Somerset Care Limited

Popham Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was carried out on 7 and 8 August 2018 and was unannounced.

Popham Court is a 'care home' for up to 74 people. The home is made up of two buildings. Popham House provides accommodation and nursing care and The Court provides care to people who do not require nursing care. The home specialises in the care of older people.

At the time of the inspection there were 61 people living at the home. 29 people were living at Popham House and 32 people at The Court.

There was a registered manager in post. 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.

The registered manager and deputy manager had been in post for approximately six months. In this time they had carried out audits and reintroduced systems to make improvements to the quality of care and seek people's views.

Further improvements were needed to make sure senior staff were clear about their roles and were effectively monitoring the day to day management of people's care. At this inspection we found there were a lack of routine checks in place to make sure people received good quality care and support.

People had care plans which were personal to them but did not always give clear information about their up to date needs and wishes. This placed people at risk of receiving inappropriate care for their current needs.

People did not have regular access to activities and social stimulation to promote their well-being. At the time of the inspection there were no activity workers at the home and other staff had not ensured people were able to continue to take part in social activities.

People who were able to express their views told us staff respected their personal routines and lifestyle choices. People said they would be comfortable to make a complaint. One person told us, "The staff are very easy to talk to. I could say if I wasn't happy."

People told us they were happy with the care they received. One person told us, "I wouldn't want to be anywhere else." One visitor said "It's extremely good here. It has a nice calm atmosphere and the staff seem very calm and caring."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff worked in

accordance with up to date guidance to make sure people's legal rights were protected.

The staff ensured people had access to healthcare professionals according to their individual needs. One person told us, "They get the doctor or a nurse to see you if you need it."

People received their medicines safely from staff who had been trained to carry out this task. Staff carried out risk assessments with people who wanted to self-administer their medicines and maintain their independence.

People told us they felt safe at the home and with the staff who supported them. People said staff were kind and caring and respected their privacy and dignity.

People were confident that staff had the skills needed to care for them. One person told us, "I definitely trust them [staff.] They are very good at their jobs." Another person commented, "I feel very well looked after here. I couldn't wish for better attention, they seem very on the ball."

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

Further information is in the detailed findings below

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 told us they felt safe at the home and comfortable with the staff who supported them.

People were supported by adequate numbers of staff to keep them safe and meet their physical needs.

Risks of abuse to people were minimised by the provider's systems and processes

Is the service effective?

Requires Improvement

The service was not consistently effective.

People did not always receive consistent care and support to meet their needs.

People received food and drink in accordance with their needs and preferences.

Staff knew how to support people who lacked the mental capacity to make decisions for themselves.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected.

People were supported by staff who were kind and caring.

Is the service responsive?

Requires Improvement

The service was not totally responsive.

People did not have regular access to activities and social stimulation to promote their well-being

People received care and support which was usually tailored to their individual needs and wishes.

People could be confident that at the end of their lives they would receive care that maintained their comfort and dignity.

People told us they would be comfortable to make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Improvements were needed to ensure day to day management was effective in making sure people received the care and support they required.

People lived in a home where the new management team were committed to improving quality.

There were ways for people to share their views and make suggestions.

Popham Court

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 7 and 8 August 2018 and was unannounced. It was carried out by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with 33 people who lived at the home, six visitors,13 members of staff and one visiting healthcare professional. The registered manager and operations manager were available throughout the inspection.

Some people at the home were unable to fully express their views due to their physical or mental frailty. We therefore spent time observing care practices and interactions in communal areas. We observed lunch being served in all areas of the home.

We looked at a selection of records, which related to individual care and the running of the home. These included seven care and support plans, three staff files, records of complaints, minutes of staff and service user meetings, medication records and quality monitoring records.

Good

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us, "I have no worries, I feel safe here." Another person said, "It's not what I'm used to but I definitely feel safe." People who were unable to verbalise their opinions looked comfortable and relaxed when staff approached them. One visitor told us, "Some of the people are very difficult but I have never seen the staff angry or irritated, they all smile and don't talk down to them."

There were adequate numbers of staff employed to meet people's physical needs. The provider covered vacant care and nursing shifts with agency staff. However, in the part of the home which provided nursing care, Popham House, people sat in the lounge unsupervised and with no mental stimulation for long periods of time.

On the first morning of the inspection there were seven people sat in the lounge in Popham House and no staff were present to ensure their safety or comfort. The registered manager informed us staff constantly checked on people as they passed by the lounge. However, we observed that although staff passed by the lounge door they did not always interact with people or check their well-being. Some people in the lounge had call bells to request assistance but others did not. When one person needed to use the bathroom a member of the inspection team had to find a member of staff to assist them.

In the part of the home known as The Court, people told us staff were always available to them. One person told us, "If I ring the bell they come pretty quickly." Another person, who liked to spend their time in their room, said, "They [staff] are busy but they always find time for a chat." We observed that staff interacted with people in communal areas by stopping to chat or helping people with drinks and checking if they needed any assistance.

The provider had systems and processes which helped to minimise the risks of abuse to people. There was a recruitment procedure which meant staff only began work once appropriate checks had been carried out. Staff told us they had not been able to start working in the home untill the necessary checks had been completed.

People were further protected from abuse because staff knew how to recognise signs of abuse and how to report it. Staff said they would not hesitate to report any concerns to senior staff and all felt confident their concerns would be investigated. Where concerns had been raised the provider had made sure full investigations were carried out and measures put in place to protect people.

People were protected from the risks of unsafe care because the provider carried out risk assessments and put in measures to reduce risks to people. For example, the provider had ensured that bedrails were only used on beds where they were necessary to prevent people from falling out of bed. This helped to reduce the risks of people being unnecessarily restricted.

One person had been assessed as being at risk of falling from their bed but did not wish to have bed rails

used on their bed. In this case the control measures in the assessment were to have the bed at a low position and a tumble mat to be placed on the floor beside the bed to reduce the risk of injury if they fell. When we visited this person in their room we saw the measures outlined in the assessment were in place. This showed staff took action to minimise risks to people but respected individual's rights to take some risks.

The provider had systems in place to analyse accidents and incidents which occurred at the home and took action prevent re-occurrence. If incidents occurred at the home 'critical incident reports' were completed. This enabled staff to explore what had happened and what lessons could be learned to improve future practice.

People's medicines were safely managed. People received their prescribed medicines from trained nurses and senior care staff. The home used an electronic system which showed when medicines should be taken and when they had been administered or refused. One person told us, "The nurse comes in with tablets. They are always friendly. My choice if I take them or not."

Some people choose to administer their own medicines and risk assessments had been carried out to make sure they were safe to do so. Staff carried out regular checks with people who administered their own medicines to assure themselves medicines continued to be taken in accordance with the person's prescription.

Some people were prescribed medicines, such as pain relief, on an 'as required basis.' People told us they were regularly offered pain relief and were able to choose whether to take it or not. During the inspection we heard staff offering pain relief to people and responding to requests for these medicines.

The risks of the spread of infection were minimised because staff followed good infection control practices. Hand washing facilities and alcohol gel were available throughout the home and staff had access to personal protective equipment such as disposable aprons and gloves. The registered manager told us they had identified that improvements needed to be made to cleaning routines within the home and they were taking action to address this.

Requires Improvement

Is the service effective?

Our findings

Improvements were needed to make sure people always received effective care to meet their needs. Each person had their needs assessed when they moved to the home to make sure it was the right place for them. From the assessments, care plans were created to show how needs should be met. The quality of care plans was variable and some we read did not give clear and comprehensive guidelines to enable staff to provide people with effective care and support.

One person's care plan stated they were at risk of developing pressure ulcers and needed to be supported to change position. The frequency of this was not recorded. Staff we spoke with were not clear how often this person should be assisted. One member of staff said they needed to be assisted every two hours and another said, "We try and do it every two to three hours."

There was a repositioning chart in the person's room which showed how often staff had helped the person to change position. For the day of the inspection the chart showed the person had been helped to lie on their left side at 6am that morning. When we visited the person at 11.40am they were still positioned on their left side showing they had not been helped to reposition for over five hours. The chart for the day before the inspection showed they had been assisted at 1am, 5am, 9am, 10am, 11am and 4pm. At the time of the inspection the person did not have any pressure damage but the inconsistency in the support provided could potentially place the them at risk of developing pressure ulcers The person's care plan did show the pressure relieving equipment needed by the person and the setting required to meet their needs. When we checked the equipment is was set to the correct setting.

Another person's care plan gave contradictory information about how often their weight should be monitored. In one part of the care plan it stated they needed to be weighed fortnightly and in another part it stated it should be done monthly. The person's weight records showed that on occasions they were weighed every fortnight and at other times they were weighed monthly. Records showed they were maintaining a stable weight. In one area of the care plan it stated the person did not have a 'Do not attempt resuscitation' (DNAR) directive in place but one was contained within the person's file. The deputy manager confirmed that the DNAR in the file was current.

Where people had specific nursing care needs, such as suprapubic catheters (a tube inserted into the abdomen to drain urine directly from the balder) there were no care plans in place to show how these should be cared for. We were told that all trained nurses received clinical skills training which covered catheter care so no further instructions were needed. This meant that if people had specific needs regarding their care in this area it was not recorded.

The lack of clear and consistent care plans meant staff did not always have accurate information to make sure people received effective care and support to meet their needs.

Some people's care plans gave very clear information about the person and staff were following the guidelines in place. For example, one person had a care plan regarding how they needed to be supported to

eat. It clearly set out the position the person needed to be in and the consistency of the food provided. At lunch time we saw the person received support in line with their care plan.

Another person had a care plan regarding some behaviours which they displayed. The care plan gave staff clear instructions on de-escalation techniques to use and distraction methods which had proved successful.

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.

Staff had received training about the MCA and those spoken with understood the principles and worked in accordance with the Act. One member of staff told us, "The training helped me to communicate with people about choices. Some people can't verbalise things but they can still make choices if you show things to them." Another member of staff told us, "We try and give people choices about everything. If they need to make big decisions and can't then the management would talk to their family about what would be in their best interests."

The provider had worked with staff to reduce the use of bedrails in the part of the home providing nursing care. This helped to make sure people were being cared for in the least restrictive way.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate applications where people lacked the capacity to consent to their care but required this level of protection to keep them safe.

People's healthcare needs were monitored by trained nurses and care staff. The handover meeting at Popham House, between staff working in the morning and those working in the afternoon gave evidence that staff monitored people's health and sought advice and support to meet people's needs. At The Court, people's nursing needs were met by community nurses and staff said they had good relationships with local healthcare professionals. One person told us, "They get the doctor or a nurse to see you if you need it."

In Popham House there was a white board system in place in the nurse's office which highlighted any nursing duties, such as changing dressings or catheters and the dates this needed to be carried out. Once a nurse had completed each action they up dated the board with a new date and recorded the action in the person's care plan. This helped to ensure people received appropriate and timely nursing care. At the time of the inspection we noted that all nursing duties were up to date.

Staff worked with other professionals and organisations to make sure people's needs were met. Staff arranged for people to be seen by healthcare professionals such as, dentists, community mental health nurses, opticians and speech and language therapists. Staff followed advice given by professionals. One person told us, "I had a health review with my specialist and the revised plan is being followed by the staff."

The staff assessed people's nutritional needs and ensured they received food and drink appropriate to their needs. One person told us they had seen a speech and language therapist who had advised they should have all drinks thickened to reduce their risk of choking. They said, "They [staff] are very good and do it properly. Thickened tea and coffee is quite vile so I stick to the cold drinks."

We observed lunch being served in all areas of the home. People were offered a choice of meal and received the support they required to eat their meals.

Opinions about the quality of the food served in the home varied. One person told us it was 'Awful.' One person commented, "It's not like home' and another person said, "The food here is very nice." Everybody agreed that there was always enough food and they were offered a choice of meals. Where people did not want a meal from the menu they could request an alternative. One person told us, "Often I don't fancy what's on the menu so they make me something else, like soft boiled eggs." One person's care plan stated they liked to have a specific snack during the night and this was provided.

People could choose where they ate their meal, during the inspection some people ate in the dining room, some in their rooms and one person sat in the garden.

People were confident staff had the skills required to care for them. One person told us, "I definitely trust them [staff.] They are very good at their jobs." Another person commented, "I feel very well looked after here. I couldn't wish for better attention, they seem very on the ball." A visiting healthcare professional told us they found the staff to be very knowledgeable and had no concerns regarding the care people received."

Staff were happy with the training they received although some said they had not had the amount of training they would have liked over the past year. The registered manager had a plan in place to make sure all staff were up to date with statutory training and had opportunities to discuss any training needs with their supervisor.

Accommodation for people was arranged over two buildings. In The Court we found that areas had been made homely and inviting. For example, one bathroom had been decorated in a sea side theme which helped to make it less clinical. In Popham House areas were not so homely, for example, bathrooms were often used for storage and the lounge area was sparse and poorly furnished.

Good

Is the service caring?

Our findings

People received their care from staff who were kind and patient. Throughout the inspection we saw staff interacted with people in a friendly and polite manner. Comments about staff included; "They look after me and are kind," "I can't praise the staff enough. They are all so kind" and "There are some absolutely brilliant staff here. There are a couple of girls who are wonderful, you know the type – nice without even trying."

In most instances people were treated as individuals and their choices were respected. The provider had taken steps to promote a homely environment. There was a no uniform policy which helped to break down barriers between people living at the home and staff to create a non-institutionalised environment. However, during the inspection we did see some instances of institutionalised practice at Popham House. This included everyone being given a white clothes protector to wear at lunchtime without any consultation with the person. We also observed a person being moved in their wheelchair without any explanation about where they were going. This meant people were not given the opportunity to make a personal choice. We discussed these issues with the registered manager and operations manager who assured us they would take action to address these issues.

People told us there were times when they felt staff went over and above their job role to create a good atmosphere. One person said, "Staff don't just work here it's like a big family. They dress up for celebrations and it gives us all a laugh." Another person said the staff helped them to celebrate birthdays and other special occasions. They told us, "Birthdays are wonderful we have just had parties for people who were 100. They really try to make things special." We also heard how staff had supported one person to take part in a family wedding they were unable to attend. Staff helped the person to use skype to be part of the occasion and celebrations.

People were treated with respect and dignity. People were supported with personal care in a way that was respectful. Everyone we asked said they were comfortable and relaxed when staff helped them with washing and dressing. One person said, "They treat me with dignity. When they do personal care they cover up my privates." Another person told us, "The staff are very respectful and know what they are doing." One relative had written to the home thanking staff for the care their relative had received. They wrote "Thank you for looking after [person] with kindness and care, maintaining their dignity over the years they were at Popham."

People could choose to spend time in communal areas or the privacy of their bedrooms. Staff knocked on doors and waited to be invited in when they visited people in their rooms. One person said, "I sit in my room all day. I'm very content here, my family visit and that's all I want."

People were able to keep in touch with friends and family. People told us they were able to see visitors at any time and visitors said they were always made welcome in the home. One visitor told us they visited the home most days and thought of it as "Home from home." One person told us how the provider has made sure they had WiFi in their room and had moved furniture to ensure they were able to plug in their IT equipment. This helped them to keep in touch with friends and family.

At our last inspection we found that people did not always feel fully involved in the planning of their care. At this inspection we found although most people had limited knowledge about what was written in their care plan they did feel able to express their views to staff on a daily basis. One person told us, "They do always ask about what you would like." Another person commented, "I think when I first moved in they did a care plan and asked about what I liked and didn't like." One person said, "In reality, people don't read care plans. I tell staff what I need doing." However they also commented, "Staff go the extra mile to involve me in decisions and to ask my consent."

The registered manager had begun to hold residents and relatives' meetings to support people to be involved in the running of the home and make suggestions. The registered manager acknowledged that meetings may not be appropriate for everyone and was looking at how people's views could be sought on a more individualised basis.

Requires Improvement

Is the service responsive?

Our findings

Most people we asked said they received personalised care and were able to make choices about their day to day lives. One person said, "They respect my choices." Another person told us they chose to stay in bed all the time. They said, "They come and offer to take me around in a wheelchair but I always refuse." One person, who lived in Popham House, told us, "You can choose within limits but it depends on staff availability." When we asked one person, who also lived in Popham House, if they could make choices about what they did each day, they shrugged their shoulders and said, "I sit here all day."

There were limited opportunities for people to take part in activities, or encouragement to pursue their hobbies. At the time of the inspection there were no activity workers in either building and a lack of stimulation for people who were unable to occupy themselves. This resulted in a number of people sitting for long periods of time with no social stimulation.

Although each area of the home had an activities board for the week, there were no activities entered for the week of the inspection. There were some signs around the home saying what day the gardening and cookery club were on but we were told these no longer took place. One member of staff said, "There's only really activities on a Monday. We do have enough staff to take people to the garden or the park but we don't often do that really." The registered manager informed us they were in the process of recruiting an activity worker and hoped this would improve things for people.

People's care plans contained personal information including details of people who were important to them, their lifestyle choices and preferred routines. Staff told us wherever possible they tried to fit in with people's own routines. One person told us, "They respect what I want to do. Like my own hairdressers comes to do my hair." Another person said, "I've always got up early. They have helped me to keep my morning routines."

The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Care plans contained information regarding people's specialist needs such as hearing aids or glasses. The registered manager informed us that if anyone required information to be presented in a different language or format the provider would ensure this was made available to them.

People could be confident that at the end of their lives they would receive care that ensured their comfort and dignity. One relative wrote to the Care Quality Commission before the inspection and said, "Towards the end everyone was so lovely and I mean everyone, they made the sad time as good as was possible for all concerned."

The home was accredited to the Gold Standards Framework which is a comprehensive quality assurance system which ensures people receive high quality care at the end of their lives. Each part of the home had staff who took a lead role for end of life care and they met regularly to discuss people who lived at the home and make sure care plans and medicines were in place for people who were nearing the end of their life.

Some people had specific care plans for the care they would like to receive at the end of their life. These included information about where people wished to be cared for, who they wished to care for them and any cultural or religious beliefs which were important to them. Some people we asked said staff had not discussed their end of life wishes with them but all thought it would be a good idea. One person told us they had had a conversation regarding their death and their wishes had been recorded. Another person said they had made their views known and told us, "I'll be fine here. I know I will get all the attention I need."

In the area which provided nursing care, Popham House, staff made sure any equipment or medicines to maintain people's comfort and dignity at the end of their life were available and appropriately administered. In The Court, staff liaised with GPs and district nursing staff to make sure people were supported in a way that ensured they were comfortable and pain free at the end of their life.

The provider took all complaints and concerns seriously and took action to make sure investigations were carried out when people were unhappy with their care. Records showed where complaints had been made, investigations had been carried out and the complainant responded to. The provider apologised to people when their investigations showed the care and support provided had fallen below the standard expected.

We asked one person if they would be comfortable to make a complaint and they replied, "Too true I'd complain to one of the staff. They are all very helpful." Another person told us, "The staff are very easy to talk to. I could say if I wasn't happy." Staff told us they knew people well and would recognise if people were unhappy with their support even if they could not verbalise their discontent. One member of staff said, "We would notice if someone wasn't themselves and find out what was bothering them."

Requires Improvement

Is the service well-led?

Our findings

Improvements were needed to ensure the day to day management was effective in making sure people received the care and support they required. In Popham House there was always a trained nurse and a shift leader on duty. In The Court there was a supervisor and shift leader on duty. The roles and responsibilities for each member of senior staff was unclear which resulted in routine oversight not always being carried out. For example, no senior member of staff checked repositioning charts to make sure people were receiving the correct care.

People were placed at risk of poor hydration and nutrition because no staff took responsibility for checking food and fluid balance charts. On the day of the inspection we checked two people's fluid charts before lunch. One showed the person had drank 50mls of tea at 9am and the other showed the person had drunk 150mls at 9am. There were no further entries to show if any additional drinks had been offered. One person had a full beaker of drink beside them and they told us no one had checked if they had drunk it.

People received limited social interaction and supervision when in communal areas because no staff appeared to be allocated to carry out this role or ensure people were always content and comfortable. During the inspection a number of people were sat in the communal lounge in Popham House with the television on. No one was watching the programme, but people were unable to change the channel or switch off the television. Some people had call bells but other people were unable to summon help when they needed it. In The Court people did not have access to activities or routine hobby clubs because no member of staff was allocated to support people in the absence of an activity worker.

The lack of oversight of day to day routines meant concerns were not identified and addressed in a timely manner. For example, concerns about people's fluid intake were not communicated to staff to encourage the person or provide additional support. It also meant no senior staff were ensuring people received social interaction and stimulation to promote a sense of well-being. During the inspection senior staff were not always working alongside other staff to enable them to monitor the practice of less experienced staff or assess people's well-being.

People were at risk of receiving inconsistent care and support because care plans did not always give clear guidance for staff to follow. A number of staff had worked at the home for a long time and knew people well. However, the home used agency staff who would not be so familiar with people's needs and preferences and would require clear information from care plans if people were unable to express their wishes.

The provider had not ensured people lived in a home which was always effectively managed. Prior to the current registered manager taking up post the home had had a series of managers who had provided temporary cover. This had resulted in some unrest for staff and a lapse in some systems designed to monitor and improve standards.

The lack of effective day to day management of the home and inconsistent records is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager who had managed the home for about six months. 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.

The registered manager has notified the Care Quality Commission of all significant incidents which have occurred in the home in line with their legal responsibilities.

The registered manager took overall responsibility for the home and was based in Popham House. A deputy manager was based in The Court to oversee day to day running of that part of the home. A clinical lead had been appointed to take the lead role for Popham House. However, the clinical lead had not commenced work at the time of the inspection meaning day to day management of the nursing part of the home was not clear or robust.

The new registered manager had carried out audits and produced an action plan to show how and when improvements would be made. They had a good overview of the improvements needed to raise standards within the home. One member of staff said, "We have been through a tough time but I think we are 95% there now." Another member of staff told us, "Things are improving. There's more training and I think we all feel more supported."

The registered manager and deputy manager had a vision for the home which they told us was to provide good care to people, for people to be happy and feel at home. People we spoke with were happy with the care they received. Comments included; "I've been here a couple of years. The care is terrific," "It's good place and staff are very kind" and "I wouldn't want to be anywhere else." One visitor said "It's extremely good here. It has a nice calm atmosphere and the staff seem very calm and caring."

The registered manager had started to reintroduce systems to seek people's views and enable them to make suggestions about the running of the home. They had carried out some meetings for people and their relatives and were looking at ways to engage with people who found formal meetings difficult.

Staff were kept up to date with changes by staff meetings and minutes of these showed a variety of issues were discussed. Staff told us they had not received formal one to one supervision recently but these were being arranged. Formal supervision is a chance for staff to share their experiences, identify training needs and make suggestions to a more senior member of staff. It is also an opportunity for poor practice to be addressed in a confidential setting.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure there were effective systems and processes to monitor the service provided to people and maintain accurate records relating to people's care. Regulation 17 (2) a, c