

Chislehurst Care Limited

Fairmount

Inspection report

Fairmount Residential Care Home, Mottingham Lane
Mottingham
London
SE9 4RT

Date of inspection visit:
12 April 2018

Date of publication:
19 July 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 12 April 2018 and was unannounced.

At our last inspection in February 2017 we found breaches of legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans and risk assessments were not always completed or updated and did not always provide clear information and guidance for staff on how to safely manage risks identified. Personal evacuation plans were not always completed to ensure people would be safely evacuated in the event of an emergency. People's food and fluid charts and Malnutrition Universal Screening Tool (MUST) were not always adequately completed or monitored. Not all staff had DBS checks carried out before they started work. Best interests meetings were not always carried out and decisions documented. Following that inspection, the provider wrote to us to tell us the action they would take to address our concerns.

At this inspection, we found that the provider had addressed the individual concerns identified at our last inspection. However, we found further breaches of legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not enough staff deployed to meet people's needs. There were not enough hoists to meet people's needs in a timely manner. Risks to people had been assessed and minimised, but risk management plans did not list the equipment required and used to mobilise people. People were not always protected from the risk of infection as individual hoist slings were not used when mobilising people. Processes were in place to monitor the quality of the service but these were not always effective as they did not identify the issues we found at this inspection.

Fairmount provides accommodation and personal care for up to 38 older people and specialises in caring for people living with dementia. There were 29 people using the service at the time of the inspection. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in place, who was on leave at that the time of this inspection. The deputy manager and area manager were available on the day. 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. There were appropriate adult safeguarding procedures in place to protect people from the risk of abuse. Staff understood the types of abuse that could occur and were aware of the action to take if they had any concerns. Staff knew about the home's whistleblowing procedure and told us they would use it if required. The home recorded accidents and incidents acted on them in a timely manner. Medicines were stored, administered and managed safely. Appropriate recruitment checks were carried out before staff started work to ensure that they were suitable.

Staff received appropriate training and were supported through supervisions and appraisals so that they were effectively able to carry out their roles. The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA). 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 told us they asked for people's consent before they provided care. People were supported to have enough to eat and drink and had access to healthcare professionals when required to maintain good health.

People told us staff were kind, caring and respected their privacy, dignity and independence. People were involved in decisions about their daily care needs. People were provided with information about the service when they joined in the form of a 'service user guide' so they were aware of the services and facilities on offer.

People's needs were assessed prior to moving into the home to ensure their needs could be met. Care plans were reflective of people's individual care needs and preferences and care plans were reviewed on a regular basis. There were a variety of activities available for people to enjoy and participate in. People were aware of the home's complaints procedures and knew how to make a complaint. People's cultural needs and religious beliefs were recorded and they were supported to meet their individual needs. Where appropriate people had their end of life care wishes recorded in care plans.

People and staff were complimentary about the registered manager and people and their relatives were provided with opportunities to provide feedback about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Aspects of the service were not safe.

There were not enough staff deployed to meet people's needs.

There was not enough equipment, namely hoists to meet people's needs in a timely manner.

Risks to people were not always managed safely as risk management plans did not list the equipment people required to mobilise. People were not always protected from the risk of infections.

There were appropriate safeguarding and whistleblowing procedures in place.

Medicines were managed safely.

Appropriate recruitment checks took place before staff started work.

Requires Improvement ●

Is the service effective?

One aspect of the service was not effective

Bedroom doors did not have people's names, a photograph or memory boxes displayed. Corridors where people's bedrooms were situated and bedroom doors were painted plain white. This meant people could not orientate themselves easily.

Staff were supported through adequate training and received regular supervisions and appraisals.

People's needs were assessed prior to them joining the service to ensure the home could meet their care needs.

The service complied with the Mental Capacity Act 2005 (MCA) and staff sought people's consent prior to assisting them.

People were supported to have enough to eat and drink. People were supported to access healthcare services when required.

Requires Improvement ●

Is the service caring?

Good ●

The service was caring.

People told us staff were caring and kind.

People and their relatives were involved in decisions about their daily care needs.

People's privacy and dignity was respected and people were encouraged to be as independent as possible.

People were provided with information about the service in the form of a service user guide to inform them of the service and facilities the home offered.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning their care.

Care plans were regularly reviewed and included guidance for staff on how to support people in line with their individual needs.

People's diversity needs were recorded and they were supported to meet their individual needs.

People and their relatives were aware of the complaints procedure and knew how to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not well-led.

There was a registered manager in post.

Quality assurance processes were not effective as they did not identify the issues we found at this inspection in relation to staffing, equipment and infection control.

Regular resident and staff meetings did not take place in order to obtain feedback about the home and drive improvements if needed.

The provider took into account the views of people by carrying out an annual survey.

People and staff were complimentary about the registered

manager.

Fairmount

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 was 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 was unannounced and took place on 12 April 2018. The inspection team consisted of two inspectors and one 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 we looked at the information we held about the service. This information included statutory notifications that the provider had sent CQC. A notification is information about important events which the service is required to send us by law. The provider also 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 also asked the local authority commissioning the service for their views of the home.

We spoke with six people using the service, five relatives, four members of staff, a district nurse, the deputy manager and the area manager. We reviewed records, including the care records of seven people using the service, recruitment files and training records for six members of staff. We also looked at records related to the management of the service including quality audits, accident and incident records, and policies and procedures. We spent time observing the care and support delivered to people and the interactions between staff and people using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection in February 2017 we found a breach of regulations because care plans and risk assessments were not always completed or updated and did not always provide clear information and guidance for staff. Personal evacuation plans (PEEP) were not always completed to ensure people would be safely evacuated in the event of an emergency. People's food and fluid charts and Malnutrition Universal Screening Tool (MUST) were not always adequately completed or monitored and not all staff had DBS checks carried out before they started work. Following the inspection, the provider wrote to us to tell us the action they would take to address these issues.

At this inspection we found that the provider had acted to make improvements to ensure that care plans and risk assessments were completed and updated and included guidance for staff on how to minimise identified risks. We saw that all people had an individual PEEP in place and that MUST tools were adequately completed and monitored. We saw that the provider had carried out Disclosure Barring Service checks for staff before they started work to ensure they were suitable to carry out their roles.

There were not enough staff to meet people's needs in a timely manner. There was five care staff and one senior on duty both in the mornings and afternoons and two care staff and one senior on duty during the night. We observed that that people were still having their breakfast at 11am and the morning medicines administration round was not completed until 11am. Staff told us this was because people were getting out of bed late due to the time taken for staff to provide personal care. Staff told us this was because people's dependency needs had increased and more people needed two staff members to assist them rather than one. This meant it was taking staff longer to meet people's needs. For example, we observed that two people had to wait a considerable length of time for staff to support them to go to the toilet. The area manager told us that staffing levels had previously been worked out based on people's dependencies. However, this was prior to the increase in the number of people that required hoisting. One staff member said, "We need more staff as the people are so much more dependent now." Another staff member said, "Staffing can be an issue due to increased dependency and hoisting needs." A third staff member said, "The work is so much heavier now and there are so many people who require hoisting and the support of two carers."

Failure to ensure there are sufficient numbers of suitably qualified staff is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was not always enough equipment to meet people's needs safely. The home had two hoists and four hoist slings to mobilise nine people. Staff told us that two hoists were not sufficient for the number of people who required them. We observed people waiting for long periods of time to have their needs met. Staff told us that one of the hoists was extremely difficult to manoeuvre over carpeted areas so they often waited for the second hoist to become available which was easier to use. On the day of our inspection we observed two people had to wait for staff support to go to the toilet. They had to wait long periods of time for a hoist to become available.

People were not always protected from the risk of infections. Individual named slings were not available when people were mobilised using a hoist. The four slings available were shared across nine people. The failure to use individual named slings increased the risk of cross infection between people. Staff told us they had asked for additional slings but when they were delivered they were not appropriate for the hoists and could not be used. Staff told us that the home did have a number of slings but they were not suitable and could not be used hoist people safely.

Failure to provide safe care and treatment is a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The area manager told us that several different size slings had been ordered and received by the home for individual people who required them. They told us they were not aware that the slings received were not appropriate and were not being used by staff. During our inspection the area manager ordered new individual slings for people who required hoisting. Following the inspection, the area manager informed us that they had sourced another hoist which had been delivered and was being used by staff at the home.

Safe recruitment practices were in place to ensure that only suitable staff were allowed to work with people. The provider undertook appropriate recruitment checks before staff started work. Staff files we reviewed contained completed application forms which included details of employment history and qualifications. References had been sought and proof of identity had been reviewed and criminal record checks had been undertaken for each staff member. Checks were also carried out to ensure staff members were entitled to work in the UK.

People told us they felt safe living at the home. One person said, "I feel safe here because they put my interest first". A relative said, "All the carers are very nice, and I feel my [relative] is safe because they are always checking on them".

Risks to people were minimised to keep them safe. Risk assessments were carried out and risks to people were identified in relation to moving and handling, nutrition, medicines, falls and skin integrity. However, improvements were needed as two of the risk management plans we reviewed did not list the equipment people required to mobilise. For example, slide sheets were being used to aid the staff to manage moving and turning people in bed. Risk management plans did not include guidance for staff on the type of slide sheets that needed to be used. This meant that people were at risk of unsafe care and treatment. When we spoke to staff about the slide sheets that should be used to mobilise people, staff were aware of the correct individual type of slide sheets that needed to be used. During our inspection the area manager updated risk management plans to include information about the type of individual slide sheets that should be used for people.

We looked at other risk assessments and risk management plans and found that they included guidance for staff on how to manage risks safely. For example, one person who was at risk of falls had measures in place to reduce the risk which included ensuring that the person walked with their walking aid at all times. They also had a sensor mat in place in their bedroom which alerted staff if the person got out of bed at night so that they could offer support and prevent any potential falls. Fire risk assessments were in place and records showed fire equipment and alarm systems were regularly checked. There were regular fire drills and people had personal evacuation plans in place which detailed the support they required to evacuate the building in the event of a fire. Staff told us they knew what to do in response to a fire and records confirmed they received regular fire training. One staff member said, "I have had my fire training and know what I need to do if there was a fire".

Accidents and incidents were appropriately managed. There was a system in place to record accidents and incidents that had occurred at the home. Records included details of the incident or accident, what had happened and details of the action that was subsequently taken. For example, one person accidentally dropped a cup of tea on their lap. We saw that that the person was assessed for injuries and the appropriate treatment was administered. Staff also monitored the person throughout out the day to ensure there were no delayed reactions.

People received their medicines safely as prescribed. Medicines were administered only by trained staff who had undergone an assessment of their competency to administer medicines. Medicine Administration Records (MAR) charts included people's photographs, allergies and GP details. MAR charts were signed after medicines were administered and did not contain any gaps. Medicines fridge temperatures were recorded and monitored and were in the appropriate range. This meant that medicines were stored at the correct temperatures in order that they remained effective for use. One person said, "I get my medication on time, it's one of the most important things".

People were protected from the risk of abuse. There were appropriate safeguarding procedures in place. Staff understood the types of abuse that could occur and knew who to contact should they have any concerns. One staff member said, "I would do straight to my manager, my manager would take action." Staff told us they were aware of the organisation's whistleblowing policy and told us they would not hesitate to use it if they needed to. We saw that the registered manager followed safeguarding protocols and submitted safeguarding notifications when required to the local authority as well as CQC.

Is the service effective?

Our findings

At our last inspection in February 2017 we found that when people lacked mental capacity to take decisions, best interests interest meetings to make decisions on people's behalf were not always held and decisions made were not documented. At this inspection we saw that the provider had made improvements and best interests meetings were held and documented.

People and their relatives told us that staff were knowledgeable and knew their roles well. One person said, "Staff are very good". Another person said, "We're all different and [staff] seem to rally to everyone's needs, they have a variety of skills". A relative said, "I come here at different times and the care seems consistent, my [relative] seems happy".

We saw staff were knowledgeable about people's individual care needs and knew how to support them. For example, we saw one person living with dementia became agitated, we saw a staff member reassuring them and speaking to them quietly and calmly and distracting them by offering them a cup of tea.

Staff were supported to carry out their roles effectively. Staff were inducted when they joined the home and received the required training to help them carry out their roles. New staff were required to complete the Care Certificate, the Care Certificate and is the benchmark that has been set for the induction standard for new care workers. One staff member said, "I have just completed my Care Certificate training". Records showed that staff had completed training deemed mandatory by the provider which included medicines, safeguarding, nutrition, end of life care, fire, moving and handling, first aid, infection control and health and safety. One staff member said, "I have finished all my training, I enjoyed it."

Staff we spoke with said they received regular supervisions and an annual appraisal with either the registered manager or the deputy manager. Areas discussed within supervisions and appraisals included training, personal performance, objectives and any further support staff required. One staff member we spoke to told us, "I have regular supervisions, it's a chance to meet with my manager on a one to one basis and discuss any concerns I have". Another staff member said, "I have an appraisal every year, it's good to see how I am developing."

Assessments of people's needs were carried out prior to them moving into the home. These assessments included people's medical conditions, physical and mental health; moving and handling and nutrition. These assessments were undertaken to ensure the home could meet people's needs and included. These assessments, together with referral information from the local authority, were used in producing individual care plans and risk assessments. For example, specific equipment that people required for their care, such as hoists or walking aids.

The provider complied with the Mental Capacity Act 2005 (MCA) and people's rights had been protected by assessments under the Mental Capacity Act 2005 (MCA). 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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider followed the requirements of DoLS and had submitted applications to a 'Supervisory Body' to request the authority to legally deprive people of their liberty when it was in their best interests. We saw that applications under DoLS had been authorised and that the provider was complying with the conditions applied under the authorisation. Capacity assessments were completed and best interests decisions made where people lacked capacity to make specific decisions. For example, when people required bedrails. We observed staff seeking people's consent before supporting people. One staff member said, "I always inform people how I am going to assist them and ask for their permission before proceeding."

People were supported to meet their dietary and nutritional needs. During our inspection we observed the lunchtime meal. People were supported to have a balanced and varied diet. There were different options on offer for both the main meal and dessert. We saw staff explaining to people what the meals were when they served them and if people decided not to have the meals on offer they could choose an alternative. Staff supported people to eat and drink where needed at their own pace and in a calm way.

People's dietary needs had been assessed and there was guidance in care plans about the support people needed to eat and drink. For example, if people required a high fat or low sugar diet. The chef had a list of people's dietary requirements in the kitchen to ensure they were meeting people's needs and that they were having enough to eat. For example, one person required a gluten free diet. We saw the chef had sourced gluten free ingredients, cakes and biscuits to meet the person's dietary needs. One person told us, "The cooking is marvellous, very suitable for people of our age, with plenty of meat, and fresh fruit from the garden". Another person said, "The food is excellent, they do nice puddings and nice roasts".

We saw people's bedrooms contained their own personal effects such as furniture, pictures and photographs. However, improvements were needed as we observed people's bedroom doors did not have people's names, a photograph or memory boxes displayed. Corridors where people's bedrooms were situated and bedroom doors were painted plain white. Research and current good practice in dementia care (for example, Department of Health National Dementia Strategy, Kings Fund) highlight that attention needs to be given to establishing environments that enable people who are living with dementia to find their way around independently. For example, help enable people living with dementia to move around more confidently. Items like memory boxes for people to fill with personal items can help them to navigate to their rooms. The deputy manager told us that registered manager had plans to develop different areas in the home to make them more 'dementia friendly'.

We recommend that the registered manager seek advice and guidance from a reputable source on how they can continue to adapt the home's environment in line with good practice to support, as much as possible, the independence of the people living there with dementia.

People were supported to maintain good health and had access to a range of healthcare professionals including district nurses, GPs, opticians, chiropodists and dieticians. Records of these appointments and the outcomes were kept in people's care files. We spoke to a district nurse who was visiting people on the day of our inspection. The District nurse told us that staff were good at making referrals to them and following advice given. For example, the district nurse told us, "Staff ask for advice on tissue viability issues and follow instructions we give them" and "I have always found the staff good at communicating and making referrals

to our service. People are well cared for."

Is the service caring?

Our findings

People told us that the staff were caring. One person said, "The staff are very nice, very helpful, they don't mind standing and talking to you for a long time and I do talk away." Another person said, "The care is exceptional".

We observed staff treating people with dignity and in a respectful manner. Staff did not rush people and engaged with them in a positive manner. Staff addressed people by their preferred names and showed compassion and understanding. For example, when one person was agitated, a staff member sat with them; they provided reassurance by stroking the person's hand and talking to them in a quiet and calm tone. People's information was stored in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

Staff were aware of people's individual likes, dislikes and preferences, such as the time they liked to wake up and go to bed and what their hobbies were. One staff member told us, "One person likes a hot drink before bed and likes playing scrabble". We saw the person playing scrabble on the day of our inspection. We observed staff protecting people's privacy and dignity when offering personal care. They knocked on people's doors and waited for permission to enter and closed doors behind them. One person said, "The staff are marvellous, they are non-intrusive". One relative told us, "Privacy is good, people are treated with dignity. Staff put up a portable white screen when someone is being moved". We observed this during our inspection.

We saw people and their relatives were involved in decisions about their daily care. People were given choices and supported to make daily decisions for themselves. For example, one staff member told us they supported people in deciding what they wanted to wear and showed them a number of options. One person said, "Staff always ask me how I am and if I need anything." One relative said, "I talk to the staff regularly about my mother's care, I'm in everyday".

Staff promoted people's independence by encouraging them to carry out aspects of their personal care such as washing and dressing. We saw staff encouraging people to eat and drink on their own if they could and were on hand to assist people if needed. One staff member said, "I encourage people to do what they can for themselves if they can."

People were provided with information about the home when they joined in the form of a 'service user guide' which included the complaints procedure. This guide outlined the standard of care people could expect and the services and facilities provided at the home. People were encouraged to stay in contact with family and friends and relatives were encouraged to visit the home. One relative said, "We visit most days and are made welcome, there is a very positive atmosphere".

Is the service responsive?

Our findings

People were involved in planning their care needs. One person said, "I have a care plan, my daughter in law is also involved". Another person said, "Yes, I have a care plan, staff always let me know what's happening".

People had care plans based upon their assessed needs. They addressed a range of needs such as the support people required with mobility, medicines, skin integrity, communication, moving and handling, personal care and nutrition. Care plans were regularly reviewed with a view to ensuring they remained up to date. Daily progress notes were completed; these detailed the care and support delivered to people. Care plans also included details of people's choices as well as information about the things that were important to them. This included things they liked to do and talk about. For example, one person liked to talk about where they used to live and the job they carried out.

There were two activities co-ordinators and a variety of activities on offer. These included, armchair exercises, arts and crafts, board games, quizzes and musical afternoons. There were also activities to help stimulate people living with dementia such as sensory lights, mats, soft toys and bags and reminiscence activities. On the morning of our inspection we saw people enjoying one to one time with staff including those people cared for in bed. We saw staff engaging people in sensory activities, such as exploring sensory mats and soft toys, reading poetry or chatting to them. During the afternoon on the day of our inspection we saw people enjoying a musical afternoon, singing and dancing with staff. We saw that the local school regularly invited people to visit. People had recently judged a bake-off competition at the school. One person said, "There are lots of activities here, they are often themed by events such as Halloween and Easter". One relative said, "There's enough stimulation, they seem to cater for people living with dementia". Another relative said, "Staff often ask me for things for my mother, such as photographs, because they are making a memory book".

People's care plans recorded their diversity needs which included details of spiritual and cultural needs. For example, if people wished to practice their faith and how they were supported to do this. We saw that a spiritual representative attended the home bi-weekly and conducted services for people who wished to participate. People were also supported to practice their faith whenever they chose to do this. One relative said, "The staff are brilliant, they say prayers with my [relative] every morning".

The home had a complaints policy and there was a system in place to log and investigate complaints. People and their relatives knew how to raise a complaint if they needed to. The home had not received any complaints since our last inspection. The area manager said that if any complaints were received then they would follow the complaints process to investigate the matter. One person said, "I know who to go to if there was a complaint, but I have no problems". Another person said, "I would have a word with the registered manager if I was unhappy, but everything is good".

Care plans contained information on people's end of life care preferences. For example, who they would like to have contacted if they were approaching the end of their life, and/or if they had any specific spiritual preferences. This was to ensure people's choices for their end of life care were acted upon.

Is the service well-led?

Our findings

A programme of audits were carried out to monitor the quality and safety of the service. Recent audits had been completed looking at a range of areas including infection control, medicines administration and care plans. However, these were not always effective as these processes had not identified the issues we found during our inspection, or ensured action was taken to address them. For example, an infection control audit carried in March 2018 did not identify that four slings were being shared between nine people, therefore increasing the risk of cross infection.

Although annual surveys were carried out and feedback about the service overall was positive, we found that since our last inspection, no resident meetings had taken place to obtain feedback from people about the service. This meant that the home did not seek feedback from people for the purposes of continually evaluating and improving the service.

The deputy manager told us that regular staff meetings had been held since our last inspection but could not provide minutes of any staff meetings held during the previous year. Staff we spoke with told us that that regular staff meetings were not held. This meant that the provider could not keep staff informed of service developments and remind them of their day to day responsibilities or share learning and good practice. It also meant that staff were not given the opportunity to feedback about any concerns they had. For example, not having enough or adequate equipment and being short staffed. One staff member said, "We don't always have staff meetings, if we did they may listen to our problems, like just having one proper hoist as the other one is quite heavy to move".

Failure to maintain an effective quality assurance system is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager sent us dates that resident and staff meetings had been held, however, no documentation was provided to support this information.

The service had a registered manager in post who was supported by a deputy manager. The registered manager was knowledgeable about the requirements of a registered manager and their responsibilities about the Health and Social Care Act 2014. Notifications were submitted to the CQC as required.

People were complimentary about the registered manager. One person said, "The registered manager is superb, she walks about keeping an eye out". Another person said, "the registered manager is always asking if I need anything, but I can never think of a thing" Staff were complimentary about the home and said that the registered manager was supportive. One staff member said, "The registered manager is good and is always available". Another staff member said, "I really like working here, I care about the residents and we have a good team".

The ethos and vision of the of the home is to strive to make every day happy and comfortable for the people using the service and to allow people to engage with the outdoors by making use of extensive grounds

whenever possible. People told us that they used the gardens when the weather was good. The provider worked in partnership with the local authority to improve and develop 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment There was not enough equipment to meet people's needs.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor quality of service were not effective. Regular resident and staff meetings were not held.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not enough staff to meet people's needs in a timely manner.