

Westcare (Somerset) Ltd

The Tudors

Inspection report

Street Road
Glastonbury
Somerset
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Tel: 01458831524

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12 October 2016

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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

The inspection took place on 12 October 2016 and was unannounced. This was the first inspection of the home since the home was re-registered when new providers took over ownership of the home in October 2014.

The Tudors is registered to provide accommodation with personal care for up to 21 older people. The service does not provide nursing care. At the time of this inspection there were 20 people living there (including two people who were in hospital). There was a registered manager in place. 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, and we saw evidence of many improvements to the building, services and care since the provider took over the home. Further improvements to the environment were planned. However we identified some further areas where actions were needed in their management of medicines, staff training, assessment of people's capacity to make decisions, and notification of incidents, accidents and deaths. The providers and registered manager carried out a range of quality monitoring checks on a weekly and monthly basis. However, further improvements were needed to the quality monitoring processes to ensure all legal requirements were met.

While medicines were generally stored and administered safely there were some areas where improvements were needed. Tablets were stored, administered and recorded safely. However, there were gaps in the records of creams and lotions and this meant there was a risk some creams had not been administered regularly in accordance with the prescriber's instructions. Medicines that required refrigeration were not stored securely.

There was a warm and friendly atmosphere in the home. People praised the care and services they received. One person said "Everyone is very kind to you. Very thoughtful." A relative told us "I am quite happy with the care they give to (person's name). I think we can say (person's name) is very happy." The staff were patient, kind and friendly.

There were sufficient staff to meet people's needs. We asked a person if they thought there were enough staff and they replied "I think so. If you want any help someone will come and help you." A member of staff told us "There are enough staff. Everyone knows what they have to do. Nobody rushes." However, staff training needs had not been closely monitored to ensure staff had received essential training and updates to enable them to meet people's needs effectively. Risks of abuse were minimised because the provider checked all new staff and made sure they knew how to recognise and report abuse.

People were confident their health needs were met effectively. Regular checks were carried out to enable

staff to pick up and act on any signs of potential illness quickly. Where concerns were noted the staff contacted the person's GP or health professionals promptly for advice or treatment.

People were offered meals and drinks in accordance with their dietary needs and preferences. People told us they enjoyed the meals. For example, one person "The food is good wholesome food."

People received care that met their assessed needs from staff who had sufficient information about how they wished to be supported. Before a person moved into the home an assessment of their needs was carried out. This information was used to draw up a plan of their care. People told us they were satisfied with the care they received.

People had opportunities to take part in a range of activities that met their individual needs. Group activities included games, arts and crafts, parties, visiting entertainers. People had been consulted in resident's meetings about the activities they wanted staff to arrange. They had been on various outings and shopping trips including Clarkes Shopping Village and a local school. Staff described how some people 'came to life' when activities were provided.

We found four breaches 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 the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not fully safe.

There was a risk people may not receive prescribed medicines including creams and lotions in accordance with the prescriber's instructions because some aspects of medicine storage and management were unsafe

People were supported by sufficient numbers of staff to safely meet their needs.

Risks of abuse to people were minimised because the provider checked all new staff and made sure they knew how to recognise and report abuse.

Is the service effective?

Requires Improvement ●

The service was not fully effective.

People's legal rights were not fully protected because assessments had not been carried out to identify people's ability to make decisions about their support needs.

There was a risk people may not receive effective care because some staff had not received training in essential topics to ensure they had the skills required for the job.

People's health needs were monitored and met

Food was served in accordance with people's dietary needs and preferences.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect

The staff and management were caring, friendly and considerate.

People were supported to maintain relationships with family and friends.

Is the service responsive?

Good 

The service was responsive.

People received care that met their assessed needs and staff had sufficient information about how people wished to be supported.

People were able to raise concerns and complaints freely and were confident their views would be listened to and acted upon. .

People had opportunities to take part in a range of activities that met their individual needs

Is the service well-led?

Requires Improvement 

The service was mostly well led.

People could not be certain the service was fully well-led because quality monitoring procedures were not fully effective.

The provider and registered manager had failed to inform the relevant authorities of notifiable incidents.

People benefitted from a staff team who felt supported by the registered manager and provider.

The manager was committed to on-going improvements to promote people's health and well-being.

The Tudors

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.

The inspection took place on 12 October 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we looked at information we had received about the service including concerns and complaints. We had received no notifications of deaths or notifiable incidents.

During the inspection we spoke with eight people who lived in the home, two visitors, two members of staff, the providers and the registered manager. We also looked at records relating to the care and services people received including three care plans, daily reports, risk assessment, staff rotas, staff training records, risk assessments and maintenance records. We looked at records relating to the storage and administration of medicines in the home. After the inspection we were contacted by three health care professionals who gave us their views on the home.

Is the service safe?

Our findings

People could be confident that prescribed medicines in tablet form were stored, administered and recorded safely. However, some improvements were needed in the storage of medicines that required refrigeration. Improvements were also needed to the recording of prescribed creams and lotions after administration, and to the information given to staff in the care plans and records regarding the administration of medicines prescribed on an 'as required' basis.

People's medicines were administered by staff who had their competency to carry out the task assessed by the manager. Tablets were supplied in monitored dosage packs. These were stored in a medicines trolley that was kept locked and secured when not in use. There was secure storage in place for controlled drugs and these were recorded and stocks monitored to provide evidence of safe and secure procedures. However, medicines that needed to be kept cool were being stored in the refrigerator in the kitchen. This meant they were not stored securely, and there was a risk the medicines may not be kept at the correct temperature. However, there was no immediate risk to people living in the home. The registered manager told us they had a medicines refrigerator but it had broken down and needed repair. They agreed to make sure it was either repaired or replaced immediately.

The home used printed medication administration records (MAR) supplied by the dispensing pharmacy. Records of tablets administered had been correctly signed by staff and there were no unexplained gaps. However, separate records were in place for prescribed creams and lotions and these records contained many unexplained gaps. We talked to the registered manager and staff about people who may be at risk of skin conditions including pressure sores. We were assured that creams had been administered regularly, although the records had been poorly completed. They told us there were no people suffering from pressure sores or worsening skin conditions at the time of this inspection. Therefore despite the lack of written evidence of administration of creams and lotions, it was likely that creams had been administered regularly. The registered manager told us they would take immediate action to ensure the records were completed accurately and checked at the end of each shift in future.

Some people were prescribed medicines to be taken on an 'as required' basis. There was no additional information in the care plans or MAR to explain when these medicines should be offered. For example where pain relief tablets had been prescribed there was no information to staff on when to offer the tablets, or how to recognise when a person may be suffering pain. Staff told us they knew each person well, and most people were able to say if they were in pain. The registered manager agreed to add this information to the care records as a matter of priority.

People were supported by sufficient numbers of staff to meet their needs. Staff were attentive and supported people in a calm and relaxed manner. People told us they received assistance from staff when they asked. Call bells were answered promptly. We asked a person if they thought there were enough staff and they replied "I think so. If you want any help someone will come and help you." A member of staff told us "There are enough staff. Everyone knows what they have to do. Nobody rushes." Another member of staff told us that if people's needs increased they were confident the providers would agree to increase the

staffing levels.

The provider's staff recruitment procedures helped to minimise risks to people who lived at the home. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Most recruitment records contained evidence of at least two satisfactory references, although in one instance the record only contained one reference. The registered manager told us they had contacted the second referee by telephone and had gained a verbal reference and an assurance that a written reference would follow. However, they had not made a record of the conversation, the date or the person they spoke with. They assured us they would chase this up immediately and would make a record of all verbal references in future. A member of staff told us they were confident that recruitment checks had been carried out before they began working in the home, including references and DBS checks.

Staff had received training in how to recognise and report abuse. Staff had a clear understanding of what may constitute abuse and how to report it. They were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff said "I am confident all of the staff would report any concerns immediately."

Risks to each person's health and safety had been assessed and regularly reviewed. These included risk of malnutrition, pressure sores, continence and falls. Where risks were identified the care plans contained detailed instructions for staff on the actions they must take to reduce the risk. For example, one person had been assessed as being at risk of pressure sores. An occupational therapist had assessed the person and confirmed the person did not require a pressure relieving mattress as they were able to move independently. The staff administered creams daily to pressure points. A member of staff told us they kept a close watch on the person's skin and they had not seen any signs of soreness. If they had any concerns they would seek medical advice promptly.

Is the service effective?

Our findings

Most people told us they were satisfied with the care they received and thought the staff had the skills required to meet their needs effectively. When we looked at the records of staff training we saw that some staff had not completed training or completed updates on health and safety related topics. At least one member of staff had failed to complete essential training within the first six months of their employment. Staff training was provided through a range of workbooks and staff were expected to complete these at the start of their employment and then complete updates when necessary. Certificates of training were stored in each staff member's employment file. This meant we were unable to gain a clear understanding of the level of training each member of staff had received. The registered manager told us they had recently recognised they did not have an effective method of checking staff training and they were planning to draw up a training matrix that will enable them to check the training topics completed and when updates are due.

The registered manager told us that staff had received practical instructions on moving and handling by working alongside an experienced member of staff at the start of their employment. However, neither the registered manager nor any of the staff team had completed a 'train the trainer' course to ensure they had the skills and up-to-date knowledge on safe moving and handling procedures. One person living in the home required equipment such as hoists and sliding sheets and assistance from staff to help them move safely. This meant there was a risk that staff may be using unsafe and out of date practice.. The registered manager told us a manager from another home run by the provider had completed a 'train the trainer' course and they hoped to provide training for all staff at The Tudors in the near future.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing

The registered manager told us they plan to provide training and support for new staff in the future to enable them to achieve a qualification known as the Care Certificate. The Care Certificate covers an identified set of standards which health and social care workers are expected to adhere to. At the time of this inspection one member of staff held this qualification. Some staff had also completed further qualifications relevant to their jobs, such as National Vocational Qualifications (NVQ's) and diplomas.

Staff were supported on a daily basis, however staff were not given formal supervision on a regular one-to-one basis. The records showed some staff had received formal supervision occasionally, but others had received no formal supervision in the last year. This meant that staff did not have an opportunity to discuss their performance, training needs or any concerns relating to their employment. The registered manager was planning to draw up a supervision matrix to show the dates supervision sessions are planned and when the next sessions are due. They planned to carry out formal supervision every three months in future.

The registered manager told us they supervised staff informally on a daily basis by working alongside staff, observing practice and giving guidance. For example, the registered manager described how they had received guidance and training from the community nursing team to carry out specific tasks, and they had passed this knowledge and good practice on to staff by working alongside them.

Many of the people we met during our inspection were able to make day to day decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. However, care plans did not provide sufficient evidence of each person's ability to make important decisions in their lives. This meant staff had not received guidance on the decisions people could make for themselves, or where decisions should be made in their best interests by people acting on their behalf. For example, one care plan contained a 'Do not resuscitate' form completed by a consultant during the person's recent hospital stay. The consultant had stated the person should not be resuscitated due to dementia. However, there was no further evidence in the care plan to show that the person's ability to make important decisions about their lives, including medical treatment, had been assessed, or any arrangements for 'best interest' decisions on their behalf.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. While we were given verbal reassurance by staff that they always gave people choices, that staff worked in accordance with the principles of the act this was not evidenced in the care plan files.

One person told us they were unhappy living in the home and wanted to return to live in their own home. We spoke with the registered manager who explained how they supported the person to try to make their stay as homely and comfortable as possible. The person was not restricted in any way and went out every day with friends and family. They were free to leave if they wished. We observed staff speaking with the person in a caring and empathic manner. However, there was no evidence to show their capacity to make decisions about where they wanted to live had been assessed.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Need for consent

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us they had made an application for one person in the past, but after assessment it was found that DoLS did not apply. They were uncertain if DoLS may be applicable to any other people living in the Home. They agreed to seek advice from the local authority and submit applications where necessary.

People could be confident their health needs were met effectively. Staff worked closely with doctors to monitor people's health where needed. Staff checked people's blood pressure, weight and blood sugar levels and faxed the results to their GP to enable the GP to monitor people's health. Where changes in a person's health was noted the staff contacted the person's GP or health professionals promptly for advice or treatment. A person told us "Staff will get the doctor quickly if needed." Records showed people regularly received care from a range of professionals, including home visits from doctors, community nurses, opticians and chiropodists. A member of staff told us "I do think they are very well looked after. We are small so we know them well. If people are ill we spot it quickly and call the GP if needed." Comments from visiting professionals included, "We have always found the Home's staff extremely helpful, professional and caring in conduct at all times", and "I visit many care homes but can truly say without exception because of the above I recommend this particular Home to people on a regular basis."

People could also be confident that important aspects of their personal care needs were not overlooked or

forgotten by staff. The registered manager told us that essential tasks were listed in the care plans but they had been concerned there was a risk that staff might fail to check the care plans on a daily basis. They had drawn up posters for each person's room reminding staff about essential tasks. For example, a poster in one room said 'Please remember that I use the following,' and below this there was a picture of a pair of dentures and a walking frame. This reminded staff that they must check the person had their dentures in and their walking frame with them before they left the room. The registered manager told us this had been successful and had reduced the likelihood of people leaving their rooms without essential items.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Care plans contained evidence to show each person had been weighed regularly. Where concerns were found, such as weight loss or low body weight, the care plans contained instructions for staff on how to support the person to reach a healthy weight. This included the use of food supplements, and offering snacks and 'finger foods' that people could eat between meals. Where people were at risk of choking, or where they may have difficulty eating due to dental problems, the care plans explained how meals should be prepared. For example, puree or cut up into small pieces. Advice had been obtained from a dietician where necessary. Records had been maintained of meals and drinks consumed and these showed that staff had followed the advice in the care plans. The registered manager told us the staff had recently discussed ways of giving people greater choice and independence at meals times, for example by putting a selection of breakfast foods on a table in the dining room for people to choose from.

People were offered a choice of meals to suit their preferences and dietary needs. The menus showed one main meal was offered at lunchtime, but staff told us that people did not like the meal offered they were given a range of alternatives to choose from. The menus had been drawn up in consultation with the people living in the home and were regularly reviewed with them. There was a four weekly menu rota in place. Menus were written on a blackboard and displayed in the dining area. Staff also asked people each day if they were happy with the main meal on offer or if they wanted an alternative.

People told us they enjoyed the meals. For example, one person said the food was "very nice. Always nice and hot." Another person said "The food is good wholesome food." A relative told us the person had improved significantly since they had moved into the home. The staff sat with the person to help them eat their meal and the relative said the person was "much better than before she moved in. She is now eating well and enjoys her food." One person praised the cook saying, "She's a very good cook. The food is good. I get plenty to eat." People were able to choose where they ate their meals. They could choose to eat in the dining room, lounge or in their room. During our visit we saw people were offered hot and cold drinks regularly throughout the day. They also had cold drinks within easy reach.

Is the service caring?

Our findings

People received care from staff who were patient, kind and friendly. People told us staff were caring and praised the staff team. One person said "Everyone is very kind to you. Very thoughtful." Another person said they liked all the staff and named one member of staff they felt was exceptionally kind. A relative told us "I am quite happy with the care they give to (person's name). I think we can say (person's name) is very happy." Another relative described the staff as "Brilliant" and said the staff gave the person all the care they needed.

We observed staff assisting people in a caring and respectful manner. They offered people choices of drinks and food, and sought people's permission before assisting them with any task. A member of staff told us they were constantly talking about ways of improving the care each person received. Care for individuals was discussed each day in their shift handover meetings. In addition staff could also ask for impromptu meetings if they had any concerns about an individual. They also told us they were confident all of their colleagues treated people with kindness and understanding.

Staff were friendly, we observed them chatting to people about the things they planned to do that day, such as activities and visitors. They listened to people, and responded in an empathic way. For example, when people were unhappy or displayed behaviour that may upset other people the staff were diplomatic and offered solutions or alternatives to cheer people up, such as offering an activity they might enjoy. Staff ate with people at lunchtime and this meant mealtimes were an opportunity for everyone to sit and talk about their day. They also discussed the meal, and how it was cooked, and this prompted discussions about favourite meals people used to cook.

A member of staff told us how they cared for people who may feel unhappy and needed cheering up. For example, they knew exactly how each person liked their drinks. If a person had a poor appetite they knew the foods that might tempt the person to eat. They said, "I like to treat them the way I would want to be treated."

People were accommodated in single bedrooms. They were encouraged to bring items of furniture, pictures and ornaments to make their rooms feel personalised and homely. Staff always supported people with personal care in their private rooms or bathrooms. Staff were discreet when supporting people who required assistance which helped to maintain their dignity. Staff knocked on bedroom doors before entering.

Relatives told us they were always made to feel welcomed whenever they visited. They were kept well informed about the care, and their views were regularly sought. Staff contacted them promptly if they had any concerns about the person's health. People said that they could have visitors at any time. Some people went out with family members and others spent time together at the home. The registered manager told us they kept in touch with relatives who lived away, or those who were unable to visit regularly, in a variety of ways. With people's consent they took photographs and videos of people enjoying various activities that they could send to families and friends. They were in the process of setting up a tablet computer so that people could speak with loved ones via a video link.

Staff took care to ensure people wore clean and attractive clothing that had been neatly laundered. Everyone was well dressed, clean and their hair attractively styled showing staff spent time supporting people who were unable to carry out their own personal care. People told us they were happy with the way their clothes were laundered and cared for by the staff.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. Before people moved into the home an assessment of their needs was carried out. This information was used to draw up a plan of their care. The care plans had been discussed with each person, and the staff had explained what the care plan was for. Some people we spoke with remembered speaking with staff about their care plans, but not all. However, people told us they were satisfied with the care they received. They told us staff understood their needs. A person told us "The staff look after me very well. I am very lucky." A relative told us "I think they are alright. I wouldn't mind living here myself!"

Care plans contained information about each person's daily routines, such as their normal times of rising and going to bed, and how they liked to spend their day. The overview section of the care plan was brief, but easy for staff to follow. We spoke with the registered manager about ways this section could be expanded to give more information about the person's preferences and how to offer choices. The care plans did not give sufficient information about pain relief. However, sections on risks contained more detailed instructions to care staff on how to assist them, for example to care for people's skin, and to assist them with continence. The care plans had been regularly reviewed and updated where necessary. This meant staff had access to up to date information about each person's needs. Staff had a good knowledge of people and were able to tell us about people's particular needs such as how people liked to dress, and how they liked their meals and drinks.

People were involved and consulted about the service. Resident's meetings were held from time to time and these were minuted. A member of staff told us a meeting was held about a month before our inspection where they discussed menus and activities. They also said "We talk to them every day and ask if they are happy." We looked at the minutes of a meeting held earlier in the year and saw that every person had been asked for their views and their responses had been recorded. Topics included menus and activities. Conclusions and actions were recorded. These included an agreement to occasionally purchase fish and chips from the local chip shop, and to take people out for walks or to a nearby leisure centre.

People were supported to take part in a range of activities to suit each person's individual interests. Group and individual activities were provided most days. Displayed around the home were posters, artwork and photographs with evidence of a range of different activities people had enjoyed. The staff had drawn up an activities folder containing a life story book for each person called 'This is me'. The books contained information about things that were important to each person including their history, previous employment, interests and family life. Activities were planned to suit each person either on an individual or group basis.

A record had been kept of the activities each person had participated in. Staff told us they used the records to check that every person had been given individual time, including those people who remained in their rooms most days. One-to-one activities included hand and nail care, or spending time sitting and chatting to a person. Some men living in the home enjoyed model kit making and brass rubbing. Group activities included games, arts and crafts, parties, visiting entertainers. People had been consulted in resident's meetings about the activities they wanted staff to arrange. They had been on various outings and shopping

trips including Clarkes Shopping Village and a local school. Staff described how some people 'came to life' when activities were provided. One person told us "There are plenty of activities going on – lots of amusements. We play cards, do painting and crafts. I have a jigsaw on the go."

There was a family atmosphere in the home. Staff involved people in everyday life in the home as much as possible, for example some people enjoyed helping to fold the towels and laundry, and one person liked to help with the washing up. Staff told us they sometimes took their young children into the home to visit people as people had told them how much they enjoyed their visits.

People knew how to make a complaint and they were confident these would be listened to and actioned. People told us they would speak with the registered manager or the providers if they wanted to make a complaint. One person told us they were confident they could make a complaint if necessary, but said they had not needed to do so, saying "I am happy with what I have got." Copies of the complaints procedure were displayed in the communal areas.

Is the service well-led?

Our findings

This was the first inspection of the home since the provider took over ownership. People told us, and we saw evidence to show they had made many improvements to the building, services and care, and further improvements were planned. People were satisfied with the care and services they received. However there were some areas where further actions were needed. The providers and registered manager carried out a range of audits and checks on the service to help them monitor the quality of the care and put in place any actions needed to improve the service. While these had successfully identified many areas where improvements were needed the quality monitoring process had failed to identify the areas we noted during this inspection. These included recording and assessment of risks relating to medicines, staff training, and failure to assess people's capacity to make decisions. Monitoring checks on medicine administration had failed to identify gaps in administration records of creams and lotions, or the unsafe storage of medicines that required refrigeration. Staff training had not been regularly monitored by the provider or registered manager to ensure staff had received essential training. There were no systems in place to review staff training needs.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance

We also found that the provider had failed to notify the Care Quality Commission of any deaths, serious incidents or accidents that have occurred. The registered manager told us there had been no serious incidents as far as they were aware since they were appointed as manager. However, they thought there had been some deaths and accidents that should have been reported in the last year. They agreed to check the records and send notifications where necessary.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2014: Notification of other incidents.

The providers told us they will consider ways of improving their quality monitoring procedures to ensure all areas are monitored closely in future.

In the last year there had been a change of registered manager. People living in the home, relatives and staff praised the registered manager and told us they had every confidence in her management of the home. People living in the home, relatives and staff told us about improvements in the management of the home since the registered manager was appointed. We heard that staff morale had improved and routines in the home ran more smoothly. They also praised the providers, saying they visited the home regularly and were always approachable and friendly. A relative told us "I know the owners. They are very, very nice people. I could speak with them if I had any worries."

The registered manager kept their skills and learning updated by completing training workbooks and attending training sessions. They were in the process of completing a nationally recognised qualification known as National Vocational Qualification (NVQ) Level 5. They also attended meetings and trainings

sessions held by their local care provider's association, and meetings and training provided by Somerset County Council.

The providers had sought the views of people living in the home, relatives, staff and professionals through questionnaires to help them identify areas for improvement. Responses from a recent questionnaire showed a high level of satisfaction. Suggestions for improvements included the downstairs toilet and carpets appearing untidy and we saw that actions had been, or were about to take place to address these suggestions.

The providers had carried out a number of improvements to the building including refurbishment of bedrooms and major landscaping and improvements to the garden. Further work to improve a downstairs toilet to create a new wet room was about to take place in the very near future. They planned to make improvements to the whole home, although this would take place over a longer period to keep disruption to people living there to a minimum. There were regular checks on the environment and these were recorded. Equipment checks included checks on the call bells. Maintenance records showed that any maintenance problems were addressed promptly.

Staff meetings were held regularly where staff were invited to give their views and make suggestions. For example, the minutes of a recent staff meeting showed that staff were asked their views on the shift planning procedure, and discussions on how they could ensure that tasks were carried out effectively. They also discussed infection control and cleaning routines.

Staff told us they felt well supported and there was a happy working atmosphere. A member of staff told us "I enjoy this job – really. Staff here are very nice. If you don't know something you just ask." A health professional told us "They have a good well run team, which makes our visits go very smoothly, for both us and their clients, therefore keeping everyone happy and comfortable".

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 18 Registration Regulations 2009 Notifications of other incidents The provider has failed to notify the Commission of significant incidents or deaths that have occurred.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Regulation 11 (1) The provider has failed to ensure that, where a person lacks mental capacity to make an informed decision, or give consent, the staff have acted in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (2) (a) The provider has failed to ensure their systems to monitor, assess and improve the quality of the services are fully effective. Regulation 17 (2) (c) The provider has failed to ensure that records are accurate, complete and contemporaneous in respect of each service user.
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

Regulation 18 (20 (a) The providers had failed to ensure the training, learning and development needs of staff were met at the start of their employment and reviewed at appropriate intervals during the course of their employment. Staff have not been fully supported to undertake training, learning and development to enable them to fulfil the requirements of their role.