Four Seasons (Bamford) Limited

Holbeche House Care Home

Inspection report

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Date of inspection visit:
15 December 2016

Date of publication:
07 February 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 15 December 2016 and was unannounced. At our last inspection in January 2016 we found that the provider 'required improvement' in three questions, namely safe, effective and well-led and was found to be 'good' the remaining two questions, caring and responsive.

Holbeche House Care Home provides accommodation for up to 49 people who require nursing or personal care. The home is split into two units. The general nursing unit, 'Holbeche' and a unit for people living with dementia which was referred to as 'Littleton House'. At the time of the inspection there were 44 people living at the home.

There was 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 told us they felt safe in the home and were supported by staff who had receiving training in how to recognise signs of abuse. Staff were aware of the risks to people on a daily basis and knew the procedures to follow if they any concerns or if someone had suffered an accident.

People were supported by sufficient numbers of staff who had been safely recruited. Medication records demonstrated that people received their medicines as prescribed by their doctor.

Staff received induction training and regular support from management which provided them with the skills, information and confidence to meet people's needs safely and effectively.

People's human rights were respected by staff because staff applied the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards in their work.

Staff supported people with their preferred diet and the registered manager had identified areas for improvement in the dining room experience for people. People were supported to maintain good health and had access to a variety of healthcare professionals which helped promote their health and wellbeing.

People were supported by staff who were kind and caring and who treated them with dignity and respect. People were supported to make their own decisions and were supported by staff who knew them well.

People were involved in the planning of their care and staff were aware of people's needs, preferences and interests. The home was split into two units and there was an inconsistency in how people were responded to by some staff across the units. There was a lack of activities available for people to participate in or items of interest available to occupy people. People were aware of how to make complaints and where complaints had been raised, they were investigated and action taken where appropriate.

People were complimentary about the registered manager and the changes she had introduced. People, relatives and staff all considered the quality of service to be good. Efforts were made to support and develop staff in order to improve the delivery of care.

There were a number of quality audits in place to identify any areas of improvement that were required within the service. Where areas where identified, action plans were put in place to address any issues.

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 were supported by sufficient numbers of staff who knew how to keep them same from harm and manage the risks to them on a daily basis. People were supported to safely take their medication.

Is the service effective?

Good

The service was effective

People were supported by staff who considered themselves to be well trained and supported in their role. People were supported with their healthcare needs and to maintain a health and nutritious diet. Staffs understanding of the Mental Capacity Act and the Deprivation of Liberty Safeguards meant people were supported appropriately and were not unlawfully restricted.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring and treated them with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were involved in the development of their care plans and were supported by staff who were aware of how they wished to be supported.
Staff did not always respond to people's needs consistently and there was a lack of activities available to stimulate and interest some people. People were confident that if they raised any concerns they would be listened to and acted upon.

Is the service well-led?

Good

The service is well led.

People were complimentary about the registered manager and

the changes she had introduced into the home. Staff were supported to develop their skills and knowledge in order to improve the delivery of care. Quality audits in place had identified areas for improvement and plans were in place to address these.

Holbeche House Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 15 December 2016 and was unannounced. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

The provider completed 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.

We reviewed information we held about the provider, in particular, any notifications about accidents, incidents, safeguarding matters or deaths. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with eight people who lived at the service and three relatives [one by phone after the inspection]. We spoke with the registered manager, the regional support director, the deputy, one nurse, two care staff and a member of kitchen 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 to us.

We reviewed a range of documents and records including the care records of four people, seven medication administration records, two staff files, accident and incident records, complaints and compliments, quality

audits and action plans.

Good

Is the service safe?

Our findings

At our previous inspection, we found it difficult to evidence that people were receiving their medication as prescribed by their doctor. We saw a number of improvements had been made in respect of the recording and administering of medication, including details as to how people wished to take their medication. We observed that people were supported to safely take their medication. One person told us, "They [staff] remind me to have my tablets". We saw one person initially turn her face away when the nurse tried to administer their medication. The nurse squatted beside her, touched the back of her hand and asked her to have her tablets, saying, "They will make you feel a bit better", and stroked the person's cheek. The person then took their medication. The nurse stayed for a short while and asked if the person was okay. The person hugged her. It was a lovely interaction to witness.

We saw that medicines were stored and secured safely and audited regularly. We looked at the medication administration records for five people. We saw that the amount of medication given tallied with what was in stock. At our last inspection, we saw that where medication that was to be prescribed 'as or when required' protocols were in place but gave very little guidance to staff as to in what circumstances the medication should be administered. At this inspection we saw protocols had improved, but for one person there was no protocol in place. Staff spoken with were able to describe to us the circumstances in which this medication should be administered. We discussed this with the registered manager who arranged for the additional information to be put in place by the end of the inspection.

People told us that they felt safe in the home. One person told us, "Yes I am safe of course. Why wouldn't I be when there's so many carers to help me? I am very forgetful these days. The girls are my memory I suppose you'd say", and another person said, "Yes I feel safe, thank you". A relative told us, "[Relative] had a lot of falls before he came here. They keep him safe from that. They have been so kind to him". A member of staff told us, "I feel useful because I help people and I feel happy at the end of the shift as I've kept people safe and happy".

Staff spoken with were aware of their roles and responsibilities when it came to reporting any safeguarding concerns. One member of staff told us, "If I am concerned about anything, I go to the manager or the nurse, we're not short of people to go to here". We saw where safeguarding concerns had been raised, they were investigated, responded to and acted upon where appropriate and we saw evidence of this. A representative from the local authority told us that in all her dealings with the registered manager [in relation to a safeguarding concern], that she was "Open, honest, conscientious and did the right thing".

We observed that people had lockable drawers in their rooms to keep personal possessions safe and they could have a key for their doors if they wanted. This showed that people's personal possessions were kept safe.

People were supported by staff who were aware of the risks to them on a daily basis and their care records reflected this information. Risks to people were reviewed regularly and staff told us they were kept up to date with changes in people's needs in a timely manner. Staff provided us with numerous examples of the

risks to people and how they supported them to minimise those risks. For example, one member of staff described how she safely supported someone when hoisting them. They told us, "Everything is in the care plan if there's something I need to know I'd check in the care plan". Another member of staff said, "I wasn't allowed to use the hoist until I'd been trained". Staff confirmed that their practice was regularly observed to ensure they were following the correct guidance and supporting people safely.

Where accidents or incidents had taken place, we saw they were recorded, analysed and where appropriate, lessons were learnt. For example, where one person had experienced a number of skin tears whilst being transferred, lessons were quickly learnt and changes made to how the person was supported. The nurse was able to tell us of these changes and we saw evidence of this, however, the person's care plan had not been updated to reflect the change. We raised this with the nurse and the care plan was updated immediately. A member of staff told us, "I would report it [accident or incident] and the nurse would check it's been documented appropriately". They went on to describe how they had noticed a person had a small injury to their thumb. They said, "I told the nurse. You notice these things, you know when something is wrong or if someone is in pain either tired or something is wrong so you investigate". We saw the recent installation of guards on door hinges of one persons' room to prevent them trapping their fingers. We saw that the registered manager had put plans in place to install guards on all doors hinges, however this work had not yet been completed. We discussed this with the registered manager who told us she would chase this up immediately.

People told us they felt there were enough staff in the home to keep them safe. Everyone spoken with told us they felt there were plenty of staff night and day. One person told us, "Yes, there are always plenty of staff around. Nothing is ever any trouble for them. If I'm in my room the girls are always popping in" and another person said, "Yes, there's always enough staff, even at the weekend, which didn't happen where I was before. Never had a problem at all" and a relative commented, "Certainly there's always enough staff and they know how to help my mom". We saw that there were no staff vacancies in the home and no agency staff had been used in the home since November 2015. This meant people benefitted from being supported by a consistent group of staff who knew them well.

We saw that recruitment processes were in place to help minimise the risks of employing unsuitable staff. We spoke with staff who confirmed that reference checks and checks with the Disclosure and Barring Service (which provides information about people's criminal records) had been undertaken before they started work.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection, staff had a mixed understanding of the principles of the MCA and training records showed that less than half of the staff had received training in this area. At this inspection, we saw that staff had received training on MCA and had a better understanding of the subject and what it meant for the people they supported. We saw in records that people's consent had been sought and their level of capacity to make decisions had been considered throughout the assessment process and in the planning of their care. Staff were aware of who had a DoLS in place and the registered manager had introduced systems which ensured that authorisations would be re-applied for in a timely manner. We saw where DoLS were in place, best interests meetings had taken place and the correct paperwork had been completed.

People told us they were happy with the care they received and they considered staff to be well trained. One person told us, "Yes, they [staff] are well trained, they are brilliant. If we have a new one, they work with the others for a while until they know people well. They know what they are doing". Another person told us, "I like it here, I am happy, yes happy, the staff are kind, they always help me".

Staff benefitted from an induction that prepared them for their role. This included completing the Care Certificate. The Care Certificate is an identified set of standards that care staff should adhere to when carrying out their work. New staff were given the opportunity to get to know the people they supported and were provided with another member of staff who acted as a mentor and helped prepare them for their role. A new member of staff told us, "My induction involved getting to know people by doing their breakfasts for a couple of weeks. It was easy to get into and go round and say hello and a really good start to my induction". They told us their induction included shadowing more experienced colleagues and gradually becoming more involved in the day to day routines of people living at the home.

The provider told us in their Provider Information Return that they had identified two members of staff who they felt were enthusiastic and committed to learning who would benefit from completing the Care Certificate first and then supporting other staff through their learning. One member of staff who had been identified for this role told us they were looking forward to this opportunity, adding, "We will be mentors for those doing the Care Certificate and we can provide help and guidance".

People were supported by staff who considered themselves to be well trained and supported. Staff told us they received regular supervision which provided them with opportunity to raise any issues or concerns they may have and we saw evidence of this. One member of staff told us, "It is fantastic [working at the home], if I

have a problem, I can talk to anyone, I love it", and another said, "I like the training, it gives you everything you need to know and I will always ask the nurses for advice on how to support people as well". A relative commented, "I'm sure they do a lot of training, [person] is very poorly but they keep her well. Get her checked by the doctor all the time. She had a urine infection but they picked that up straight away. She's much better now".

We saw that there were systems in place to ensure information was passed onto staff in a timely manner. Staff told us that communication across the home was good and one member of staff said, "Communication is fairly good here, you get a good handover".

We saw that people were supported to have sufficient amount to eat and drink and maintain a balanced diet. One person told us, "The food is very nice here. I can have what I want and when I want. It's like a five star hotel it is". We spoke with a member of kitchen staff and saw that information was available to them advising them of people's dietary requirements and preferences.

We observed that hot and cold drinks were available on request and from the tea trolley that went round the home at different times during the day. We observed lunchtime on both Holbeche and Littleton House. On Holbeche we observed people being provided with a choice at lunchtime (including condiments) and if they did not want what as on offer, an alternative was provided. We saw some people were supported to sit at tables in the dining area, whilst others chose to sit in the lounge. We saw one member of staff ask a person, "Would you like a protector on to keep your jumper clean?" and the person replied, "Oh yes please".

On Littleton House, people were asked where they would like to sit when they arrived for lunch. Clothes protectors were not offered as a choice to wear and were placed over the person's head without comment or request for consent. We saw that condiments were not offered as a choice and plate guards were not in place to assist people. We saw one person would have benefitted from having finger food and staff did not notice the person was struggling to eat. We raised this with the registered manager who agreed to look into this immediately. In contrast, we saw another person being assisted with their eating and the carer providing the person with plenty of encouragement. The carer placed a cushion down the side of the person and positioned them gently forwards but upright to aid digestion. They went on to enthuse, "Ohh this smells nice, it's chicken and mash and sauce". The carer was gentle, patient and respectful.

There were a number of people living in Littleton House with advanced dementia and meal choices were offered on the spot verbally, without visual examples being provided, such as a plated meal or a pictorial menu. We discussed this with the registered manager and saw that she had already identified this as a need and had instructed the activities co-ordinator to work alongside the chef to take photos of the meals produced.

All people spoken with told us that they received regular check-ups with their GP, dentist, optician and chiropodist. One person also told us that staff took them to hospital appointments if needed. A relative told us, "If mom's at all unwell they just ring the doctor. They come regularly to see people anyway. They are very keen. When she wasn't too good the other week they fetched the doctor". Staff spoken with were aware of people's healthcare needs and how to support people to maintain good health. A member of staff was able to describe to us how they supported a particular person who was at risk of choking. They told us, "We put the thickener in the drink; it makes it easier to swallow otherwise [person] could choke". We saw for another person, staff had monitored them closely to observe any particular patterns in their behaviour which would help them support the person more effectively. The registered manager told us she had instructed one of her nurses who specialised in mental health to review each person living in the home in relation to their behaviours in order to produce a plan of care that would provide staff with the additional information they

required to support people effectively.

Good

Is the service caring?

Our findings

All people spoken with told us that staff were kind and caring and treated them with respect. One person told us, "They're [staff] lovely. Really lovely people. They're so kind and yes always very respectful. I don't know what I'd do without them", and another person said, "The girls are just wonderful. Yes of course they are very respectful. Treat me kindly they do. I get a bit down sometimes and a bit teary. Especially at night. They sit with me in my room for a chat. They make me feel better. They're always here for me."

We observed a number of kind, compassionate and spontaneous exchanges between staff and people, particularly in Holbeche. We saw that staff squatted down to maintain eye level when speaking to people and many times care staff were seen to stroke a hand or touch a cheek when chatting with people. Staff across the home were respectful and in the main acknowledged people by name when they came into contact with them.

People told us they felt listened to and were involved in the daily planning and decision making regarding their care and support. One person told us, "Oh yes, they always listen me, ask me what I want today, I like a shower. I like to smell nice and they use my favourite perfume. They are so gentle". Friends and families seemed to come and go freely on the day of the inspection and including the lunchtime period.

We observed that staff showed respect for people's choice and individuality. For example, we observed that people's fingernails were clipped and clean and some of the ladies wore make up. Some had their nails painted and some not. Some gentlemen were shaven and again a few were not. People's hair looked well cared for and maintained and the people we spoke with that could comment told us the hairdresser came every few weeks.

Some people were able to choose to sit and eat where they wished and people could dress how they wished to. We notified that one person had two jumpers on as well as a cardigan and although carers were alert to them becoming too warm, they only prompted the person to remove these garments, allowing them to make their own decisions as to whether to accept the advice.

People told us they were treated with dignity and respect and their privacy maintained. Staff were able to describe to us how they maintained people's privacy and dignity whilst supporting them. One member of staff told us when describing supporting a person with their personal care needs, "You keep the door shut, you should always knock and if someone was coming in you would cover the person over or if in double room use the screens". We observed that when approaching people's rooms, even if the door stood open, care staff knocked, called out the person's name and asked if they could go in and waited for a reply. They also announced who they were as entering. We also observed in Holbeche, plenty of general chit-chat between staff and people which was good humoured and indicated that staff knew the people they cared for well. This was less so in Littleton House and chats in this unit seemed less spontaneous and more of a functional nature and were less tactile.

We observed that some of the people's verbal skills were compromised. It seemed clear that the staff in

Holbeche knew the people very well and made great effort to be able to communicate with people in ways which were meaningful and impactful. One person used songs and facial expressions to communicate. Staff clearly knew them well and we observed from afar a member of the care staff chatting with them about their lunch and about their relative's visit.

We were told that no one in the home currently required the services of an advocate, although other people had used this service in the past. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

Requires Improvement

Is the service responsive?

Our findings

There was one activity co-ordinator in place. She told us she split her time between the two units and was able to tell us some of the activities people liked to participate in including puzzles and games, visits from the 'music man' and nail care. The making of christmas crafts was also planned on the day of the inspection. We were told that a minibus had been obtained in order to assist people to access the community in the new year. The registered manager told us that she had requested that activity hours in the home be increased in the new year. She told us, "The home is definitely split into two units, we have recognised this and asked for additional hours". She went on to add, "We are looking at the existing staff group to see how they can be included in this [activities]". We observed that the communal areas in Holbeche appeared to have a more homely atmosphere and contained items of interest that would engage people in conversation with each other or staff and other visitors. One person we spoke with proudly showed us a photo of their grandchildren and other personal items and handicrafts were displayed next to people's chairs, further adding to the homely environment. Littleton House in contrast lacked the feeling of homeliness and was devoid of any items of a personal nature, any tactile objects or such like and there was nothing available on any surface in any area to occupy busy hands. For example rummage boxes, books or magazines. A member of staff commented, "We have a long way to go to make the wing [Littleton] more homely and softer", and another member of staff said, "There aren't enough hours to meet people's needs when it comes to activities".

Although it was difficult for people to express how their care was personalised to their needs, it appeared from our observations that people's care was delivered according to their individual needs and wishes. We saw that people were involved in the development of their care plans and how they wished to be supported. Care plans held details such as people's likes, dislikes and life history information. One person told us, "We are having a meeting soon. We meet up to make sure nothing's changed and I am still happy. My daughter comes as well". A member of staff told us, "Care plan reviews take place monthly or sooner if something changes. Families are invited to attend".

People were supported by staff who knew them well. Staff spoken with were able to provide us with details of people's daily routines and what was important to them and the impact it had on them when staff followed these routines. One member of staff told us, "I know what [person] likes [when describing her particular care routine] and she'll tell you anyway". We saw a number of people had their own pets in their rooms and that these were a great comfort to them. Staff recognised the importance of supporting people to care for their pets, and the positive impact this had on their health and wellbeing.

All of the people we spoke with or came into contact with were presented well and were dressed individually in a multitude of colours, with hairstyles, adornments and jewellery of differing styles and different types of clothing. This showed that culture, background and individuality was respected.

Over in Littleton we observed that there were plenty of care staff who were visible and who made attempts to engage people in conversation, but these people soon became distracted and got up and walked away or began to shout if they were unable to move away. We observed an instance where one person became

distressed because two other people were being very loud and vocal. On a number of occasions this took place and care staff did not try and comfort the person. Later, when it happened again, we observed another carer take the person by the hand, comfort them and walk with them to their room. We also observed the same carer and one other go over and above and make attempts to step into the world of the person they were supporting and see life through their eyes, with positive effect. We did not witness the use of reminiscence materials or props or diversion to occupy people when they became restless or vocal. This behaviour can be distressing to other people living in the home but can also be a sign of boredom or distress being experienced by the person carrying these actions out. This demonstrated that staffs responses to people's care needs were inconsistent and the registered manager could not be confident that all people living at the home were receiving care that responded positively to their individual needs. We discussed these issues with the registered manager. She told us it had been identified that more training and support for staff was required in respect of people's dementia care needs and plans were in place to roll out the Dementia Care Framework [focussing on providing care based on the individual's experience of care] in the new year. The regional manager confirmed this.

We saw that efforts were in place to obtain feedback from people on how the service was run and could be improved. One person told us, "We have a questionnaire to fill in as well. You can talk to all of them [staff]. There's never an issue about talking to them about anything". Meetings took place every quarter and the registered manager had plans in place to increase the frequency. Daily feedback was obtained from people living at the home and also visitors were encouraged to provide feedback at the end of their visits. We saw that a survey had been conducted which asked people and relatives how could they make the service more homely, people had responded with requests for creating a small dining room in the kitchen area at Holbeche and this was done. However, we did not see any suggestions received or taken forward with regard to Littleton House which would have benefitted from this type of suggestion.

People told us they had no complaints, but were confident that if they did raise a concern, that it would be dealt with appropriately and to their satisfaction. One person told us, "We have chats every now and then but I can talk to any of them [staff] if I had a worry. I've never had to complain and why would I. No, I'm fine thanks". A member of staff told us, "If a family raised a concern, I would try and deal with it first or if it was something more serious I would let the manager know". We saw where complaints had been received, they had been investigated and acted upon where appropriate. For example, where one relative had made a complaint, the registered manager had made efforts to keep in regular contact with the family in order to address any issues or concerns they may have.

Good

Is the service well-led?

Our findings

Since the last inspection, the registered manager had successfully applied to become the registered manager of the home. People spoke positively about the registered manager and the positive changes she had bought to the home. A relative told us, "The new manager has a very different approach. She has an open door and takes on board any niggles we relatives have. I feel I can talk to her and she listens". We observed that the registered manager knew people well and they knew her. One person told us, "The new manager comes round every day to ask how we are. She's nice she is, gets things done. There have been a lot of changes and they seem to be for the better". A member of staff told us, "I think it's well-led, it's a lovely home. All residents are happy here, I haven't seen one who isn't happy yet. I would definitely recommend this home".

People were cared for by staff who were motivated and supported in their role. Staff told us they received regular supervision and an annual appraisal and we saw evidence of this. Staff meetings took place on a regular basis and provided staff with the opportunity to discuss or raise any issues they may have. One member of staff told us, "[Manager's name] a good manager, if you have a problem, you can see her and she'll sort it for you. If you treat a manager with respect they'll treat you with respect and they do".

Staff spoke positively about the registered manager and the support she provided them. It was clear that she worked hard to create a culture where staff felt valued and supported and where their work was recognised. We saw the registered manager had on display around the home notices thanking staff for all their hard work. She told us that if her staff were happy in their work then the people living at the home would benefit from this. One member of staff told us, "It's like one big happy family. [Manager's name] is good. She'll come in and say 'morning girls' and it makes the day; she has always got that smile on her face, I've never seen a manager like her". Another member of staff said, "[Manager's name] is approachable and supportive but will tell you off if need be. She makes us feel valued and appreciated and she quite often sends a text to say thank you for your work".

The registered manager had a strong ethos of developing staff and providing them with opportunities to develop their skills and learning in order to improve the quality of the care provided. We saw that she had identified where staff excelled or were interested in particular areas of work and had supported them. A number of staff had been provided with additional responsibilities and those spoken to told us they enjoyed the challenge and appreciated the manager recognising their abilities. The registered manager told us, "I am a big believer in enthusiasm and giving people recognition, it helps spread the workload and make people more responsible for their actions". She spoke positively about her staff group adding, "There is great potential here".

All staff spoken with told us they were confident that if they had any concerns they could raise them with the registered manager and they would be dealt with. There were clear lines of responsibility across the home and staff were aware of these. We saw that staff worked well together and were supportive of one another. One member of staff told us, "It's fantastic [working at the home], if I have a problem, I can talk to anyone, I love it". They told us they felt very supported by the registered manager and their colleagues.

A number of areas for improvement had been identified by the manager through her own audits and we saw that there were plans in place to address these areas. For example, pictorial menus to assist people to choose their meals, a dedicated member of staff with RMN [Registered Mental Nurse] training to lead on behavioural care plans and the roll out of the Dementia Care Framework in order to improve the care experience for people with dementia including improving the dining room experience for people and improve activities in the home. Medication audits had also identified the need for new photographs to be taken and included on MAR charts and information was available in medication care plans describing how people preferred to take their medication.

The provider had notified us about events that they were required to by law and had on display the previous Care Quality Commission rating of the service.