

Gainford Care Homes Limited

Lindisfarne Seaham

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



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?

Requires Improvement



Overall summary

We inspected Lindisfarne Seaham on 17 December 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting. We started the visit during the early hours of the morning and worked through the day.

Lindisfarne Seaham is a purpose-built nursing home, which can accommodate up to 62 people. The nursing home provides services for people living with a dementia who may also display behaviour that challenges.

The home had a registered manager in place who was appointed to this post in February 2012. 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.

In August 2014 we completed an inspection and issued a formal warning telling the provider that by 10 November 2014 they must improve the following areas.

Summary of findings

- Regulation 9, (Outcome 4): Care and welfare of people who use services, as the service was failing to ensure people were protected against the risks of receiving inappropriate or unsafe care or treatment.
- Regulation 12, (Outcome 8): Cleanliness and infection control, as the service was failing to ensure people were protected from the identifiable risks of acquiring a health care associated infection.
- Regulation 15, (Outcome 10): Safety and suitability of premises, as the service was failing to ensure people at its property were protected against the risks associated with unsafe or unsuitable premises.

Whilst completing the visit we reviewed the action the provider had taken to address the above breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We also checked what action had been taken to rectify the breach of regulation 22 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found that the provider had ensured improvements were made in these areas and these had led to the home meeting the above regulations.

During the inspection we found that the provider had commenced completing a range of processes designed to monitor and assess the on-going performance of home such as audits. However these had recently been introduced and many had yet to be completed. Those we saw such as the medication audit were comprehensive and critically evaluated the service. We found that this review had led to action plans being developed. However we had insufficient evidence to determine whether all of the processes that had been introduced would be effective in sustaining on-going compliance with the regulations.

We found that at times staff needed to physically intervene but had not received appropriate training to deal with any behaviour that challenged. The provider did not have a policy in place to support staff identify the actions that needed to be taken when any intervention occurred. Staff at times worked with people who may pose risks to others on their own but means for calling for assistance were not at hand. During the course of the inspection the regional manager ensured alarms were purchased to replenish the stocks at the home.

Staff had been reviewing and updating all of the records maintained at the home such as care records, audits, policies and training information but this work was not complete. We found that where records such as care files had been reviewed these provided accurate information and were very informative. Those records which had not yet be completed, such as over a third of the care files, provided insufficient and inconsistent information needed to met people's needs.

People who lived at the home required staff to provide support to manage their day-to-day care needs and their behaviour. We found that the registered manager had taken appropriate steps to ensure staff reviewed their behaviour; analysed what worked or not; and took action to ensure the home could continue to meet the individual's needs.

Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards training and the registered manager understood the requirements of the Act. This meant they were working within the law to support people who may lack capacity to make their own decisions.

People told us that they made their own choices and decisions, which were respected by staff but they found staff provided really helpful advice. We observed that staff had developed very positive relationships with the people who used the service. Where people had difficulty making decisions we saw that staff gently worked with them to work out what they felt was best option. We saw that when people lacked the capacity to make decisions staff routinely used the 'Best Interests' framework to ensure the support they provided was appropriate.

The interactions between people and staff that were jovial and supportive. Staff were kind and respectful, we saw that they were aware of how to respect people's privacy and dignity.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight and nutritional needs.

Summary of findings

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

People told us they liked living at the home and that the staff were kind and helped them a lot.

Staff had received a range of training, which covered mandatory courses such as fire safety as well as condition specific training such as diabetes and other physical health needs. We found that the staff had the skills and knowledge to provide support to the people who lived at the home. People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. We saw that eleven staff routinely provided support to people who used the service during the day and eight staff provided cover overnight.

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

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We saw that people living at Lindisfarne Seaham were supported to maintain good health and had access a range healthcare professionals and services. We saw that people had plenty to eat. We saw that each individual's preference was catered for and staff ensured that each individual's nutritional needs were met. Staff monitored each person's weight and took appropriate action if concerns arose.

We saw that the provider had a system in place for dealing with people's concerns and complaints. People we spoke with told us that they knew how to complain and but did not have any concerns about the service.

We found the provider was breaching three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These related to use of physical interventions, assessing and monitoring the performance of the home; and record keeping. You can see what action we took at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe but improvements were needed.

Staff knew what to look for as signs of potential abuse and how to report any concerns. Staff were able to assess situations and take action to reduce potential risks. However the provider needed to ensure staff understood how and when to use physical interventions.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Effective systems were in place for the management and administration of medicines. Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Requires Improvement



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. The registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). They ensured DoLS were applied for when appropriate and staff applied the MCA legislation.

People were provided with a choice of nutritious food, which they choose a weekly meetings. People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

This service was caring.

People told us that staff were supportive and had their best interests at heart. We saw that the staff were very caring, discreet and sensitively assisted people with their care needs.

Throughout the visit, staff were engaging people in conversations and these were tailored to individual's preferences. Activities were being provided.

People were treated with respect and their independence, privacy and dignity were promoted.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

Staff assessed people's care needs and produced care plans, which identified the support each person needed. These plans were tailored to meet each individual's requirements and regularly checked to make sure they were still effective.

We saw people were encouraged and supported to take part in activities both in the home and the local community.

The people we spoke with knew how to make a complaint. They told us they had no concerns. Staff understood the complaint process and the registered manager took all concerns seriously.

Is the service well-led?

The service was well led but improvements were needed.

The regional director and registered manager had ensured changes were made to improve the service. We found that they had critically reviewed all aspects of the service and were taking action to make changes.

Staff told us they found the registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

Systems in place to monitor and improve the quality of the service provided. These had recently been introduced and were yet to be fully tested.

Staff told us that the home had an open, inclusive and positive culture.

Requires Improvement



Lindisfarne Seaham

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.

Three adult social care inspectors completed this unannounced inspection of Lindisfarne Seaham on 17 December 2014.

The provider was not asked to complete a provider information return (PIR). 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.

Before the inspection we reviewed all the information we held about the home. The information included reports from local authority contract monitoring visits. We reviewed notifications that we had received from the service and a recent report from the County Durham Infection Control Team. We also reviewed information from people who had contacted us about the service since the last inspection, for example, people who wished to compliment or had concerns about the service.

Before the inspection we obtained information from a Strategic Commissioning Manager and Commissioning

Services Manager from Durham County Council, a Commissioning Manager and an Adult Safeguarding Lead Officer from Durham and Darlington Clinical Commissioning Group, Safeguarding Practice Officer and Safeguarding Lead Officer of Durham County Council, Commissioning Managers from Sunderland City Council and Hartlepool Borough Council, and a Lead Infection Control Nurse.

During the inspection we spoke with the 14 people who used the service and six relatives. We also spoke with the registered manager, the regional director, quality control registered manager, four nurses, three senior care staff, 10 care staff, the cook, head housekeeper, administrator and two domestic staff.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. 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 verbally communicate with us. We also undertook general observations of practices within the home and we also reviewed relevant records. We looked at nine people's care records, recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and went into some people's bedrooms, treatment rooms, all of the bathrooms and the communal areas.

Is the service safe?

Our findings

The provider has developed a physical intervention policy but this stated that staff were not to use any form of physical intervention. We found that across the home staff needed to either physically intervene, use sedative medication or mechanical restraints in the form of locking doors. Staff did not understand that their actions would be considered as physical interventions. Neither could staff explain what actions they would need to take to remove themselves from an assaultive situation or to prevent other people who used the service from being injured.

Due to this policy no physical intervention training was provided and staff did not have access to appropriate recording templates so none of the care records were appropriately completed. No information was provided to show if staff needed to use physical intervention techniques and how this was to be done. Also adherence to the policy led to none of the staff being enrolled on courses to teach them de-escalation, breakaway and other physical intervention techniques, which staff can use to deal with physical aggression in the least restrictive manner.

This was a breach of Regulation 11 (Safeguarding service users from abuse), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We asked people who used the service and visiting relatives what they thought about the home and staff. People told us that they found the staff kept them safe and were very caring. People discussed problems that had previously been evident and how they had seen significant improvements, particularly around the décor and cleanliness.

People said, “I have always found the staff to be very caring and provide a safe service. The home, in general, had slumped and needed a good clean but the registered manager has sorted that out”. And, “There are no problems in here, the staff are excellent.” And, “It is pleasant here and the staff are very attentive.”

The staff we spoke with were all aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond to any concerns. Staff told us that they felt confident in whistleblowing (telling someone) if they had

any worries. The home had a safeguarding policy that had been reviewed in October 2014. We found that the registered manager took appropriate action to raise issues with the relevant agencies when this was needed.

Staff told us that they had received safeguarding training and completed refresher training on a regular basis. We saw that staff had completed e-learning safeguarding training this year. Staff had also completed a range of training designed to equip them with the skills to deal with all types of incident including medical emergencies.

The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff outlined to us what they needed to do in the event of a fire or medical emergency. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

We looked in most bedrooms, bathrooms and communal rooms and found all of these areas had received a programme of significant repair, maintenance and redecoration. The registered manager told us that there was now a process, which she regularly checked, to make sure known faults and areas that required improvement were immediately notified and action taken to make sure they were repaired.

The provider had appointed an infection control champion and we saw examples of regular checks being carried out to make sure the home remained clean and hygienic. We saw that infection control practices at the home had improved and practices such as routine and deep cleaning of all areas supported service users' health and well being.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We reviewed nine people's care records and saw that staff had assessed risks to each person's safety. Risk assessments had been personalised to each individual and covered areas such as falls, pressure care and mobilising.

Is the service safe?

The accompanying support plans ensured staff had all the guidance they needed to help people to remain safe. Staff we spoke with could discuss the contents of the plans and the actions that needed to be taken to minimise risks.

The staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home.

Through our observations and discussions with people as well as staff members, we found generally there were enough staff on duty to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was the case. Two nurses and nine care staff were on duty during the day and two nurses and six staff were on duty overnight. At the time of our inspection we found that overnight a staff member had rang in sick just prior to the shift starting. Staff had managed the situation but we noted that at times staff worked on units by themselves. No risk assessments were in place for this issue and staff did not have a means to call for assistance. We mentioned this to the regional registered manager who ensured that during the day personal alarms were purchased and action was taken to complete a risk assessment. They sent us a copy of this risk assessment, which we found ameliorated risks.

We found that the regional registered manager was in the process of designing a tool, which would use information about people's needs to determine what number of staff could meet people's needs. We heard however that the

registered manager could use additional staff if people's needs changed and more support was needed. The rotas we reviewed showed there was this flexibility in staffing complement.

People we spoke with said, "The staff are a good help." And, "You never have to seem to wait and there is always a staff member in the communal area."

We found that there were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly. Arrangements were in place for the safe and secure storage of people's medicines.

Senior staff were responsible for the administration of medicines to people who used the service and had been trained to safely undertake this task. People we spoke with told us that they got their medicines when they needed them.

We found that information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way. We saw that the quality control manager had been regularly auditing the medication administration records and stock. They had used this information to ensure staff consistently adhered to best practice. We saw that this system promptly identified medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

We spoke with people who used the service and relatives told us they had confidence in the staff's abilities to provide a good care service. People said, "The staff are always making sure we are ok and treat this as a vocation not just a job." "I can't praise them enough. The girls are wonderful, very helpful and very kind indeed." And, "We are looked after by staff that care."

All the staff we spoke with told us that they were supported in accessing a variety of training and learning opportunities. One staff member said, "We always get a lot of training, which I find to be very useful and really does help us do our jobs." Staff were able to list a variety of training that they had completed such as moving and handling, first aid, and safeguarding. Staff told us they felt able to approach the management team if they felt they had additional training needs.

We confirmed from our review of staff records that staff had completed mandatory training and condition specific training such as managing diabetes and other physical health conditions. Staff told us their training was up to date, which we confirmed from our review of records. This included: fire, nutrition, infection control, first aid, medicines administration, and food hygiene. We also found that the provider completed regular refresher training for other courses such as health and safety and safeguarding vulnerable adults.

We saw that staff who had recently commenced work at the home completed an induction programme when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff.

Staff we spoke with during the inspection told us they regularly received supervision sessions and had an annual appraisal. The registered manager told us that they and senior staff carried out supervision with all staff at least five times a year. Supervision is a process, usually a meeting, by

which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that these had taken place.

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager had ensured, that where appropriate Deprivation of Liberty Safeguard (DoLS) authorisations had been obtained. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. They were aware of the recent supreme court judgement regarding what constituted a deprivation of liberty and told us how they were ensuring applications for authorisation were made.

We observed the meal time experience. We observed that people received appropriate assistance to eat. People were treated with gentleness, respect and were given opportunity to eat at their own pace. We saw that the meals were plentiful and looked appetising. During the meal the atmosphere on each unit was calm and staff were alert to people who became distracted or dozed off and were not eating. People were offered choices in the meal and all the people we observed enjoyed eating the food and very little was left on plates.

Staff maintained accurate records of food and fluid intake and were seen to update these regularly. Individual needs were identified on these records; for example one person who has a catheter had a minimum fluid intake over 24 hours documented on the fluid chart. From our review of the care records we saw that nutritional screening had been completed for people who used the service. This was used to identify if they were malnourished, at risk of malnutrition or obesity. We found that people were all within healthy ranges for their weight.

Is the service caring?

Our findings

All the people we spoke with said they were extremely happy with the care and support provided at the home.

People said, "It's great here and the staff are wonderful." "There are no problems and I'm happy here." And, "They are all very kind and they will do anything for you."

Every member of staff that we observed showed a very caring and compassionate approach to the people who used the service. This caring manner underpinned every interaction with people and every aspect of care given. Staff spoke with great passion about their desire to deliver good quality support for people. Staff showed they had good skills in communicating both verbally and through body language. Observation of the staff showed that they knew the people very well and could anticipate needs very quickly; for example staff anticipated people's requests and knew how to ensure people did not become anxious. The registered manager and staff that we spoke with showed genuine concern for people's wellbeing.

During the inspection we spent time with people in the communal lounge area and dining room. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and interacted well with people. We found staff sensitively and discreetly deployed these measures, which reduced it becoming evident to others that someone was becoming upset.

We found that staff worked in a variety of ways to ensure people received care and support that suited their needs. It was evident from discussion that all staff knew people very well, including their personal history, preferences, likes and

dislikes and had used this knowledge to form very strong therapeutic relationships. Throughout our visit we observed staff and people who used the service engaged in general conversation and friendly banter. From our discussions with people and observations we found that there was a very relaxed atmosphere and staff were caring.

People were seen to be given opportunities to make decisions and choices during the day, for example, what to eat, or where to sit in the lounge. The care plans also included information about personal choices such as whether someone preferred a shower or bath. The care assistants said they accessed the care plans to find information about each individual and always ensured that they took the time to read the care plans of new people.

The service also promoted people to be as independent as possible. The regional manager and registered manager discussed the actions that had been taken to make the environment more dementia-friendly. We saw that new signage had been purchased and best practice recommendations such as using different coloured doors, having toilet seats that markedly contrasted the toilet had been introduced. Also items for rummage boxes, doll therapy items and items for people to independently be engaged in meaningful occupation had been purchased.

The environment was well-designed and supported people's privacy and dignity. All bedrooms were personalised. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect for people.

Is the service responsive?

Our findings

From the care records we looked at we found that staff working in the service were responsive to people's changing needs. We saw that pre-admission assessments had been completed. This assessment process identified people's needs and a decision was then made as to whether it was suitable to admit them to the home. This information was then used as a basis of developing a more detailed care plan.

From our last visit we saw that care plans had been reviewed. We saw that some of the care plans we reviewed had been re-written and provided up to date information about people's needs. However we saw that some still required work to ensure that all of the care records were reviewed and updated. Staff and the registered manager told us how they were completing a set number of reviews per shift and we found this plan would readily ensure all were updated.

During the inspection we spoke with staff who were very knowledgeable about the care and support that people received. We found that the staff made sure the home worked to meet the individual needs and goals of each person. We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. We saw that people were regularly seen by their clinicians and when concerns arose staff made contact with relevant healthcare professionals. We found that as people's needs changed their assessments were updated as were the support plans and risk assessments.

We saw good examples of other healthcare professionals being involved as needed. This included the staff

contacting the local community dietitians, speech and language therapists and continence nurses when changes were noted. It was clear that the staff followed the advice of the visiting professional and the person was cared for and supported appropriately.

People also told us that they were involved in a wide range of activities both inside and outside the home. Relatives also told us that staff made sure people were quickly seen by GPs if this was needed. Visitors came and went freely and there were plenty of areas where they could talk in private with their loved ones.

The registered manager discussed how they had worked with people who used the service to make sure the placement remained suitable. They discussed the action the team took when people's needs changed to make sure they did everything they could to make the home a supportive environment and ensure wherever possible the placement still met people's needs.

We confirmed that the people who used the service knew how to raise concerns and we saw that the people were confident to tell staff if they were not happy. We saw that the complaints procedure was written in both plain English and easy read versions. We looked at the complaints procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We saw that four complaints were made in the last 12 months. The registered manager discussed with us the process they were to use for investigating complaints and who in the senior management team they needed to alert. They had a solid understanding of the procedure.

Is the service well-led?

Our findings

We looked at the systems in place for monitoring the quality of the service. The regional manager told us that this was an area that the provider was in the process of developing but, at the time of the inspection, they recognised that the current system did not assist staff to critically review the service. We reviewed the audits that had been developed and found that in principle these were fit for purpose but needed to be tested to confirm this was the case. For example a very comprehensive system for monitoring medication administration had been put in place and was demonstrably assisting staff to improve their practices. This had been in place for three months and staff were positive about the benefits this had made. Currently the quality control manager completed the audit and it was yet to be seen that when staff at the home took on this responsibility they continued to use it in the same manner.

The regional manager and registered manager had carried out their first audits of areas of practice such as care planning, quality of the care records, medication and risk assessments. They had developed action plans but these were in the process of being completed. Staff had updated a third of the care records but until the work was complete we could not determine if the action plans would ensure improvements were made.

The provider had not completed the required review called a regulation 10 visit and report. The regional manager who only came into post in September 2014 had identified this concern and they had developed a template for the visits and started to complete them. Only one had been completed so far but they intended to undertake one per month.

This was a breach of Regulations 10 (Assessing and monitoring the quality of the service provision) and 20 (1) (Records) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The home had a registered manager in place who was appointed to this post in February 2012. 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 we spoke with during the inspection spoke were complimentary about the staff and the registered manager. From the information the people shared we gained the impression that they thought the home had improved and met their needs.

The staff we spoke with described how the regional manager had assisted the registered manager to make a lot of positive changes and all of them were aimed at giving people the best quality of care. We saw that the regional manager and registered manager had supported staff to review their practices and constantly looked for improvements that they could make to the service. Staff discussed how the registered manager had worked with them to review the service to see if they could do anything better. We found that the regional manager was the driving force ensuring the home was safe, responsive, caring and effective. We found that under their leadership the home had developed and the concerns raised at the last inspection had been addressed.

Staff told us, "The registered manager is good and I think we are working well as a team." "The regional manager wants what is best for people and is improving the home." And, "The quality control manager is very helpful and explains everything really well."

Staff told us that the registered manager was very fair. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. The registered manager had ensured staff kept up to date with the latest developments in the field and implemented them, when appropriate, into the services provided at the home. For example the environment had been made more dementia friendly. We found that the registered manager understood the principles of good quality assurance and used these principles to critically review the service.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers People who use services and others were not protected against the risks of inappropriate or unsafe care because an effective system for monitoring the service was not in place.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse The provider had failed to ensure that staff were equipped with the skills needed to intervene when people displayed behaviours that challenged.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The provider failed to ensure accurate records were maintained in respect of each person using the service and the management of the home.