with the home's activity co-ordinator who told us about the activities and events they planned at Deanwood Lodge. They told us, "A lot of activities are one to one. Everyone has different levels of ability. Social events are usually around music or exercise." We observed people involved in one to one activities on both days of our inspection. For example, one activity co-ordinator was supporting one person to reminisce by using picture books of the history. The activity co-ordinator encouraged the person and let them lead the activity. The person smiled, and was relaxed and comfortable throughout.

People enjoyed meaningful engagement from staff at Deanwood lodge. One domestic staff member told us how they supported one person to be actively engaged with cleaning. They told us, "They like to be active, I give them a cloth and they help. They tell me where I haven't cleaned and we talk." They also told us they had time to spend with people when cleaning their rooms. They spoke about talking with people and treating them with respect as it was their own home.

The registered manager and a representative of the provider informed us about changes that had been made to the service to ensure people benefitted from meaningful engagement. They had recruited a second activity co-ordinator who starting working during our inspection and had purchased a minibus to enable people to access the community. The activity co-ordinator told us, "We used the minibus to take people shopping into Gloucester, go shopping for clothes and go for a walk or coffee."

One person had recently moved to the home. We observed the activity co-ordinator spend time with this person in the home's courtyard garden. The activity co-ordinator told us how they had supported the person to access the local community and were planning activities such as fishing. They told us, "They like fishing and shooting. Will try and take them fishing. We need to look at licences and risk."

People were supported to maintain their personal relationships. Relatives told us that they could visit the service at any time and always felt welcome to visit. The activity co-ordinator told us they were planning to

incorporate letter writing into one to one activities, they stated the importance of keeping people's personal relationships going.

The service were looking to ensure people's relatives had information around dementia. The registered manager told us that there were plans in place to extend the 'Effective Communication & Virtual Dementia Experience' to people's families to ensure they had support which was important to them.

The support people received around their activities and events were not always recorded or detailed. This meant there was not always a record of the support people received with activities and their social and wellbeing needs. We discussed this with the activities co-ordinator and registered manager, who were looking at different ways to record activities, events and trips into the community.

People's care needs were documented in their care plans; however, people's care plans were not always current and accurate. This put people at risk of not receiving the care and support they needed. For example, one person's care plan provided conflicting information on the support they required to protect them from the risks of pressure area damage, which included how often the person needed to be assisted with repositioning. We informed the head of residential care about our concern and they took immediate action and reviewed and amended the care plan.

Where staff were monitoring people's fluid intake, staff kept a clear record of the support people received. However staff did not always know how much fluid each individual person required. We discussed this with the head of residential care and the registered manager and they told us they would take immediate action to ensure staff had the information they needed.

People and their relatives knew how to make complaints to the provider. People confirmed they knew who to speak to if they were not happy. One relative told us, "I can always go to (registered manager)." The registered manager kept a log of compliments, concerns and complaints. Where complaints had been received the registered manager used these to drive improvements within the service. For example following one complaint the registered manager ensured all staff were given new training around people's nutritional needs.

Good

Is the service well-led?

Our findings

At our last inspection in January 2016 we found that the provider had not ensured that systems were in place and regularly undertaken to sufficiently assess, monitor and continually improve the quality and safety of the services provided, including the quality of the experience of service users in receiving those services. This was breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice to the provider. They gave us an action plan which informed us all the actions which they would complete. At this inspection we found appropriate action had been taken to address these concerns.

The home had a registered manager, they had been appointed prior to our inspection In January 2016, however they had now been registered with the Care Quality Commission. People and their relatives spoke positively about the registered manager and the changes they had made to the service. One relative told us, "Very happy. The home has really improved since (registered manager) has been in change. They've invested in the environment." Two healthcare professionals spoke positively about changes to the home. Comments included "No current concerns. There is a positive feeling within the service. They are accessing our training and sending a member of staff on CPD training. A new night nurse is providing stability" and "They've really pulled it together. There is consistency."

The registered manager and provided had implemented detailed audit systems to enable them to monitor the quality of care people received. This included audits in relation to mealtimes, infection control, the environment, and people's prescribed medicines. The registered manager, clinical lead and head of residential care also carried out spot checks of the service during the night, to ensure people received a good quality service. Where concerns or shortfalls had been identified, action was taken and actions were added to the registered managers 'Deanwood Lodge Action Plan'. For example, one medicines audit had identified boxes had not always been dated as opened. Clear actions were set, and these concerns were communicated to staff responsible for administering medicines.

Systems enabled staff to identify concerns swiftly and effectively. For example, nursing staff had identified concerns around people's medicines on the second day of our inspection. They had identified people may have not had their medicines as prescribed the evening before. The registered manager took immediate action to ensure people were safe and that future risks were reduced. They also informed relevant healthcare professionals, and removing the member of staff from the service. The healthcare professional told us, "They are very responsive."

People and their relative's views were sought and acted upon. The registered manager carried out a survey of people, their relatives and stakeholders views. Responses from people raised concerns around activities and also ideas around how relatives could identify staff. For example, relatives had suggested staff wear different colour uniforms and name badges. This action had clearly been taken, and relatives spoke positively about how their idea was acted upon. One relative told us, "There is more activities and we know which staff are which."

Relatives told us the registered manager was approachable and open to listen to suggestions and concerns. Comments included: "I can always go to them. Very approachable"; "He is very responsive. We have monthly meetings but he is always available" and "I know I can go to (registered manager)." A healthcare professional told us, "Very open and transparent."

The registered manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been notified of these events when they occurred.

Accident and incidents that occurred in the home were monitored. The registered manager said that he used this data to identify any areas or patterns of concerns. For example the data allowed him to pinpoint specific locations and times when falls were more prevalent and this meant that he could ensure more staff were in place at this time to keep people safe.

Staff demonstrated a clear awareness and understanding of whistleblowing procedures within the home and where outside agencies should be contacted with concerns. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Staff told us they felt supported by the registered manager and provider. Comments included: "I feel supported. The manager listens to me. I wanted to do a (training course) They phoned straight away and kept chasing"; "They helped me. I'm very happy" and "I enjoy working here, definitely supported."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Not all staff had the skills and training to meet the needs of people living with dementia. Regulation 18 (2)(a).