G & A Investments Projects Limited

Pinewood Rest Home

Inspection report

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Date of inspection visit: 10 & 11 August 2015
Date of publication: 09/11/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

This inspection visit took place on 10 and 11 August 2015 and was unannounced.

Pinewood Rest Home provides accommodation and personal care for up to 16 older people, some of whom are living with dementia. There were 13 people using the service at the time of this inspection.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Quality assurance systems were in place but were inconsistently applied and the registered manager was not always enabled to be proactive. Actions identified as necessary to complete improvement plans were not always carried out by the provider.

Safe recruitment practices were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people in the home. There were sufficient numbers of experienced staff to meet people's needs.

Staff were supported to provide appropriate care to people because they received an induction and on-going training and supervision.

Summary of findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. Where people's liberty or freedoms were at risk of being restricted, the proper authorisations were in place or had been applied for.

People received regular and on-going health checks and support to attend appointments. They were supported to eat and drink enough to meet their needs.

There was a very positive atmosphere within the home and people were very much at the heart of the service. People and their relatives were enabled to be involved in how care was delivered. Staff understood people's individual needs and worked in a manner that respected people's privacy and protected their dignity.

The service was responsive to people's needs and staff listened to what they said. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. People were confident they could raise concerns or complaints and that these would be dealt with.

People and their relatives spoke positively about how the service was managed. There was an open and transparent culture in the home. Staff felt they would be supported by the registered manager to raise any issues or concerns.

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 the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff had a clear understanding of what constituted potential abuse and of their responsibilities for reporting suspected abuse.

People were supported to take planned risks to promote their independence and staff were provided with appropriate guidance.

Staffing levels were sufficient and organised to take account of people's planned activities and support needs.

People's medicines were managed appropriately so that they received them safely.

Good

Is the service effective?
The service was effective.

Staff received training and supervision to help ensure they had the right, knowledge and skills to effectively deliver care and support.

People's consent to care and support was sought in line with relevant legislation and guidance.

People were supported to eat and drink enough to meet their needs and to make informed choices about what they ate.

People received regular and on-going health checks and support to maintain their health.

Good

Is the service caring?
The service was caring.

People were treated with kindness, compassion and respect.

Staff showed passion and commitment to building positive caring relationships with people and supporting them to make choices about their care.

Good

Is the service responsive?
The service was responsive.

People were supported to do the things that interested them. Care plans were tailored to each individual and reflected their personal preferences.

Staff were prompt to raise issues about people's health and wellbeing and people were referred to health professionals when needed.

The service continuously reviewed and updated people's care plans, based on consultation and observation of their changing needs.

Good

Summary of findings

Is the service well-led?

The service was not always well led.

Quality assurance systems were in place but were inconsistently applied.

The registered manager promoted a positive and open culture within the service. The involvement of people, their families and staff was encouraged and their feedback was used to drive improvements.

Requires Improvement

Pinewood Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 10 and 11 August 2015 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited the home we checked the information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with nine people who used the service and three relatives to seek their views about the care and support being provided. We also spent time observing interactions between staff and people who used the service.

We spoke with three care staff and the activities person, the registered manager, deputy manager and a visiting healthcare professional. We reviewed a range of care and support records for six people, including records relating to the delivery of their care and medicine administration records. We also reviewed records about how the service was managed, including risk assessments and quality audits. Following the inspection we received feedback from another external health and social care professional who had been involved with the service.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us that care was delivered in a safe manner. One person told us "I feel very safe here because I like all the staff; they are very helpful and co-operative. A relative commented "Mum is safe here because when she was at home she used to fall in the night. Now she has 24 hour care, there is always someone about".

Staff explained how they would recognise and report abuse. Procedures were in place to support staff to report concerns about people's safety to the registered manager and local safeguarding team. The registered manager was aware of her responsibility to report any suspected abuse to the safeguarding team and to notify us.

Risks to people's health and wellbeing were assessed, monitored and reviewed and staff demonstrated that they understood people's risks. People were supported in accordance with their risk management plans. For example, a person who was at risk of skin damage used a special mattress to reduce the risk of damage to their skin. Staff had sought the advice of the district nurse when necessary. A social care professional who had been involved in reviewing some people's care plans told us risk was managed effectively. They said if the service needed any advice about risk they contacted the social services community team. They told us the service had done this in the past and worked together with the community team and GP to resolve the risk.

Staff acknowledged that some risks to health and wellbeing needed to be accepted and taken, in order to promote and not limit people's freedom and independence. One person's risk management plan instructed staff on how to observe and encourage the person to ask for assistance when attempting to walk, which they sometimes tried to do without using their walking aid. A person told us "They are very kind to you in here and I feel safe. No one stops me doing anything I want".

There was a 'grab file' containing guidance on what to do in an emergency, such as a fire, flood or heating breakdown. The file included a summary of each individual's needs, to support staff and external agencies to continue to meet their needs in the event of an emergency.

People told us that staff were available when they needed care and support. One person said "There are enough staff to help". Another person told us "There is always someone on hand when I need them. (The manager) works very hard; she covers the shifts when someone calls in sick, she is always around". A relative told us they observed that care staff "Responded to call bells, no matter what for". The staff rota was planned in advance to help ensure there were sufficient numbers of suitably experienced staff and the registered manager kept this under review. She informed us the home was currently fully staffed and the provider would fund additional staffing if required. The registered manager told us she or the deputy manager covered shifts if needed, rather than use agency staff who would not provide the same continuity of care. A member of the care staff told us "Staffing levels are ok and staff are all good at their jobs".

Relatives told us they had confidence that staff were suitable to work with people who used the service. The provider had a system in place to assess the suitability and character of staff before they commenced employment. Records included interview notes and previous employment references. Staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk.

Systems were in place to help ensure people's medicines were ordered, stored and administered safely. This helped to ensure that people were protected against the risks associated with the unsafe use of medicines. There were detailed individual support plans in relation to people's medicines, including short term care plans for periods when people were on courses of antibiotics. Clear guidelines were in place that helped staff to understand when 'as required' medicines should be given. Staff received training in the safe administration of medicines and this was followed by competency checks. We observed the member of staff giving people their medicines locked the medicines trolley when they left it unattended to take someone their medicine. A person told us "I get my medication the same time every day and they explain to me what I am taking".

Staff received training in infection prevention and control and there were daily cleaning schedules and monthly audits. Following one such audit, the system for disposing of used continence pads was improved by the use of

Good

Is the service safe?

coloured bags that care staff carried with them when assisting people in their rooms. Hand gel was available near the entrance and in other areas of the home. We saw that personal protective equipment such as disposable gloves and aprons were available and being used by staff. A person's relatives told us they had "Never had to complain about hygiene" in the home. They said "The place could do with a bit of decorating but it's immaculately clean and they care".

Good

Is the service effective?

Our findings

People and their relatives told us the staff worked effectively as a team and had the knowledge and skills to meet people's needs. One person said "I am well cared for, the staff understand me and they are excellent". A person's relatives told us "They only have to look at her and know she's not well and get the doctor in". Another person's relative commented that staff sometimes had to deal with difficult situations when providing care and said "I think they do a wonderful job".

Staff received an induction and further on-going training to carry out their roles and responsibilities. The provider's induction training for staff had previously been based on the Common Induction Standards (CIS). CIS were replaced in April 2015 and the registered manager informed us that induction for new staff would now be based on the 15 standards set out in The Care Certificate.

There was a record of the dates individual staff had been given training, which was mostly computer based. Care staff told us they had a good induction, including 'shadow working' alongside an experienced member of staff for a period of time, which helped them to get to know people and their routines. They confirmed they had received further training following the induction, including dementia awareness, and said this helped them to understand and meet people's needs. For example, they explained how they approached and communicated with individuals who were living with dementia.

The registered manager used supervision meetings with individual members of staff to check that training had been understood and used. Supervision is a process that offers support, assurances and learning to help staff development. Care staff confirmed they had these meetings and said they felt well supported by the registered manager. An external social care professional said they had always found the staff to be professional and empathetic towards people who used the service. They told us the feedback from people had always been positive about the care workers.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people they were supporting. Before providing care, they sought consent from people and gave them time to respond. People had signed their agreement to some aspects of care, such as staff supporting them with medicines and personal care. If people declined care and support this was respected and documented in their care records. Where people lacked capacity, best interest decisions had been made and documented, following consultation with family members and other professionals. Staff recognised that people could make some decisions but not others and supported them to make as many decisions as possible. A member of staff told us that people who lived in the home "Can all make decisions". They were clear about people having the right to make decisions, adding: "It might be an unwise decision, but that's ok". An external social care professional told us the service took into account people's mental capacity and consent in the delivery of care.

The Care Quality Commission (CQC) monitors the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The registered manager understood when a DoLS application should be made and how to submit one. Following a Supreme Court judgement which clarified what deprivation of liberty is, the registered manager had reviewed people in light of this and submitted applications to the local authority.

People were effectively supported to eat and drink enough to meet their needs. Each person had a nutritional assessment and support plan that was kept under review. Information about people's dietary needs and preferences was also listed in the kitchen and records were kept of what they ate and drank. Fluid charts were in place for four people who were assessed as being at risk of dehydration and staff monitored the amounts they drank. People were offered snacks and hot and cold drinks at various times throughout the day. We observed the lunchtime meal in the dining room. The tables were laid with table cloths and salt and pepper, drinks of water or squash were offered. The atmosphere was calm and friendly and staff chatted

Good

Is the service effective?

with people as they served the meal. If a person chose to eat their meal in their own room then staff checked on them to see if they needed anything. Two people chose to have an omelette as an alternative to the main meal.

People who used wheelchairs to get to the dining room were assisted to transfer to dining chairs at the table. We observed a care worker patiently helping a person to transfer back to their seat after the lunchtime meal. The care worker gave the person instructions on how to get out of their wheelchair and sit in their seat. This was done with discretion and care. The person got into their seat, smiled and said 'thank you'.

Comments from people and their relatives about the food and support at mealtimes were positive. One person said "I can choose to eat in my room or go to the dining room". Another person told us "The food is very good. The lunch is a set meal; if you don't like it they cook you something else. If you are hungry they will always get you a snack". A visitor told us "My Mum has lost her appetite. They try really hard with the food; they have brought her all sorts of things to eat". Another person's relatives told us staff put some types of food in bowls for the person who found it easier to eat that way. They said their relative had alternatives to some of the meals provided, adding: "They know what she likes". We observed staff offered to take the person's meal and reheat it for them later as they had visitors.

People had access to healthcare services and, where necessary, a range of healthcare professionals were involved in assessing and monitoring their care and support to ensure this was delivered effectively. This included GP and community nursing services, chiropody, occupational therapists, opticians and dentistry. A visiting healthcare professional told us the service referred people to health services appropriately and people were well looked after. A social care professional who had been involved with the service said the service encouraged people to maintain good health and optimum mobility.

Good

Is the service caring?

Our findings

People told us the staff treated them with kindness and compassion. One person said "I am treated very kindly by staff. They never rush me and always finish what they are doing". Another person told us "The staff are always there for you when you need them". Another person commented "I feel at home" and told us "(The manager) is lovely. If I'm not well, she comes and sees me". Someone else remarked "The staff are very caring, they sometimes just sit and chat with us".

We observed caring interactions between people and staff. For example, staff checking on people who were in their rooms to ask if they were okay. A group of people were enjoying games of dominoes and scrabble in the lounge with staff. There was a great deal of laughter and interest in the activities and a warm and positive rapport between people and staff. We also heard staff singing with people who use the service. A person came into the manager's office, concerned about a label on their walking frame. The registered manager took time to replace the label and have the person's name put on it. Another person had been to the dentist and the registered manager and staff spent time reassuring them.

People who visited the service were also very complimentary about the care and told us the service kept them involved and informed. A person's relatives told us "The (staff) are so gentle with her. You hear them laughing with her in her room. They don't go by the door, they always wave and they always say goodbye when they're going. They know all the family. When we go on holiday, the staff bring in their children and their pet dogs, which she likes. She is never left out". The relatives told us how night staff had supported the person who was having bad dreams, by gently checking on them and offering them cups of tea. Another visitor said their relative was "Surrounded by angels. They've been wonderful. Big, big stars". A visiting healthcare professional said "People seem to feel this is their home" and told us how staff had "made a big fuss" when they celebrated a person's 101st birthday.

Staff demonstrated passion and commitment to building positive caring relationships with people who use the service and supporting them to make choices about their care. A member of staff we spoke with told us about the importance of having empathy with people and said "That could be my mum or dad out there". Another member of staff spoke about promoting people's independence: "It's important to them. Even if it's just washing their face". They described the service as "Homely, relaxed and calm" and said "I love my job. You get time to spend with the residents and can ask about their past lives, things they enjoyed".

There was a person centred culture at the home and this was reflected in the systems that were in place to involve people in their care. Monthly review meetings took place between individuals and their key workers, to ensure that they were consulted and informed about their support and what happened in the home. Key working is a system where one member of care staff takes special responsibility for supporting and enabling a person. The aim of this system is to maximise the involvement and help to build relationships between people using the service and staff. The review records showed staff discussed each aspect of the person's care plan with them. This both promoted people's involvement and gave staff an in-depth knowledge of the person's needs and preferences about how their care was delivered.

People and their relatives told us the staff respected people's privacy and protected their dignity. A person commented "They are very good at giving me a shower and respect my dignity. I don't feel embarrassed being naked, they are very good. They always ask my consent and knock on the door". Another person said "They encourage us to do everything that we can for ourselves, so we wash the bits we can reach and they do the rest. We are powdered, puffed and creamed!" A relative remarked "The staff are amazing, so kind and caring". They told us staff noticed when their mother's covers had slipped off the bed and had "Discretely covered her up". Visiting times were not restricted and one person told us "We can have visitors at any time day or night".

Staff gave examples of respecting people's privacy and dignity, for example keeping a person covered as much as possible while assisting them to wash. They demonstrated their awareness of the importance of protecting people's confidentiality, for example keeping personal information safe and not talking about other people or staff in front of them. We saw people's personal information was held securely in locked filing cabinets when not in use.

People's preferences and choices for their end of life care were clearly recorded and kept under review. A person told us they had been involved in planning their future care. The plan reflected their choice to be cared for in the home and

Good

Is the service caring?

not to be admitted to hospital. The person had been receiving end of life care until their health improved and they had put on weight. They were now enjoying following their hobby. When they had become unable to use a walking frame, they had been able to choose to move to a downstairs bedroom, which they said they liked for the view. They told us staff came and spent time with them.

Good

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to people's health and wellbeing. Relatives were kept informed about any significant changes affecting the person receiving care. A relative told us "My mother's care is reviewed often; her health is deteriorating so we review it often with (the manager)". A visiting healthcare professional told us the service monitored and responded appropriately to changes in people's needs.

Before people moved into the home they and their families participated in an assessment of their needs to ensure the service was suitable for them. Involving people and their relatives in the assessment helped to make sure that care was planned around people's individual care preferences. An external social care professional told us the registered manager and staff liaised well with professionals and family members; and took the time to get to know people well, including their history, likes and dislikes.

Personalised care plans provided detailed guidance about how each person would like to receive their care and support, including how they communicated their needs and preferences. Each person's plan reflected the importance of meeting their needs in ways that gave them as much choice and control as possible. For example, one person's plan stated they needed staff to run some warm water in the sink so the person could sit and wash their face and front. The person needed staff to help them to wash their back. The plan also instructed staff to keep the person's electric razor charged as the person could usually shave independently.

Records showed that when people could not communicate their care needs, information about care preferences was gained from their relatives and friends, so that best interest decisions relating to care delivery could be made. One person's relative had provided information about the person's preferences relating to food and this had been included in the care plan.

Through talking with people, relatives and staff and through observation, it was evident that staff were aware of people's care needs and acted accordingly. All staff contributed to keeping peoples' care and support plans up to date and accurate. Staff addressed people in a manner that reflected their stated preferences in their care plans, such as abbreviations of first names.

Monthly evaluations of care took place involving the person and/or their relatives, if appropriate. The registered manager told us these meetings between the person, their relatives and keyworker helped to identify how the person was feeling and what additional support they may need. A record of one review showed a person had asked their key worker a question about a recent change in their medicines. The member of staff had followed this up by contacting the person's GP. Another person's key worker had noted that the person's skin was bruising easily. This was recorded on a body chart, the registered manager was informed and the person's GP was contacted and a medicines review took place.

A staff communication book was used along with verbal handovers to help ensure that staff were informed in a timely way about any changes to people's needs. For example, during the inspection staff contacted a person's GP about an on-going health matter, which the person's care notes showed was being monitored. An entry was also made in the communication book so staff coming on the later shift would have up to date information.

Staff promoted people's mental and emotional wellbeing and encouraged people to socialise. We saw records of one to one activities as well as group activities facilitated by staff and we observed these taking place. A member of staff told us how one person had now started coming out of their room into the communal area for periods of time: "Not yet joining in with the activities, but likes to have their tea there too". People were supported to do the things that interested them and maintain links with family and friends. Two people said "We like to knit and we do". Another person told us the staff encouraged their artwork. One person commented "I have freedom, I like to be quiet and on my own when I want to be. I know the manager and she accepts my views".

People and their relatives told us the registered manager was approachable. They were aware of the complaints procedure but had not felt the need to make a formal complaint, as any issues they raised were dealt with promptly. Their comments included: "I do know how to complain but there is nothing to complain about"; "(The manager) is always available and talks to us all the time. Her door is always open"; "(The manager) is pretty good,

Good

Is the service responsive?

we often talk. There are no problems in here so I don't need to complain"; and "(The manager) chats to me often. I once complained about not having any hot water in my room. She quickly got that sorted. It is easy to talk to her".

The registered manager told us they had received no formal complaints. There was a system and procedure to record and respond to any concerns or complaints about the service. Staff understood people's needs well and demonstrated how they would be able to tell if a person was not happy about something, which meant that people would be supported to express any concerns.

There were four greetings cards on the notice board from people's family and friends thanking the manager and staff for the care provided. Monthly meetings were advertised on the notice board as 'An opportunity to give your opinions, ideas or concerns. The meetings will be documented with the outcomes. All visitors, relatives and residents welcome'.

Requires Improvement

Is the service well-led?

Our findings

There was a lack of consistency in how well the service was managed and led, which meant the registered manager was not always enabled to be proactive. Quality assurance systems were in place but were inconsistently applied. The provider did not carry out regular quality assurance visits. The registered manager said "If we ask for something, he'll come".

The registered manager had carried out an internal audit and drawn up an action plan dated 1 April 2015. Monthly audits were completed in relation to infection prevention and control (IPC) measures. There was also an environmental improvement plan in place from 1 April 2015, which stated work was to commence in May 2015. Within this plan and the monthly audits, the registered manager had identified areas of the home in need of redecoration and repair. Apart from the removal of three old mattresses from the back garden in May 2015, no further work on the identified areas had commenced at the time of this inspection. For example, paint was peeling off the stair handrail, there were cracks in plasterwork, divans were threadbare in places and some carpets and flooring were worn. A hoist in the bathroom had been identified as being rusty and a plate attaching the hoist to the floor in need of replacing. The provider was identified as the person responsible for the actions to be carried out but had not yet undertaken or put clear plans in place for the work identified.

The registered manager had limited financial autonomy. In room one, an automatic door closer was emitting a high pitched intermittent sound to signal the batteries needed replacing. The person who inhabited the room had spent the night with the unrelenting high pitched sound. We were told the person had not appeared to be disturbed by this. However, this situation did not promote the person's comfort and wellbeing and could have been prevented. The registered manager told us this had been going on since the day before. Although the provider came out the day they were contacted to replace the batteries, the provider did not leave the remainder of the pack of batteries and therefore the manager was reliant on the availability of the provider to resolve issues that could be dealt with immediately.

At the time of this inspection, the home no longer had a designated maintenance person. During the inspection the registered manager emailed the provider requesting that two vacant rooms be decorated. The registered manager subsequently informed us that the provider had authorised this. The work would be carried out by the maintenance person from the provider's other home. There was no clear programme of maintenance and renewal of the premises. The registered manager's action plan had identified that the details of small maintenance jobs had been recorded in a maintenance book on the 31 March 2015, which was the last dated entry.

The failure to have effective systems in place to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service accommodated people who needed assistance to maintain their mobility and three people who were living with dementia. The registered manager had identified that the environment would benefit from more handrails. We discussed with the manager about guidance for making the environment more dementia friendly.

Procedures were in place for responding to and reporting accidents and incidents. For example, a person had a fall and the records showed this had been followed up and monitored appropriately. The registered manager checked and signed off all accident and incident forms and actions taken.

People and their relatives told us they thought the service was well led and they were very satisfied with the quality of care. One person said "This home is comfortable and friendly and well led by (the manager)". Asked if they would recommend the home to others, all of the people we spoke with said they would. A relative told us "The manager is very down to earth and approachable; she talks to me all the time about my mother. I think this home could do with some modernisation and decorating. I would 100% recommend this home to others and (the manager) leads her team well". Another person said "The atmosphere is nice in this home. The girls are friendly, helpful and kind. (The manager) is lovely and runs this home well. It could do with decorating".

An external social care professional told us the registered manager and staff were professional and delivered high quality care, while at the same time the home always had a personable feel. They said the service worked well in partnership with their agency.

Requires Improvement

Is the service well-led?

There was an open and transparent culture in the home. Staff felt they would be supported by the registered manager to raise any issues or concerns. The registered manager and deputy manager were available on a daily basis to talk with people who used the service, visitors and staff, which helped to ensure that the people receiving care were at the heart of the service. The registered manager said she valued the contribution all staff made to involving people in the planning and delivery of care, which was evident through the key working system. Staff had a clear understanding of their roles and responsibilities and demonstrated passion and commitment in their work.

There were processes in place to enable the registered manager to account for the actions, behaviours and performance of staff, and the registered manager told us how she had implemented the procedures when necessary. The registered manager told us "I do not let things go. I was a care worker and I know what it is like to care".

A member of staff told us the registered manager "Does everything well. She is good with the residents and good with the staff. Not the type to just sit in the office". Another member of staff said "She's absolutely brilliant. We rarely find her in the office, she's very hands on. The only issue I have is more money needs to be spent on the home". One member of staff commented "I love this home and (the manager) is a good boss. You can go to her with any problem and she'll listen". Another member of staff said "The team's really good and supportive and (the manager) is fantastic. She always lets you know what's expected. If you're unsure of anything you can always ask her, it's never a problem for her. She is clear about how she wants things done and what the resident's needs are".

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The systems in place to assess, monitor and improve the quality and safety of the service were not operated effectively. Regulation 17 (1) (2) (a)