Care Quality Commission

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Lakeside Nursing Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 24 April and 1 May 2015 and was unannounced.

Lakeside Nursing Home provides nursing care for up to 41 residents with dementia and mental health issues. There were 28 people using the service at the time of our inspection.

We last inspected Lakeside Nursing Home in September 2013. At that inspection we found the service was meeting all the regulations that we assessed.

There is no requirement for a manager to be registered at this service as the registered provider is in day to day charge of the service. However, the service does have a manager. Registered providers 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 found that medicines were not always managed safely. The provider took immediate action to implement a more robust method of receiving medicines into the home.

Summary of findings

Staff were aware of their responsibility to protect people from harm or neglect. Recruitment procedures were robust and ensured only suitably vetted staff were employed.

Individual risk assessments were in place for people that identified risks and appropriate control measures were operated to minimise risk. These were regularly reviewed to provide correct guidance and support and enable staff to deliver safe care.

People's nutritional needs were met and people could choose what to eat and drink on a daily basis. The meal times were an enjoyable experience for people. People received support with eating and drinking sufficient amounts to meet their needs. Care arrangements and risk management considered when a person required a special diet or had particular problems with their food or with swallowing.

Staff received on-going professional development through regular supervisions, and training that was specific to the needs of people was available. Staff felt the dementia care training they received helped them understand what could make a difference; this helped them provide a better quality of care for people with dementia.

People found care staff were kind and compassionate. Staff engagement was positive, and interactions demonstrated staff had built a good rapport with people. People who required support were assisted in a dignified manner with care staff interacting and supporting the person.

Care staff provided a consistent level of care. They were familiar with the people they looked after and knew their life histories, and they were able to apply this knowledge to the care and support they offered to people on a daily basis.

Staff were supported in practice and were aware of their responsibilities and the standards expected of them when providing care and support to people living at the home.

The provider worked well with other agencies to help drive improvement in the service, an example was seen in how the service implemented the Namaste programme and trained staff to improve dementia care. An external social care professional told us the provider was willing to listen to the views of external professionals and take on board their advice and recommendations.

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?

Requires improvement

The service was not consistently safe. Whilst people told us they felt safe and secure in the home, the service did not have an effective auditing procedure to check whether medicines were being managed safely, and nurses did not always follow the medicines procedures of the home.

People were cared for by a sufficient number of appropriately trained staff who were knowledgeable about safeguarding procedures. Only staff who had been deemed to be suitable to work with people using the service were employed.

Is the service effective?

Good

The service was effective. Staff received appropriate training and felt the training gave them the confidence and skills to complete their role effectively. People who used the service were supported to have sufficient to eat and drink and to maintain a balanced diet.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This included having relevant policies and procedures in place. Staff had a good knowledge and understanding the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. . Mental capacity assessments were completed for people, as necessary, and referrals submitted as appropriate to the local authority to lawfully deprive persons of their liberty.

Is the service caring?

Good

The service was caring. Staff provided care and support to people in a warm and compassionate way which made them feel valued and respected their independence.

Staff had a good knowledge and understanding of people's past, their medical care needs and what was important to them. Staff showed respect for people, and promoted their dignity and privacy at all times.

Is the service responsive?

Good

The service was responsive. People's needs were being met, care provision responded to the changing needs of people using the service.

Care plans and risk assessments were reviewed regularly and changes were made to care arrangements when required to reflect the needs of the individual.

The service had a person centred approach to the delivery of care which meant that the care was delivered in line with the individual preferences of the person.

Summary of findings

The home made good provision for people's social care needs. The activities coordinator made sure activities were available in order that everyone could participate, taking into account peoples abilities to engage. Action was taken promptly in response to people's suggestions and concerns before they became a complaint.

Is the service well-led?

Good

The service was well-led. The manager worked with other professionals so that the best outcomes could be achieved for people.

There was an open and inclusive atmosphere in the home. People felt their views were important and were listened to. The service had systems for monitoring the quality of the service and working towards continuous improvements.

Lakeside Nursing 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 checked 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by.

The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make. The PIR was well completed and provided us with information about how the provider ensured Lakeside Nursing Home was safe, effective, caring, responsive and well-led.

We visited the home on 24 April 2015 and 1 May 2015. The visits were unannounced and the inspection team consisted of a social care inspector and a medicines inspector.

On the first day of our visit we focused on speaking with people who lived in the home and their visitors, speaking with volunteers and staff. We also observed how people were cared for. The inspector returned a second day to the home to observe the care people with dementia received, and to examine staff files and records related to the running of the service.

During our inspection we spoke with 15 people using the service, seven visitors, two volunteers, five care staff, the manager and the registered provider. We observed care and support in communal areas, spoke with people in private and looked at the care records for four people. We also looked at records that related to how the home was managed. We contacted the host local safeguarding team, and four social workers who had placed people at Lakeside Nursing Home, for their views on the service

A number of people had dementia and were unable to share with us fully their experiences. 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.

Requires improvement

Is the service safe?

Our findings

People living at the home were unable to manage their own medicines; therefore nurses at the service were responsible for ordering, storing and administering people's medicines to them. We found that although there were some areas of good practice with medicines, the service did not have an effective auditing procedure to check whether medicines were being managed safely.

We found that nurses did not always follow the medicines procedure and good practice guidance about the management of medicines. The procedure for checking the receipt of medicines into the home and checking the accuracy of medicines administration charts was not being followed. We saw that nurses had hand-written some medicines onto people's medicines administration records, and these were being used to administer medicines to people before they were checked for accuracy. There were no checks to ensure that expired medicines were disposed of promptly. This would have increased the risk of expired medicines being used for people. The provider took immediate action during our inspection by obtaining a comprehensive medicines audit form, and they told us that they would carry out a complete audit of medicines following our inspection. The provider wrote to us following the inspection, on 30 April 2015 to confirm that they had carried out the medicines audit and had put a plan in place to ensure that registered nurses were following the homes medicines procedures. When we returned to the home on 1 May the registered nurses were following the medicines procedures, and at handovers staff were reminded of their duties to manage the medicines safely.

We also noted some areas of good practice with medicines. For example, people's medicines were reviewed regularly and there was regular input from specialist mental health professionals. The service was participating in a research study to ensure that people were not prescribed excessive or inappropriate sedating and anti-psychotic medicines, therefore people were not placed at unnecessary risk of side effects from these medicines. When people did not have capacity to consent to taking their medicines, and began refusing their medicines, arrangements had been made to carry out mental capacity assessments and hold a best interests meeting, so that their medicines could be administered covertly and they could continue to receive essential treatment. There was an effective system in place to ensure people who were not able to communicate their pain verbally received adequate pain relief.

People told us they felt safe in the home. Comments included; “Staff are kind and friendly but they seem so busy”, “I feel safe here and well cared for.” The provider had procedures that were effective for ensuring that any concerns about people’s safety were appropriately reported. Staff we spoke with could clearly explain how they would recognise and report abuse. Staff told us, and training records confirmed that staff received regular training to make sure they stayed up to date with the process for reporting safety concerns. One new member of staff said, “I covered safeguarding issues in my induction and was made aware of the local authority safeguarding telephone numbers, the number is also displayed prominently in the home for all to see.” Staff understood how to whistle-blow and were confident that management would take action if they had any concerns.
Whistle-blowing means that the organisation protects and supports staff to raise issues or concerns they have about the service. Staff we spoke with were also aware that they could report any concerns they had to outside agencies such as the police or local authority. Allegations of potential abuse had been managed well. Where safeguarding concerns had been raised, the registered provider had notified the commission and taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved.

The service made sure risks to people were assessed when people first moved to the service, and that following admission any risks were managed appropriately. A visiting relative told us, “I don’t worry about [person’s name]. I am happy with how they are cared for. They are definitely safe here, everything is done to help keep resident’s safe.” We observed people been supported in a safe manner, for example, care staff assisted and supported people with their mobility, they safely transferred people using hoists and wheelchairs using equipment correctly. A care worker told us they were reminded on training and in the workplace to use equipment correctly to prevent any injury occurring. We saw that footplates on wheelchairs were constantly used to prevent injuries to people’s feet or legs.

We looked at care records for four people. One person’s assessment showed they had difficulty mobilising. The risk

Requires improvement

Is the service safe?

assessment highlighted the hazards and gave clear guidance for staff to follow. A hoist and a slide sheet were used to transfer the person safely. Staff carrying out this task were trained and competent. The assessment was reviewed on a monthly basis thus ensuring it was up to date. Other risks assessments we saw included risks to tissue viability (for people at risk of pressure sores), eating and drinking and weight loss. One person was identified as being at risk of choking. The person's GP had assessed them and involved a dietician, and their recommendations were being followed.

There were safe recruitment procedures in place. Staff confirmed their recruitment to the home was robust and they did not start work until all necessary checks had been completed.

We looked at recruitment files for four staff. We found the necessary checks had been undertaken prior to staff starting work. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were suitable. The records we saw demonstrated the provider followed a consistent recruitment and selection process. Where staff were professionally qualified as a requirement of the job, their professional registration was checked and recorded in the files. The registered provider confirmed actions taken in relation to staff who were no longer fit to work in health or social care, they had been referred to the appropriate bodies.

We conducted a tour of the premises on the first day of our inspection. All areas of the home were clean and free from malodours. A number of areas have been refurbished; we saw that work was nearing completion on a bathroom on the first floor. The service had an infection control policy in place which staff were aware of, and followed its guidance. A member of staff was designated as a lead on infection control. We observed staff were following safe routines using protective equipment such as gloves, aprons and hand gel.

We saw examples of how the service ensured there were sufficient numbers of suitable staff to meet people's needs and keep them safe. The home had a rota which indicated which staff

were on duty during the day and night. We noted night-time staffing levels were increased recently in response to the needs of a person who was newly admitted. The manager confirmed the person presented with episodes of distressed behaviour following the change of environment. Staff confirmed they had the time needed to spend with people living in the home and people told us staff were readily available whenever they required assistance. We observed call bells were answered promptly and we saw people's needs were being met. During the inspection two members of staff had called in reporting sickness at short notice, their roles were covered by other bank staff. We spoke with two volunteers present who came regularly to the home; they acted as befrienders to people and assisted people at mealtimes and at the activities club. The lounge and dining areas always had staff present throughout the day to respond to people's needs and to help keep them safe.

Good

Is the service effective?

Our findings

One person said, “Staff all seem very good, they are well trained to look after

us and do a great job.” A relative visiting commented, “People at this home are well cared for and always well groomed and comfortable whenever I visit.”

Staff told us they had the training they needed to meet people’s needs. One care worker said, “We get all the training to do our job and can access any further training that is needed.” Records showed that staff received appropriate induction training to enable them to support people. A new staff member told us of the induction provided to newly appointed staff; they found this equipped them with basic skills for their role. New staff shadowed experienced staff to enable them to learn and develop their role. The length of time spent shadowing was flexible depending on the experience and confidence of the new staff. Staff told us of further training delivered, for example, staff had been trained in dementia care. Throughout the day we saw staff apply this knowledge appropriately. Staff were patient and sensitive, they took time to explain and offer choices to people living with dementia. People indicated what they wanted and this choice was respected.

Staff told us they had effective support, induction, supervision (one to one meetings with line managers) and training. The provider held team meetings every month, one line manager told us this was more frequent if there were issues to be discussed with staff. Staff said they received regular supervision meetings with either of their line manager, and that observations of their work were completed by the provider. One said, “I have regular meetings and I do feel supported by the provider. I believe I can change things if I ask.” Another person said, “The manager is approachable; I do feel they listen and I feel supported.” Staff records confirmed staff received support to care for people effectively; however the supervisions and observations of practice were not always recorded.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty that the least restrictive option is taken. Staff spoken with told us they had received training on the MCA 2005. We also saw there were policies and procedures available on the MCA 2005 and DoLS. Records we saw showed all staff had training in MCA 2005 and staff we were familiar with changes to DoLS applications in 2014.

People’s capacity to make decisions for themselves was considered as part of their assessment of carried out before they moved into the home and there was information about these issues in each person’s care plan. The manager told us a number of people were unable to go out safely in the community unaccompanied. They had made the appropriate applications for 24 people to the local authority in order to comply with the legislation.

People received support with eating and drinking sufficient amounts to meet their needs. Care plans and risk assessments indicated when a person required a special diet or had particular problems with their food or with swallowing and these were discussed with staff at handovers. A staff member told us of a person’s condition that also required they have thickener in their drinks. The care files of another person showed they were at risk of malnutrition as identified through assessments, these were carefully monitored and dietary advice was sought when needed from appropriate professionals. The care records showed that staff needed to encourage this person to eat; we saw that a staff member sat with the person at mealtimes and recorded their food and fluid intake over twenty four hours. The service had purchased a new care monitoring system with records held electronically. This allowed the provider to monitor the care delivery.

We saw that people could choose where they ate their meals. Some people ate in the dining room; others in the communal areas. A few people were served food in their rooms on trays. We also saw that there were plenty of staff available to help people who had difficulty eating independently and that good practice was promoted during mealtimes. We saw that people were offered drinks and snacks throughout the day. A number of people were restless if they sat very long. We saw that staff provided finger foods and snacks to help give people sufficient nutrition. We observed care staff were attentive and responsive to people’s needs and people were given sensitive assistance to eat their food. The menu was displayed on a picture board outside the dining area.

Good

Is the service effective?

The meals served looked appetising and were well presented. We saw the advice from a speech and language therapist regarding the foods were appropriate for people when they needed a soft diet and there were clear instructions for staff on how to use thickening powder in drinks. Staff maintained food and fluid charts when people were assessed as having a nutritional risk and these charts were totalled at the end of the day to ensure people were sufficiently nourished and hydrated.

We looked at how the service supported people to maintain good health. People were registered with a GP and received care and support from other professionals. People's healthcare needs were considered in the care planning process. We saw that assessments were completed on physical and mental health. People's continence needs were managed effectively and there was guidance for staff in promoting continence such as prompting to use the bathroom throughout the day. Care plans contained guidance for staff to maintain what mobility people had, with encouragement given to people to retain their mobility. We saw how staff approached people throughout the day asking if they would like to go in to the garden or to another floor.

We had discussions with health and social care professionals and reviewed care records. We found the staff had developed good links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. A healthcare professional spoken with during the visit gave us positive feedback about the care provided. They said, "Staff at the home are proactive in promoting good health, they work well with all professionals, they contact health professionals and take on board all advice and recommendations given." Some people displayed behaviours that challenged staff and other people. Staff told us how they managed these behaviours usually by following recommendations for promoting positive behaviour as advised by specialists, such as distracting the person or engaging them in an activity of interest. We observed when people started to show signs of becoming distressed staff spoke calmly with them about things they knew they liked, based on the positive behaviour management plans in place.

Good

Is the service caring?

Our findings

People indicated by smiling or gesturing, and others told us they were treated with kindness and compassion and expressed satisfaction with the service. A person visiting told us their parent's needs had changed over a period of time as their dementia became advanced. They said, "The carers at Lakeside are remarkable, they are highly skilled and provide well for the needs of my elderly relative, they show him compassion and empathy." People were asked for their views and involved in their day to day care through being offered choice and autonomy as far as possible in their daily lives. A social worker told us that the service was particularly good with supporting people with complex needs, and of skilled staff who treated people with sensitivity and dedication. Another social worker commented on the positive outcomes experienced by people who used the service.

During our inspection we saw a lot of warm, positive and gentle interactions between staff and people living at the home. We observed how staff provided support and encouragement to a person new to the environment. Staff were tactile and encouraged the person to experience hand massage, the person responded by showing signs of feeling secure and settled. Visitors described care staff as having "excellent caring qualities" that soothed and had a calming effect on people. One person praised the qualities of staff, they said, "You can teach staff as many skills as you like but you cannot teach someone to be caring, that is a gift and a natural ability one has." Staff were aware of issues of confidentiality and did not speak about people in front of others. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Regular staff were present, we observed how these care staff provided a consistent level of care, they were familiar with the people they looked after and knew their life histories, and they were able to apply this knowledge to the care and support they offered to people on a daily basis. When speaking with and observing care practice we found the care staff were aware of people's preferred daily routines and of the importance of keeping to their routines. This demonstrated that staff considered individual's views and preferences, and used this information to deliver effective and consistent care and support to people. A number of staff were dignity champions and had signed up as Dementia friends, this was an initiative set up in 2014 by the Alzheimer's Society to encourage people to learn more about dementia.

The service promoted a person centred approach. People who moved into the home and family members were encouraged to complete the "This is Me " leaflet produced by the Alzheimer's Society, and which allowed people to specify some of their day to day preferences and wishes, care needs and coping mechanisms. We saw that people were able to have an active role in the delivery of care they received and individual's personal history was used effectively. One example we saw was how staff responded sensitively to a person who chose to communicate and engage with specific carers only. A number of people had varying degrees of dementia. For people who had communication barriers but had capacity staff used appropriate tools for communicating and to involve the person in decision making. The care plan for a person we met had included important information from the family, it said, "Person was a manager for a large well known store for many years, they like to delegate and check on things." A care worker told us they used this information to help provide the person with the type of care and support that best met their needs.

Staff were able to tell us about the people they cared for in detail. They told us of taking the time to get to know about people's preferences, this helped they ensure they provided meaningful care to people. We also saw that people were taken to the bathroom as soon as they requested assistance and were not kept waiting. One visitor told us staff made sure their relative's incontinence pads were changed frequently and they were kept comfortable. One person told us, "I have nothing to complain about, it is first class, staff all treat me very well and make sure I have everything I need."

Visiting relatives confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments. Staff were knowledgeable about people's individual needs, backgrounds and personalities. They explained about how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions. On a tour

Good

Is the service caring?

of the premises, we noted people had chosen what they wanted to bring into the home to furnish their bedrooms.

We saw that people had brought their ornaments and photographs of family and friends or other pictures for their walls. This helped personalise their space and helped people to orientate themselves to their environment.

Good

Is the service responsive?

Our findings

During our inspection visits we observed staff were responsive to people's needs. Throughout the day choices were given to people. People were asked for their views before any activity took place and their views were respected. Staff showed in practice they understood the need for people to have choice and control in their daily lives as far as possible.

The service provided a wide range of stimulating activities for people that responded to their individual needs and preferences, and considered their capacity to engage. People were encouraged and supported to maintain links both within the home and the wider community to help ensure they were not socially isolated or restricted due to their disabilities. The home had a club room where people met daily six days a week. The activities co-ordinator was an experienced member of staff who people described to us as "Inspirational and innovative". Two of the volunteers told of their involvement in assisting with the activity programmes "so that people at Lakeside could experience the best quality of life possible."

The many activities encouraged included writing, poetry and arts and crafts, growing plants. The work produced was on display. People were supported by staff to attend places of interest, for example, people were taken on day trips, to the local park nearby. Staff were arranging a sponsored walk to fund raise for the activities club and enable more outings. People who were unable to attend church in person were visited by people of their faith to have their religious needs met. A member of staff told us; "We enjoy making events possible for our people, nothing pleases us more than seeing people's faces light up from the sheer joy of going to the park."

The home used the Namaste Programme; this was designed to help improve the quality of life for people with dementia. (Namaste means "To honour the spirit within "and the Namaste program helps to reach out to people especially those that have a high level of cognitive impairment. We saw this in action during our visits, and the impact on people's sense of wellbeing in communal areas as staff provided sensory stimulation through the use of music, aromatherapy and hand and foot massage. We saw that people were involved in these sessions on all floors and observed people having hand massages, listening to soft music and being exposed to pleasant smells such as lavender. We were informed that, following the implementation of Namaste, positive outcomes achieved for the people using the service included the reduced use of anti-psychotic medication for some of the people; whilst for others; the calming effect had also contributed to improved levels of wellbeing, nutritional intake. Family members commented positively about this, they said they noticed that this had made a 'big difference' to the care being provided particularly for individuals living with more advanced dementia

People were supported by staff who knew them well and were responsive to their individual needs. Staff were able to tell us about people's lives, families, hobbies and interests. We looked at care records for four people. The care records we looked at showed that people's needs were assessed before they moved to the home. They were reviewed again on admission and from these the manager developed appropriate care plans. The care plans were reviewed every month or more frequently if the person's needs changed. We saw examples of how staff responded when people's needs had changed. We saw actions were taken to monitor closely a person who staff identified was at risk of their skin breaking down when they became less mobile. Staff provided the support required such as frequent change of position and made sure their actions promoted the person's skin integrity. Continence needs were assessed and continence aids (pads) were provided. In this way potential concerns were identified early and regular checks were made to make sure the care continued to be appropriate and relevant. We saw too that staff understood the importance of promoting good nutrition and made sure people received nutritional supplements when their dietary intake was not sufficient. We saw too other examples of staff responding promptly and appropriately to changes in the person's wellbeing. For example staff recognised the need to contact a person's psychiatric nurse promptly when their psychological needs had changed.

Relatives knew how to make a complaint and felt they would be listened to if they had any issues. Everyone we spoke with told us they had never had to raise any concerns about care. They were confident that if they did raise concerns they would be dealt with quickly by the provider or the manager. A relative said, "The manager or the owner always asks if there are any problems". Another relative said, "They are always asking us if there's something that's not right". We saw the home had a complaints policy which outlined the process of making a

Good

Is the service responsive?

complaint and timescales for the provider to deal with the complaint. The service kept records which showed a low number of complaints. These complaints were dealt with in a timely and appropriate manner.

Good

Is the service well-led?

Our findings

A person visiting the service said, “The place is not luxurious, but it is certainly homely and well run, all the staff are really kind and relatives keep coming back to visit.”

People, relatives and staff all described the senior management of the home as approachable, open and supportive. Comments included, “We enjoy our work here, and the manager takes time to listen to you.” A relative told us, “The manager’s door is always open, their presence around the home is there for all to see, and they are approachable and friendly”.

The registered provider and the day to day manager took an active role in the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The registered provider strived to ensure the values of the home about always ensuring that people came first were adhered to by all staff. Staff we spoke with were aware of “Whistle blowing” procedures and were confident in raising issues with management and in informing other agencies if necessary.

The registered provider and manager had an open management style and were aware of the day to day needs and culture in the home. Staff were supported and were aware of their responsibilities and the standards expected of them when providing care and support to people living at the home. One to one supervisions include observations made by managers of staff practice. We saw that disciplinary procedures were followed in relation to staff practice as and when necessary.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. A senior social care professional who has been involved with people using this service said, “We consider this service an example of a good residential care services for practice and co-operation.”

The service had processes in place to evaluate and monitor the quality of the service. Annual surveys were completed by people using the service and relatives, meetings were held to seek out the views of people and make necessary changes to respond to their requests. The provider was keen to develop and improve the service and was in the process of refurbishing areas in the home. Those improvements already completed included new floor covering, and refurbished bathrooms. We saw these areas offered a more pleasant environment for people. There were further improvement plans in place based on priorities and available funds.

The provider had involved expert outside agencies to carry out specific audits. For example the WHELD study ('dementia friendly' audit) undertaken by a large London hospital completed a audit and the provider used the results to focus on particular areas for improvement. An external agency was engaged to complete annual health and safety audits, where shortfalls were identified these were responded to promptly by the provider.

Annual H&S audit done by an outside agency. The manager undertook Internal audits, but assigned audits in clinical areas to a named nurse/manager. However, the provider acknowledged that medicine audits had not been completed satisfactorily by a designated staff member, he took action to immediately address this and sent us an updated completed audit of medicine procedures..

All accidents and incidents which occurred were recorded and analysed. This helped staff identify any triggers that may help prevent further accidents and incidents. For example a person newly admitted presented with challenging episodes, they was supported by an assigned care worker until they became orientated to their new surroundings. Records were well maintained. A computerised care monitoring system was used and all staff had individual handsets with a password to maintain confidentiality. The system sent alerts to staff and the manager when tasks were not undertaken, or when information needed reviewing or updating.

The provider had found this technology helpful and it was a good tool to help evaluate the care delivery. He told us he could monitor the night service and the service delivered at night by staff. The provider told us he plans to continue to improve signage throughout the home to support people with dementia with orientation. The manage introduced in supervisions and team meetings the importance of not having a “blame culture” and emphasing with staff the need to bring to the attention of managers when errors occurred so these can be addressed and learned from.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.