South West Care Homes Limited

Beechmount

Inspection report

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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?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

Beechmount is a large Victorian building set in its own grounds on the outskirts of Torquay. It is registered to provide accommodation and personal care for up to 25 older people. Most people who live at the home have memory impairment or a form of dementia. The home is not registered to provide nursing care. This service is provided by the local community nursing team.

This inspection took place on 2 December 2014 and was unannounced.

There was a registered manager in post at Beechmount. It is a condition of the home's registration that a registered manager is employed at the home. 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.

Summary of findings

Beechmount was last inspected by the Care Quality Commission (CQC) on 31 July 2013. At that inspection we asked the provider to take action to make improvements to the carpets, lighting and maintenance of the building. The provider sent us an action plan telling us these matters would be completed by 28 November 2013. During our inspection on 02 December 2014 we saw that most of these matters had been dealt with.

Prior to this inspection we had received some concerns relating to furniture being used to prevent people leaving their rooms at night and that 'sleep in' night staff had to sleep on the dining room floor. We found no evidence to support these concerns.

During this inspection we identified a number of concerns that had not been picked up by the registered manager or the registered provider's quality assurance systems.

People's privacy was not always maintained and their belongings were not always protected. Not all bedroom doors had locks, which meant anyone could wander into people's bedrooms and remove items.

The hot water system did not provide hot water to all rooms in the home at peak times throughout the day. This placed people at risk as staff had to take hot water from bathrooms to areas where there was no hot water. Some window restrictors were of a type that has been identified as being easily removed, this meant people may be at risk of falling from upstairs windows. Carpets in lounge areas were worn and in need of replacement. Call bells could not be heard in all areas of the home and a smoke detector was needed in one room where combustible material was stored. Following our inspection the registered manager told us these matters had been dealt with. There was no hand cleansing facilities in the laundry room, which meant there may be a risk of cross infection. The registered manager said they would put disinfecting gel in the laundry room. Some areas of the home had been redecorated and carpets in the corridors and staircase had been replaced.

People did not always receive care and support that met their needs. At lunch time we saw some people had to wait in the dining room for half an hour before they received their meal. The majority of people living at the home had some degree of dementia but not all staff had received training in this area. Not all staff communicated effectively with people living at the home. This meant people's needs may not be met as staff may not understand what they were trying to communicate.

People's social care needs were not always identified and provided for. There was a range of planned activities on offer, but there was little opportunity for engagement for people who did not wish to take part in these activities. One visitor commented "I wish there was more for them [service users] to do – [relative] gets bored." A visiting professional also commented if anything could be improved at the home it might be activities.

Staff understood how to recognise and report any signs of abuse. Robust recruitment and financial management procedures were in place. People told us they felt safe at the home. A range of risks had been identified and managed appropriately.

People were enabled to have their choices and preferences met and were supported to maintain a healthy diet. People were involved in decisions about their care and support.

People's healthcare needs were met by staff and visiting professionals. People were supported by staff that promoted their independence. Positive caring relationships had been formed between people and supportive staff. People described staff as "very good, helpful" and "perfectly alright" and said "It's lovely here". Staff were able to tell us how people liked to be supported and have their needs met. Care records were personalised and told staff about people's individual needs.

The registered manager was approachable and encouraged positive relationships. Everyone spoke highly of the open positive culture within the home. A visiting professional told us they thought the registered manager was "a shining example of how to lead by example and be approachable."

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this 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?

Requires Improvement

The service was not entirely safe.

People's belongings were not protected.

The hot water system and some window restrictors were not safe

Staff understood how to recognise and report any signs of abuse. Robust recruitment procedures were in place.

Risks had been identified and managed appropriately.

Is the service effective?

Requires Improvement

The service was not completely effective.

People did not always receive care and support that met their needs.

Carpets in lounge areas needed replacement.

Not all staff had received training in caring for people with dementia.

Not all staff communicated effectively with people living at the home.

People were enabled to have their choices and preferences met and were supported to maintain a healthy diet.

People's healthcare needs were met by staff and visiting professionals.

Is the service caring?

Requires Improvement

The service was not always caring.

People's privacy was not always maintained.

People were supported by staff that promoted their independence.

Positive caring relationships had been formed between people and supportive staff.

People were involved in decisions about their care and support.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's social care needs were not always identified and provided for.

Care records were personalised and met people's individual needs.

Staff knew how people liked to be supported.

Is the service well-led?

Requires Improvement

The service was not well-led.

Summary of findings

There was no effective quality assurance system at the home.

The registered manager was approachable and encouraged positive relationships.

Beechmount

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 registered 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 took place on 2 December 2014 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we gathered and reviewed information we hold about the registered provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider. We spoke with three people using the service, five visiting relatives, seven staff and the registered manager. We also spoke with five health and social care professionals and staff from the local authority who had commissioned some placements for people living at the home.

We observed the interaction between staff and people living at the home and reviewed a number of records. The records we looked at included people's care records, the provider's quality assurance system, accident and incident reports, staff records, records relating to medicine administration and staffing rotas

Requires Improvement

Is the service safe?

Our findings

Improvements were needed in order to safeguard people's belongings, to the hot water system and to one type of window restrictor in use.

One person told us they had lost a piece of jewellery, which they had reported to staff. Another person told us they may have lost things or they thought they might have been borrowed. People had reported missing items to the registered manager, who had always followed up the matters and resolved them satisfactorily. However, there was no system in place to help prevent the items going missing.

Staff told us there were problems getting hot water in some bedrooms, so they had to carry hot water from other areas. This could put people at risk of scalding from the hot water being carried around the home. The registered manager told us some rooms were further away from the boiler and at times of high demand the hot water did not reach these rooms. People were not concerned about this as staff got the water they needed for them.

Window openings had been restricted to reduce risks of falls from windows. However, in some cases, a cable device had been used for this. This type of restrictor had recently been found to have design defects such that falls from windows might not be prevented as intended. We discussed this with the registered manager who was to seek further advice on suitable alternatives.

We saw that other risks to people's safety were managed appropriately, there was a range of assessments in place for a variety of risks including pressure area care, falls, and nutrition. Where risks had been identified appropriate action had been taken to minimise the risk. For example, one person had been identified as at risk of pressure sores developing and equipment to relieve pressure on the specific areas was being used. Bedrails had been fitted with padding to prevent individuals injuring their limbs on the metalwork, and central heating radiators had been covered to reduce the risk of burns.

Staff felt risks were well assessed and managed, getting updated information on risks from people's care plans or from team communications. They reported that maintenance staff dealt quickly with repairs, to help ensure the safety of everyone at the home. A domestic staff member told us they had received training on handling potentially hazardous substances, such as cleaning products. We found a cupboard used for storing these items was locked, and we did not see any left out in accessible areas such as bathrooms.

A visiting professional told us they had not seen any obvious risks on their visits to the home.

A visitor raised concerns with us about their relative using the stairs unaided, anxious they might fall on the stairs as they had fallen twice. We found the registered manager had acted swiftly and a falls risk assessment had been carried out by an occupational therapist who had not advised any change of support for the person. This showed that the registered manager had balanced the risk of the person falling with their need for independence. A GP had also reviewed the person and their medicines in November and early December. This showed the registered manager had ensured all matters that might affect the person's mobility had been considered.

One person told us "Nowhere's got enough staff", and said their call bell was not always answered promptly. Staff told us this may be because call bells could not be heard in every area of the home. Following our inspection the registered manager wrote to us to tell us they had arranged to have extra sounders fitted so that the call bells could be heard in all parts of the building.

Some staff and some visitors thought staffing levels were not always sufficient, particularly at mealtimes. We saw that people waited for some time in the dining room before they were served their meal. At other times, although staff were busy they attended to people's needs in a timely way. The registered manager used a recognised tool in order to calculate the staffing levels required for the number of people and their level of needs. The number of staff hours provided for each person was over the target number suggested by the tool. Staff rotas showed that staffing levels were maintained at all times. People told us staff did not rush them when using equipment to move them but took time to explain what they were doing and allowed the person time to prepare. They told us they didn't want any changes to their care, when we asked if there was anything staff could do differently or better for them. Visiting professionals told us staff were always available to assist them, with the registered manager usually on duty.

Requires Improvement

Is the service safe?

People and their visitors told us they felt safe at the home. One person told us they got on well with the staff and confirmed they had no worries about them. A visitor told us they felt their relative was safe at the home.

Staff could describe different types of abuse and possible signs of abuse. They felt able to raise any concerns with the registered manager and were confident they would respond appropriately to ensure the matter was followed up. Staff were aware of whistleblowing procedures and where to find relevant contact details for any external agencies they may need to contact.

People were protected by robust recruitment procedures. The registered provider had a policy which ensured all employees and volunteers were subject to the necessary checks which determined that they were suitable to work with vulnerable people. People were also protected from the risk of financial abuse because the registered manager had appropriate procedures in place. For example, receipts had been obtained for all transactions and all entries were signed by two people.

We looked at the way medicines were managed. We observed medicines being administered and saw good systems in place. Staff who administered medicines asked people if it was alright to give them their medicine. They were careful to ensure the medicine was taken by each person before signing the record sheet to say it had been given. There were samples of staff signatures and initials available which meant it was possible to see who had administered a particular dose of medicine. People or their visitors told us medicines were generally given on time, and had no concerns about how medicines were administered. A specialist nurse for a certain medical condition [Parkinson's Disease] told us staff remembered to give people their medicine on time, something very important with this condition. They also said staff understood the side effects of such medicines, and that staff listened to and acted on their advice. A staff member who administered people's medicines confirmed they had received training and their practice had been observed by the registered manager. We saw their training certificate for the current year, displayed in the home.

A visiting professional told us they thought staff were very diligent about infection prevention and control, washing their hands appropriately, for example. Other professionals we spoke with had no concerns about hygiene or infection control practices at the home. One told us the home was "clean and tidy" whenever they visited. Some people needed a hoist to move them. Staff told us there were enough hoist slings and slide sheets (for moving people in bed), so that each person had their own.

A colour coding system for cleaning equipment was used to minimise cross-infection. There were set colours for cloths and mops to be used for certain areas, for example, red for floors and toilet areas and yellow for sinks. There were supplies of disposable protective equipment (such as gloves and aprons), for staff use, around the home. Guidance on thorough hand-washing was displayed around the home. Pump dispensers of disinfecting hand gel were also in place. These measures reduced cross-infection risks. However, we noted there were no hand cleansing facilities in the laundry room. The registered manager told us this was because the room was so small, with staff expected to use hand-washing facilities in a shower room opposite or hand gel outside the laundry room. When we discussed with them that this could create a contamination risk, they told us they would put disinfecting gel in the laundry room.

The kitchen and catering equipment (such as fridges and a microwave) were clean. There was a cleaning schedule, with records showing these tasks were carried out. The service had been given the highest rating possible for food hygiene by local Environmental Health staff, in December 2013. The registered manager told us flooring had been replaced in the area following advice given during that inspection.

The laundry had one washing machine and one drying machine, as well as ironing equipment. The registered manager told us that a local launderette would be used should the machines be out of order, to ensure laundry was still dealt with in a timely way. We saw there was a system in place for safer handling of soiled laundry, with colour-coded skips and specialist bags for soiled laundry.

The home's environment, equipment (including commodes) and furnishings were clean. People (or their visitors) felt their own room and shared facilities were kept sufficiently clean. They reported their towels, flannels and bedding were changed regularly. There were no persistent malodours when we visited, as other visiting professionals also reported. A visitor commented "The home always smells nice and clean". We saw that equipment within the home was serviced regularly as appropriate.

Requires Improvement

Is the service effective?

Our findings

Improvements were needed to how people were supported at lunchtime, to some parts of the environment, to how some staff communicated with people and to some aspects of staff training.

At lunchtime there was a wait of half-an-hour for the first people assisted into the dining room until the first meals were served. A small number of people were unsettled during this time, and staff were not in the room.

This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(3)(b)-(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection on 31 July 2013 we asked the registered provider to take action to make improvements to the carpets, lighting and maintenance of the building. The registered provider sent us an action plan telling us these matters would be completed by 28 November 2013. However, we found that carpets in two communal rooms were worn in places. The registered manager told us these were due to be replaced in 2015.

All areas of the home were in a good state of decoration and adequately lit. Corridors and staircases had recently been redecorated and carpets had been replaced in the corridors. The registered manager showed us lighting that had been installed since our last inspection to replace old fittings, and new lighting to address the compliance action made at that time. The registered manager also told us that in coming weeks the home was being adapted to make it more suitable for people living with dementia. This included environmental considerations such as carpets and the use of colour for distinguishing bedroom doors. Bedrooms were personalised with people's pictures, ornaments and photographs. This meant people with memory impairments might be better able to recognise their surroundings helping reduce their anxiety and disorientation. A visiting professional commented the person they supported had a "lovely room" with nice décor.

In one area we saw a room full of furniture and equipment stored such that the door (which opened into the room) could not be shut, with no fire detection system visible on what could be seen of the ceiling. The registered manager told us the room was previously a shower room so had no detector, and there was a lack of more suitable storage space at the home. Following our inspection the registered manager wrote to us to tell us a smoke detector had been fitted in this area.

Prior to our inspection we had been told that some items of furniture were used at night to prevent people leaving their rooms. We found no evidence to support this. The registered manager told us and records confirmed that people often went downstairs at night and would not be able to do this if there was a barrier to them leaving their room. We had also been told that 'sleep in' staff had to sleep on the floor of the dining room. We saw no evidence to support this. The registered manager showed us two rooms that they told us were staff accommodation, including a room for the 'sleep in' night staff.

A visitor and two professionals commented on the communication skills of some staff. Two said they felt language differences or accents made it difficult for some people to understand what was being said. A third said they felt staff understood what they were saying, asking relevant questions, for example. The registered manager told us that staff from overseas undertook English courses to try to address such problems. We saw an entry in care records was unclear because of the wording used. The registered manager told us they would address this with the staff concerned.

A visitor who helped their relative at mealtimes told us staff always offered to support their relative rather than assuming the visitor would undertake this. We saw a staff member take time to reposition someone who was in bed so they were comfortable and could help themselves to a drink safely. Where needed people were supplied with equipment to help them eat and drink independently. A 'Nutritional needs' list in the kitchen showed who needed assistance or encouragement at mealtimes, and we saw this support was given, with staff able to tell us who required a supplemented diet or fortified drinks. People who requested help, such as to cut up their food, were assisted promptly and politely. We noticed a team leader fetched a chair for a colleague who was standing as they assisted someone with their meal, so they could sit with the person. This was good practice as eye contact or other communication is easier when people are at a similar level, it also reduced the sense of staff being in a rush.

People spoke positively about the food provided. One person said "The food's very good – excellent – and plenty

Requires Improvement

Is the service effective?

of it." They said there was plenty of choice and variety, with alternatives available, as others also commented. A visitor said "There's always lovely fresh veg", and that fresh fruit was also provided regularly. Menus showed a healthy balanced diet being offered. The cook told us fresh produce and meat from a local butcher were delivered three times a week, to ensure the quality. We heard staff explain to one person who wanted a vegetarian diet what their meal was, confirming it was what they wanted. Two visitors told us their relative was always provided with the special diet they required. Care records showed one person had been referred to a dietician because staff were concerned the person chose to eat a diet lacking in variety. These findings showed staff tried to ensure people received a diet that was in line with individuals' choices but also met their health needs as much as possible.

Staff received a variety of training, but had not specific training in caring for people with dementia. The training plan produced by the registered manager showed that all care staff were due to receive dementia care training in January 2015. Within the last 12 months, staff had received training in first aid, moving and handling, fire procedures and safeguarding people. A variety of methods were used including e-learning and external and internal training depending on the subject matter. Staff told us their moving and handling training had included practical use of all the equipment they currently used. As the registered manager was the home's manual handling trainer, they trained staff to use any new equipment that came into the home. We saw staff ensured people's feet were on the footplates before moving them in wheelchairs, which helped reduce the risks of accidents.

A staff member told us they had undertaken an induction for a week and were asked if they wanted longer but felt this was sufficient as they had experience of working in such a care setting.

A team leader had undertaken an accredited course in caring for people living with dementia. We saw they were skilled at engaging with people they supported. They sang songs, with people spontaneously joining in, or recited rhymes relevant to what was happening at the time, with people contributing their thoughts on what line came next. They used humour appropriately in their communication. Another staff member (employed 6 months) told us they had received training on pressure ulcer prevention and care which was relevant to the needs of people we met.

People received care from staff who had the skills necessary to meet people's needs. Staff were able to tell us how they cared for people living with dementia. Two people we spoke with told us they thought staff knew them well and had the skills to meet their needs.

Requires Improvement

Is the service caring?

Our findings

Improvements were needed in relation to how people's privacy and dignity was maintained.

We were with one person in their bedroom another person walked into their room in a confused state and they told us this was not an uncommon occurrence. The registered manager told us that staff based on the ground floor monitored those who walked about in order to minimise such occurrences. Other people we met in their bedrooms had their room door open and those able to give a view said they were happy to have the door open, and that staff ensured their privacy during personal care.

Not all bedrooms had a door locking system, which did not require use of a key to leave the room and not all bedrooms had a lockable facility for safe storage of valued or valuable items. Bathrooms and toilets had privacy locks. Staff knocked on doors before entering people's rooms and ensured doors and curtains at the windows were closed as necessary. A staff member spoke about the importance of ensuring the confidentiality of any information relating to people. They confirmed that people's post was given to the individual concerned rather than staff opening it, and we saw a letter holder with people's unopened mail in it.

We met one person who looked in need of mouth care (food/debris on their teeth). Care records showed the person had declined such support in the morning. We discussed this with the registered manager who told us staff always offered support to this person later in the day if it had been declined initially.

People described staff as "very good, helpful" and "perfectly alright" and said "It's lovely here". A visitor commented staff were "very patient, incredibly so". We saw no negative communications by staff during our visit, with the great majority being very positive, polite and supportive in nature. We saw staff, when approached by people, took time to answer their questions and stayed with them till it was clear the person understood or had all the information they wanted. Staff were knowledgeable about people's needs and told us what they did to meet people's needs. For example, a staff member described how one person liked to receive their personal care. Throughout the inspection there was appropriate friendly banter between staff and people, with staff singing with and chatting to people.

One visitor said of the care "It's very good, very homely", and confirmed staff were caring and sympathetic. They added that, though their relative's condition was deteriorating, "We want to keep [relative] here". Also, "They [staff] are very welcoming. They tell me to help myself to teas". They commented that the domestic staff always spoke to their relative when carrying out duties in their room. We saw a domestic, who had gone into someone's room for their breakfast tray, stop to help the person find something they were asking about.

All visiting professionals reported that staff seemed caring, adding comments such as "Staff are very nice to the clients" and they had "only observed kindness and appropriate responses to people's needs". They also said "People seem looked after and nicely clothed," adding staff seemed to take time attending to people's appearance. One told us they had seen staff give discrete attention to people with continence needs and also commented that, in their opinion, "The quality of care is very high" and that staff treated people with respect.

People and their representatives were able to comment on the care provided by staff. We saw that care records were regularly reviewed and signed by people or their representatives. Meetings were held regularly to enable people living at the home contribute to the way it was run. We saw minutes of the most recent meeting held in November 2014, when discussions centred around the forthcoming Christmas party and where the Christmas tree should be situated.

We heard staff asking people for their choice for the next meal, what choice of drink they wanted and where they wanted to sit. A team leader, when asked by other staff at lunchtime which individuals needed a clothes protector, guided them to ask people if they wanted one.

Requires Improvement

Is the service responsive?

Our findings

Improvements were needed to the way people's social needs were met. Organised activities were available, but the social needs of people not able or wishing to engage in these activities were not always addressed.

One visitor commented "I wish there was more for them [service users] to do – [relative] gets bored." A visiting professional also commented if anything could be improved at the home it might be activities. This was because there seemed to be little going on whenever they visited, explaining they had not seen any activities taking place. People were able to take part in a range of planned activities according to their interests. Two people told us they had particularly enjoyed a musical event, including one who told us they had enough to do in their free time. One visitor told us their relative didn't get bored and we saw several people visibly enjoying or joining in with an armchair exercise session led by someone from an external organisation. A notice showed activity sessions were to take place six times in December. 'Animal therapy' and 'Music for health' had also been arranged. One visitor told us they had commented in the past on activities provided and was aware that the service was considering a flexible approach to activities so they took place more spontaneously (at any time) rather than to a set programme.

People received personal care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People and visitors felt staff treated people as individuals. One person told us staff knew their preferences well, including their daily routine. For example, when they liked to go to bed and get up. A visitor commented that staff had obtained a particular drink for their relative when they weren't so well. Most people or their representatives remembered being involved in developing and reviewing the person's care plan. One visitor told us they had read and added things to the plan.

Care plans reflected the information staff had shared with us about people and what people told us about their lives. Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. When we asked staff how they knew what support to provide to people, they told us they read the person's care plan and received good updates at staff handovers. They also said they asked the person what they liked and wanted and got to know them over time. Staff told us their observations and feedback about individuals, such as changes in their health or mood, were followed up by senior staff.

Staff were very observant, and quick to respond to people's body language. For example, one person appeared to be looking for something in a hallway, staff quickly noticed this and spoke politely with them before assisting them to find a toilet. One person made a negative comment when the day's pudding was being discussed in the dining room. Staff picked up on this and asked the person what they would like instead. The person replied they would try the pudding after all, to which staff said they could still have an alternative if they then decided they didn't want it.

We saw items relating to the Christian faith in some people's rooms. Staff told us that currently there was no one of a faith other than Christianity living at the home. They expressed confidence that the registered manager would give them guidance to meet the needs of anyone of a different faith. They told us services were held at the home by a volunteer from a local church.

There was a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The complaints procedure was displayed in communal areas as well as being provided in information in people's bedrooms. Visitors told us they felt able to raise concerns, saying they had spoken with the registered manager and been reassured. One visitor confirmed that their requests were acted on and gave the example of a monitoring chart being set up to address their concerns about their relative's fluid intake.

Requires Improvement

Is the service well-led?

Our findings

During this inspection we identified a number of concerns that had not been picked up by the registered manager or the registered provider's quality assurance systems. These included people losing items, people wandering into other people's bedrooms, call bells not being heard throughout the home, no disinfectant hand gel in the laundry, hot water not available in all areas of the home, staff communication issues and no smoke detector in a room where combustible material were stored. The registered manager had failed to notify CQC of one recent incident that was required by law as they were unaware of the requirement. Following our inspection they submitted the notification.

The registered manager was very open and approachable. Throughout our inspection we saw them dealing in a professional manner with staff, visitors and people living at the home. A visiting professional told us there was "always a positive atmosphere", and that the registered manager set an example, treating everyone with the same respect. In their opinion, the registered manager was "a shining example of how to lead by example and be approachable." The registered manager showed good knowledge of individuals, their changing needs, and actions taken regarding these changes.

The registered manager told us the registered provider's representative regularly visited the home to complete a series of audits and then sent out action plans for the registered manager to deal with issues identified from the audits. Any issues identified by the registered manager were also incorporated into the action plans. Action plans for the new year included replacement of carpets in the lounges. Bedroom carpets that had been identified as needing replacement had already been replaced. The registered manager audited medicines at the home each month and submitted accident records to the local 'falls team' who would identify any trends and suggest ways to reduce incidents. The registered manager told us they felt well supported by the provider and their representatives and could contact them at any time for advice.

Two visitors recalled completing an annual survey from the service but weren't aware of any feedback, outcomes or changes arising from this. One person didn't recall being asked formally for their views of the service, such as through a survey, but said they had been asked for their thoughts on their care by the registered manager. Questionnaires had been sent out in August 2014, to visitors and people living at the home. Positive comments had been received, although visitors had asked for more involvement in care planning. The registered manager was planning to address this.

A staff member described staff meetings as being opportunities for staff to give their views, which were listened to and acted on. We saw minutes to show meetings were held regularly and were also used to remind staff about important issues, such as what to do in the event of an emergency.

Staff told us they had regular one-to-one supervision sessions with a more senior member of staff. They confirmed these were useful discussions about their work, training needs, and any concerns they had. They also said they were asked for suggestions on improving the home. Staff said they received feedback about their performance, including constructive criticism. They felt well supported in their roles.

A visitor told us the registered manager "is fantastic – I always speak to them if I have any concerns and they're right onto it. They're a fantastic manager." Others told us the registered manager was very approachable. We saw that the registered manager kept a record of all concerns raised with them and how they had been resolved. We saw there was just one concern that the registered manager had passed to the provider. This was an issue regarding roof repairs which the provider had dealt with.

The registered manager told us they were authorised to arrange repairs, such as if equipment broke down, without having to wait for permission from the registered provider. This reduced the risk of delays, which could affect the running of the service.

The registered manager worked well with other agencies. Visiting professionals had no concerns about the management of the home. One said "There's never anything that seems to be wrong." They also commented there was good or excellent communication with and between staff. They told us staff followed their advice.

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 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 9 HSCA (RA) Regulations 2014 Person-centred care **We found that South West Care Homes Limited had not protected people against the risk of their needs not being met at all times. Regulation 9(3)(b)-(h).**