Care Quality Commission

Realmpark Health Care (Petworth) Limited

Barlavington Manor

Inspection report

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Ratings

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

Overall summary

The inspection took place on 27 October 2014 and was an unannounced inspection.

Barlavington Manor is a care home providing accommodation and personal care for up to 64 people. The home consists of three parts: residential care for 35 people, specialist dementia care for 21 people and eight places in bungalows located on the site. Personal care is not provided to people living in the bungalows. The focus of this inspection was on the residential and dementia care parts of the service. At the time of our visit, there were 63 people living at the service.

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

People living in the dementia care part of the service may have been unlawfully deprived of their liberty. A deprivation of liberty occurs when the person is under continuous supervision and control and is not free to

Summary of findings

leave, and the person lacks capacity to consent to these arrangements. The door to this part of the service was secured using a key coded lock. The registered manager was aware of a revised test for deprivation of liberty following a ruling by the Supreme Court in March 2014 but told us they had not yet taken action in respect of this. As the registered manager had not carried out assessments in line with the Mental Capacity Act (MCA) there was a risk that people could be deprived of their liberty without appropriate safeguards in place.

Where people lacked the capacity to consent to decisions relating to their care or treatment, the registered manager was unable to demonstrate that best interest decision making procedures had been followed. This is a breach of the regulations because suitable arrangements to establish and act in accordance with people's wishes were not in place. You can see what action we told the provider to take at the back of the full version of the report.

There was a regular team of staff, some of whom had worked at the service for many years. Staff knew people well and understood how they liked to be supported. New and temporary staff told us that they received clear information on how to support people and were kept up to date at regular handover meetings. At our inspection in December 2013, the provider had recently introduced electronic care records. These were not yet fully completed. We informed the provider that the lack of clear guidance could put people at risk of not having their needs met in the most appropriate way. People's care records still did not always include details of people's preferences or detail on how staff should meet their needs. This is a breach of the regulations. The lack of accurate records meant that people were at risk of receiving care that was inappropriate or unsafe. You can see what action we told the provider to take at the back of the full version of the report.

People, their representatives, staff and visiting professionals spoke positively about the service. One person said, "There's nothing compares with this one". Two professionals told us that they wouldn't hesitate to choose Barlavington Manor should they or a loved one require residential care. The atmosphere was warm and friendly. People and staff knew each other well and had developed friendships.

People felt safe. A range of staff, including domestic and activities staff, were employed. There were enough staff on duty to promote people's safety. Staff were also able to spend time with people on a one to one basis, to share a drink or have a chat. Risks to people's safety were assessed and reviewed. Any accidents or incidents were recorded and reviewed in order to minimise the risk in future. Staff understood local safeguarding procedures. They were able to speak about the action they would take if they were concerned that someone was at risk of abuse. People received their medicines safely and at the right time.

People had access to healthcare professionals, such as the GP, physiotherapist and dietician. Staff made timely referrals to these and other services to ensure their healthcare needs were met.

People were treated with kindness and respect. We observed staff as they supported people to move around the service, participate in activities or eat their meals. Support was given in a caring way that helped people to maintain their independence as far as possible. One person said, "For kindness you can't beat them".

The service was well organised. Staff, including agency staff, were clear on what was expected of them. There were clear schedules of work to ensure that people received the care and support they needed. Staff were satisfied with the training that they received and felt confident to approach the registered manager or provider if they had any concerns or ideas to share.

People told us that they enjoyed the gardens and that they were also able to access the local town and join trips out to other places of interest. The premises and facilities were well maintained. In the dementia care part of the service, action had been taken to promote people's independence by providing visual references such as memory boxes and brightly coloured handrails to aid visual perception.

There was a varied activity programme. On the day of our visit people were engaged in organised activities such as Pilates or pumpkin carving, as well as routine daily tasks such as folding napkins or wiping place mats. While there was plenty going on, we found that some people with particular interests could have been better supported to pursue these.

Summary of findings

People, their representatives and staff were asked for their views on how the service was run and were invited to make any suggestions for improvement. When the registered manager received feedback, they took appropriate and timely action to rectify any problems and to evaluate suggestions. The registered manager kept a record of compliments received. In one card sent following the summer barbeque, we read, 'The event was really splendid and a great credit to the teamwork of the staff'.

The registered manager had a system to monitor and review the quality of care delivered. This included audits on areas such as premises and medicines, along with spot checks on staff as they supported people. When we provided feedback after our inspection, the registered manager took immediate action to make improvements in the areas we had identified.

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?

Good

The service was safe.

People said they felt safe. Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Staff numbers were sufficient to meet people's needs safely.

Risk assessments were in place and regularly reviewed to ensure people were protected from harm.

Medicines were stored, administered and disposed of safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People living in the dementia care part of the service may have been unlawfully deprived of their liberty. Where people lacked capacity to consent to certain decisions, the registered manager had not followed best interest decision making procedures.

People's care records were not always complete which put people at risk of receiving care that was inappropriate or unsafe.

People were offered a choice of food and drink and supported to maintain a healthy diet.

People had access to health care professionals to maintain good health.

Parts of the service had been adapted and decorated to support the needs of people living with dementia.

Is the service caring?

Good

The service was caring.

People told us that they were happy and that the staff were supportive.

Staff involved people in making decisions relating to their daily needs and how they wished to spend their time.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

The staff knew people well and understood their wishes and needs. They provided personalised care that met people's needs.

People, their representatives and staff were able to share their experiences and any concerns which had been responded to promptly.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The culture of the service was open and inclusive. People and staff felt able to share ideas or concerns with the management.

The management were visible and available. Staff were clear on their responsibilities and told us they were listened to and valued.

The registered manager used a series of audits and unannounced checks to monitor the delivery of care that people received and ensure that it was consistently of a good standard.

Barlavington Manor

Detailed findings

Background to this inspection

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

The inspection took place on 27 October 2014 and was unannounced.

Three inspectors and an expert by experience in dementia care undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed three previous inspection reports and notifications received from the registered manager before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern.

We observed care and spoke with people, their relatives and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at eight care records, three staff files, medication administration records (MAR), quality feedback surveys, accident and incident records, minutes of meetings and staff rotas.

We spoke with 16 people using the service, one relative, the registered manager, two deputy managers, four care staff, a member of agency care staff, a visiting physiotherapist and three activities coordinators. After the inspection, we contacted an external trainer, hairdresser and Pilates instructor, who have involvement with the service to ask for their views.

Good

Is the service safe?

Our findings

People told us that they felt safe. People had responded positively in a recent questionnaire when asked if they felt confident that their safety and well-being were protected. Staff had attended training in safeguarding adults at risk. They were able to speak about the different types of abuse and describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. They told us that they felt able to approach the registered manager. One staff member said, "I would speak to the manager and make them aware. I'd go to them for advice". Up-to-date contact information for the local authority safeguarding team was displayed on a staff noticeboard.

Where people had accidents or suffered injuries, staff maintained accurate records. There were detailed records of any bruises, including evidence of regular review and an investigation into the cause of the bruise if unknown. Where there were known risks to people's safety these had been assessed and were reviewed on a monthly basis, or sooner if people's needs changed. For example, where people were at risk of falling, detailed guidance was in place for staff to minimise this risk. We found examples of action staff had taken to keep people safe. For example, when one person suffered a number of falls, a medication review with the GP was requested. There were no recorded falls for this person following the review and changes in medicines.

Staff were attentive to people's needs. People told us that the staff attended to them quickly if they requested support or rang for assistance. Staff were satisfied with staffing levels. They told us that they were able to support people appropriately and to keep them safe. The deputy managers felt able to request additional support when they felt it was required. They told us that when a new person moved to the service, they were able to increase the staff numbers in order to allow time to help the person settle in. One deputy manager said, "If I felt we needed an extra one (member of staff) I would order one". They also explained that as deputies they were on the rota on a supernumerary basis. This meant that they were able to provide additional support when required.

The registered manager explained that the rural location of the service presented a challenge when recruiting staff. The registered manager employed agency staff to maintain safe staffing levels. The registered manager told us that they requested, and usually, received the same members of staff. This provided continuity for people. Staff confirmed this. One said, "We quite often get the same regular agency". We noted that on a Saturday night the dementia care part of the service was routinely staffed by agency care workers. The registered manager explained that there was always a member of their own staff at the service. She told us, "We always have one of our own staff. If it were to be four agency, I would come in". We looked at four weeks of staff rotas. This confirmed what the registered manager had told us.

Staff recruitment practices were robust and thorough. Staff records showed that, before new members of staff were allowed to start work at the service, checks were made on their previous employment history and with the Disclosure and Barring Service. In addition, two references were obtained from current and past employers and their qualifications were checked in line with information supplied on the application form. This helped to ensure that new staff were safe to work with adults at risk.

People received their medicines safely. Medicines were administered by senior staff who had been trained to do so. We observed part of the medicines round during the morning. Staff provided clear information for people regarding their medicines and administered them in accordance with the instructions from the prescribing GP. Where medicines needed to be administered at specific times, staff managed this appropriately. Medicines, including controlled drugs (controlled drugs are drugs which are liable to abuse and misuse and are controlled by legislation), were stored safely and accurately recorded. Ointments and creams were dated when opened to ensure that they remained effective and were stored in line with the manufacturer's recommendations. Records for the administration and disposal of medicines were complete and up-to-date.

One person had chosen to manage their own medicines. This had been agreed in November 2013 but had not been reviewed. We spoke with the deputy manager regarding this. Later, we saw that the person's ability and wish to self-mediate had been reviewed. As part of the review, staff had agreed measures with the person in order to monitor and check that they were still happy and able to manage their own medicines in the future.

Requires Improvement

Is the service effective?

Our findings

People were not always involved in decisions relating to their care and treatment. This was of particular concern in the dementia care part of the service where people were not always able to verbally express their wishes. In this part of the service, we observed a member of staff move a person's hand away from their mouth in order to be able to administer medicine on a spoon. The person was unable to give verbal consent to taking the medicine but indicated by their body language that they did not wish to take it at that time. In the care records for another person we saw that authorisation to administer medicine covertly had been agreed in August 2012 along with the GP and Community Psychiatric Nurse (CPN). There was no evidence that the decision had been reviewed to establish whether covert administration was still appropriate and in the person's best interest.

Staff had not always sought people's consent with regard to their care and treatment. A notice in the kitchen asked staff to provide decaffeinated coffee to people living in the dementia care part of the service. When we questioned this, staff told us that they were trialling it to see if it helped in managing people's continence needs. We spoke with the deputy manager regarding this. We were told that everyone was served decaffeinated coffee, irrespective of their continence care needs. People had not been consulted regarding this decision and the change from caffeinated to decaffeinated coffee had been made without their knowledge.

There was no system to document people's wishes with regard to their preference for support from male or female staff. One member of staff said, "I don't ask the question, I assume they are happy with male or female". One person told us, "I wasn't asked and to be honest I was a bit itchy about it all to start with. It's taken me a couple of years to get used to it but I'm ok with it now they're very good and you just get on with it". These examples showed that the service did not always act in accordance with the consent of people. This was a breach of Regulation 18(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Where people lacked the capacity to consent, staff were not following the Mental Capacity Act 2005 (MCA). 16 staff had attended training in the MCA in September 2014. Staff including the deputy managers, did not have a good understanding of the MCA and Deprivation of Liberty Safeguards (DoLS). There were no records of capacity assessments or best interest meetings for people living at the service. Best interest meetings should be convened where a person lacks capacity to make a particular decision, relevant professionals and relatives invited and a best interest decision taken on a person's behalf. Whilst staff were able to share examples of when healthcare professionals such as the GP and relatives were involved in decisions, these were not formally recorded. The registered manager told us that some people had appointed legal representatives to act on their behalf. The service did not have a reliable record of this.

People living in the main building were able to come and go freely. One person told us, "I can get around as I like. I'm not told what to do". Another said, "It's very good, you get a lot of freedom, which is nice". People who lived in the dementia care part of the service were prevented from leaving, however, as the door was secured with a key pad lock. The registered manager had not made any applications under DoLS, even though their liberty may have been restricted. One person told us, "You can't go out without someone". The registered manager was aware of a revised test for deprivation of liberty following a ruling by the Supreme Court in March 2014 but told us they had not yet taken action in respect of this. A deprivation of liberty occurs when the person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements. As staff had not carried out assessments in line with the MCA there was a risk that people could be deprived of their liberty without appropriate safeguards in place. This was a breach of Regulation 18(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff kept up-to-date with people's needs via a system of handovers. One member of staff said,

"I attend handovers morning and evening". A visiting healthcare professional told us that staff were available and always able to provide the information they required. The service used an electronic system of care records in order to plan and record people's care. People's assessments and care plans were recorded on the system and had been reviewed, but they often lacked detail. This had not improved since our visit in December 2013 when we noted this observation with the provider. Many of the care plans followed a generic format and had not been

Is the service effective?

amended to reflect the individualised care that staff described. For example we read, 'Unobtrusively assist (person) with tasks he/she is experiencing difficulty with'. This appeared in most of the care plans that we looked at but did not provide further detail for staff on which tasks the person found difficult or how they should support them. In the care plan for managing diabetes staff were instructed to, 'Check blood sugars on (blank). Record and report any changes'. Whilst staff provided consistent answers regarding the support they provided to people, the records did not provide sufficient information as to how this would be achieved. They did not reflect the personalised care that we observed and that people spoke of and often lacked relevant information about people's wishes or interests. The lack of clear guidance could put people at risk of not having their needs met in the most appropriate way. This was a breach of Regulation 20 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff had received training to help them carry out their roles effectively. In addition to training that the provider had made essential for all staff, individual members of staff were supported to pursue further training, including diplomas in health and social care. Staff attended regular supervisions and that they had an opportunity to discuss further professional development. Staff were satisfied with the training that they had received and the opportunities available to them. It helped them to deliver effective care and support to people.

New staff followed the provider's induction programme which included shadow shifts, alongside a nationally recognised programme of induction. Agency staff working at the service for the first time received an induction and worked alongside a member of staff during their first shift. This helped them to get to know people and to understand what was expected of them.

People were satisfied with the menu and food provided. Menus were displayed and choices were available. We observed lunchtime in both parts of the service, including the support provided to people who preferred to eat in the lounge or their bedrooms. People were offered a choice of meal. Portion sizes were adjusted in line with people's wishes. Where people required support to eat or drink we saw that this was provided. Staff supported people on a one to one basis and did not rush them. Where specialised cutlery, cups or plates were required these were provided.

People were assessed for their risk of malnutrition and were weighed on a monthly basis. Where undesired weight loss was noted, action was taken. This included the use of food charts to monitor a person's intake and referrals to healthcare professionals. In two people's records we noted staff had taken action to offer fortified meals, provide supplements and to monitor people's weight on a more regular basis. The intervention had been successful and people had regained weight.

People had regular access to a range of healthcare professionals. One person said, "I know they would get me a doctor if I needed one". One healthcare professional told us that referrals to their service had always been timely and appropriate. They had confidence in the staff and told us that their recommendations were reliably carried out by staff.

The service was in a rural location. People and relatives expressed satisfaction with the premises and spoke with enthusiasm about the gardens. One relative had commented in a survey, 'An excellent standard of provision and maintenance throughout. I love the flowers and the gardens are beautifully kept'. One person showed us their bedroom in the main part of the service. The room was spacious and had en-suite facilities. In the dementia care part of the service, the accommodation was on one level, bright and airy. We observed that people's needs in relation to the design and decoration of the service had been considered. Door frames and hand rails were painted in different colours to help people's visual perception. Doors had pictures of people and their names with objects of reference that were individual to them. The menu board was presented in large print and framed by a large knife and fork. People living in both parts of the service were able to access garden areas. There were various areas for people to sit and relax, as well as raised beds for those who wished to participate in gardening.

Good

Is the service caring?

Our findings

People were supported by a consistent staff team who knew them well. People seemed relaxed in the company of staff and appeared to have a genuine friendship. For example, one member of staff told a person when she was going to be on duty again and when they would next meet. The person clearly knew that she was going to be spending time with her grandchildren and wished her well. In a recent quality survey, one relative had commented, 'I feel confident that the carers know and understand their patients. I like the fact that there seems to be pride taken in the work and the staff turnover is relatively low. This provides the opportunity to have positive and meaningful relationships with residents and their relatives'.

Staff were attentive to people's needs, guiding and supporting them as needed. We heard a member of staff ask, "Do you need any help, just let me know if you do". When another member of staff noted that one person's hearing aid wasn't working properly they quickly attended to this and replaced the batteries. Many of the staff had worked at the service for a number of years. It was clear that they knew people well and understood how they liked to be supported. People told us that they were happy living at the service. One person said, "Marvellous care they give, the girls are super". Another told us, "I love them and they're great to me. They wash and dress me. I've been a bit ill so they've helped me a bit more than usual but I am getting better now".

We observed gentle interactions, such as a member of staff touching a person's arm to let them know that their tea and biscuit had arrived. One lady was supported with a drink and the member of staff was smiling and singing along with an activity whilst encouraging the person to drink, sitting next to her to engage with her. Staff smiled and engaged with people as they went about their work. People were given time and support to move around in a gentle and caring manner. People were full of praise for the staff. One said, "They're very friendly, warm and smiley. Jolly nice". Another told us, "It's like bl...y paradise here. It's the people, all of them".

We saw good practice where staff involved people in making day to day decisions relating to their care. For example, one member of staff was supporting a person who was still dressed in their night clothes. They were skilled in encouraging them to think about getting dressed. The person did not want to get dressed but the staff member said "Well let's just go and have a look at your clothes in your room and just see how you feel, but if you don't want to that's fine". The person was clearly happy with this and willingly went with the member of staff without feeling pressured. The person felt in control and was free to make their decision. We also noted examples in daily records of when people had declined assistance such as a bath or hair wash. This was respected and noted so that they would be offered assistance the following day. Despite these positive observations, some people told us that they did not always feel in control of their care. In a recent quality survey four of the 17 respondents had made comments to this effect. For example, one had written, 'I feel that the staff are in control of my care'. The registered manager was taking steps to address this. They explained that the new care questionnaires people had been asked to complete included more detailed questions so that they could capture people's views and act upon them.

Staff treated people with respect. They addressed people by their preferred names and gave time for people to consider and respond to questions. People were encouraged to participate in day to day activities such as helping to fold napkins, wipe place mats or walk in the garden. One person told us that they enjoyed this as they felt they were able to contribute.

People were encouraged to do as much as possible for themselves. In the daily notes for one person staff had recorded, 'I cleaned her denture and she cleaned her own teeth. With lots of reassurance she walked back to the bathroom and back'. Staff explained how they were flexible and took time with people. One said, "You can't rush somebody". Another told us, "Some of their routines don't fit in with ours and we have to cater for that. We have to work around that". A member of agency staff shared that they felt the service was, "Very flexible".

Good

Is the service responsive?

Our findings

Staff were knowledgeable about people's care needs and interests. People told us that staff knew them well and that they noticed if they were not feeling at their best. Staff shared examples of how they had responded to people's changing needs. In the daily notes for one person we read, 'We have changed the commode for one on wheels as she can get off this one a bit more easily'. Specific requests from people, such as for their bed to be changed on a particular day, were recorded in the staff communications book.

The main part of the home had recently become fully occupied. Staff explained that they were due to meet with the registered manager in order to discuss people's needs and the staffing levels required. The registered manager explained that some changes, such as extending the hours of a member of kitchen staff to take care of refilling water jugs, had already been put in place. This was to free up time for the care staff. This demonstrated that the registered manager was flexible, listened to staff and took action to ensure that they were able to respond to people's needs.

There were a range of activities taking place. In the main house there was a coffee morning and an afternoon Pilates session. In the dementia care part of the home, there was a sing-along and pumpkin carving. People appeared to be thoroughly enjoying the activities. The activity coordinators engaged with people and encouraged them to join in. Assistance was provided to those who needed it. During the sing-along, one person who struggled to communicate verbally was seen mimicking the activity coordinator's mouth movements. She then smiled and kissed his hand.

During the activities, people who did not wish to participate were able to relax in alternative areas. We also saw people walking in the gardens with the support of staff. In the dementia care part of the service there were displays for Halloween. Staff used these as a point of reference and interaction. We saw one person laughing with a member of staff as they shared the wigs and explored the display. In addition to in-house activities, people had the opportunity to go shopping, visit local towns, garden centres and to attend local groups. One member of staff told us, "We do try to do activities to suit different people". One visitor said, "They're marvellous, the entertainments are second to none".

Whilst we found that individual interests were catered for, we found that there were opportunities to provide additional support. For example, one person told us that they were very keen on art. Whilst they participated in the arts and crafts activities, they did not have any materials to pursue their interest independently. Staff were aware of the person's interest but there was no reference to it in their care plan. When we asked one member of staff to show us where this would be recorded, they said, "There isn't anything on here (care records) that I can bring to your attention, and that is her biggest love".

People and their relatives had recently been asked to provide feedback on the quality of the service in the form of questionnaires. The registered manager told us that the purpose of the survey was, "To be more aware of what they would like and their needs". The responses were still coming in at the time of our visit and had not yet been analysed. Those that we sampled indicated that people felt positively about the service. People and their representatives felt that they could approach staff if they had ideas or concerns. Those who had done so were happy with the response that they had received. We noted examples of requests that had been acted upon, such as to provide a water cooler and coffee machine. One relative had written, 'They always respond to emails and are kind and accessible, although clearly very busy'. Another wrote, 'I would like to say a big thank you for responding to requests to put up pictures, shelves etc.' One person told us, "There's no signal in my room but they are sorting it".

The registered manager told us that they had not received any formal complaints. Information on how to complain was clearly displayed. It was also available in the information folders that people had in their rooms. A suggestions book was available and had been used. This included the response and any actions that had followed. One of the aims and objectives of the service was summarised as, 'We want Barlavington Manor to be the best home in the area and greatly appreciate ideas, suggestions, comments and criticisms from both residents and their relatives'. We found that the registered manager sought, listened to and acted upon people's views and requests.

Good

Is the service well-led?

Our findings

There was a happy atmosphere at the service. People, relatives and visitors spoke positively of their experiences. One visiting professional told us, "The vibe when I go in there is fantastic". Another said, "It just has a nice feeling". The registered manager and senior staff were visible and available. People told us that they knew most of the staff well and felt at ease with them. People and staff told us that they were able to make suggestions or raise concerns. The registered manager told us, "I always get feedback about the staff, it's the commitment of everybody".

People had confidence in the management and the culture was open and inclusive. People, staff and visitors felt able to speak with the registered manager and senior staff. They felt assured that action would be taken. One person told us, "Oh I do go to the office if I need to. In fact I've been this morning about my neighbour who is noisy". Another said, "You can speak to (the registered manager) anytime". Staff were equally positive. One member of staff explained, "They are the sort of managers where if you had any concerns you'd go and talk to them, and they listen". Another said, "The management is really open. Even the boss (provider), you can go and talk to him".

The two parts of the service catered for people with different needs. In the main house, people were largely independent. Most people were able to mobilise independently. There were a variety of areas where they could spend time in company or alone, according to their preference. In the part of the service that cared for people living with dementia, there was a lively and busy feel. Staff were actively engaging with people. There were visual and sensory displays for people to enjoy. The service had taken note of best practice guidance with reference to supporting people living with dementia. For example, we saw in the minutes of a recent meeting that they were to trial coloured toilet seats to aid people's visual perception and promote their independence in this area.

The registered manager was supported by the provider. The registered manager told us that the provider visited the service on a fortnightly basis. They showed us the management book where issues or requests for projects were recorded to discuss with the provider. We saw that the provider had taken action and that improvements, such as replacing the kitchen floor, had been made.

The registered manager used a system of audits and unannounced checks in order to monitor the standard of care that people received. These included a review of maintenance records, medication audits and room checks. In addition, senior staff visited the service two to three times a month during the night shift. This helped to ensure the quality of care to people and a consistent standard of support was delivered.

Staff were clear on their duties and what was expected of them. One member of staff explained how they rotated duties so that there was an equal distribution of tasks. Senior members of staff had designated responsibilities, such as monitoring blood glucose levels for people with diabetes or checking first aid supplies. The registered manager was visible and spent time each week based in each part of the service. She also told us, "I often help a resident with another member of staff. I have a responsibility. I like to see how they get on with other staff". There were regular staff meetings, including seniors meetings where a spokesperson fed views back to the management. The minutes that we looked at demonstrated that action was taken where concerns or areas for improvement were identified.

Shortly after our inspection visit the registered manager wrote to us saying, 'I would like to update you on the progress that we have immediately made on certain matters that were brought to my attention'. This was in response to the areas of concern we identified and our feedback. This demonstrated that the registered manager took prompt action when concerns were identified.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of people in relation to the care and treatment provided for them, or for establishing and acting in accordance with their best interests. Regulation 18 (1)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The registered person had not protected people against the risks of unsafe or inappropriate care because an accurate record in respect of each person had not been maintained. Regulation 20 (1)(a)