

Somerset Care Limited

Croft House

Inspection report

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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?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 10 May 2016

Croft House is registered to provide care and accommodation to up to 67 people. The home specialises in the care of older people including people living with dementia. The home is divided into four units. Two units provide care to people living with dementia and the other two care for people with more general personal care needs. At the time of this inspection there were 48 people living at the home.

The last inspection of the home was carried out in July 2014. No concerns were identified with the care being provided to people at that inspection.

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

The registered manager had been in post for approximately six months but was already well respected by people using the service and staff. They were described as open and approachable and keen to listen to people's views. People said they could make suggestions and would be comfortable to make a complaint if they needed to.

There was a stable staff team who people told us were kind and caring. People felt safe at the home and with the staff who supported them. One person said "Staff are always kind and friendly. They treat you right." Another person told us "I feel safe and happy in this home." Staff showed patience and kindness when they assisted people.

There were sufficient numbers of staff to meet people's needs safely. Staff received appropriate training to carry out their roles and sought advice from outside professionals when required. Staff liaised with healthcare professions to make sure people received prompt care and treatment to meet their physical and mental health needs.

People had their nutritional needs assessed and were provided with a diet which met their needs and preferences. People were complimentary about the food and told us there were always choices of meals.

Care and support was personalised to each individual to enable people to maintain their routines of daily living. Staff had a good knowledge of each person which enabled them to provide care in manner that respected their wishes and preferences.

Staff sought people's consent before carrying out any care. One person told us "Staff would do anything for you but they don't make you do anything." Staff knew what to do if people lacked the mental capacity to

make a decision.

People's independence was promoted and risk assessments were carried out to enable people to take part in activities and receive their care safely. There was a variety of organised activities which people could join in with or they could choose to pursue their own interests and hobbies.

People received their medicines safely from staff who had received specialist training in this area. People were offered prescribed pain relief regularly to maintain their comfort.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient numbers of staff to meet people's needs and help to keep them safe.

People's medicines were safely administered by staff who had received training to carry out the task.

People were cared for by staff who had undergone a robust recruitment procedure and knew how to recognise and report abuse.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People's healthcare needs were monitored by staff and advice was sought from other professionals when required.

People received meals which met their dietary needs and took account of their preferences.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff who showed patience and understanding towards them.

There were ways for people to express their views about the care they received.

Staff were committed to providing high quality care to people at the end of their lives.

Is the service responsive?

Good ●

The service was responsive.

People's care was tailored to their individual needs and preferences.

People were able to take part in a range of activities and trips out.

There were ways for people to share their views and raise concerns.

Is the service well-led?

Good ●

The service was well led.

People lived in a home where the registered manager was committed to listening to people's views and planning ongoing improvements.

Staff felt well supported which enabled them to provide a good standard of care.

Croft House

Detailed findings

Background to this inspection

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

This inspection took place on 10 May 2016 and was unannounced. It was carried out by two adult social care inspectors and one inspection manager.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in July 2014 we did not identify any concerns with the care provided to people.

During this inspection we spoke with 19 people who lived at the home, five visitors and three visiting healthcare professionals. We also spoke with eight members of staff and the registered manager. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining rooms. We also attended a handover meeting between staff working in the morning and those starting work in the afternoon.

We looked at a number of records relating to individual care and the running of the home. These included five care and support plans, minutes of meetings and records of complaints and compliments.

Is the service safe?

Our findings

People felt safe at the home and with the staff who supported them. One person told us "I feel safe and happy in this home." Another person said "I have nothing to worry about here." Some people were unable to fully express their views to us because of their dementia. We observed interactions between staff and people and noted that people were very relaxed with the staff who supported them. One visitor told us "I know when I go away I am leaving them in safe hands."

There were sufficient numbers of staff to meet people's needs and provide social interaction and reassurance to people. Throughout the day staff responded to requests for assistance in a timely manner and were able to spend time socialising with people.

The home was divided into four units and each unit was independently staffed. In the morning and late afternoon there were two members of staff known as 'butterflies.' These staff worked between units and were able to respond when additional support was required. A number of staff commented how useful this resource was and said it had greatly improved staffing levels.

People told us there were always staff available when they needed them. People had access to call bells which enabled them to summon assistance when they required it. The call bells activated staff pagers and only sounded if they were not responded to within two minutes. During the day we did not hear call bells frequently ringing which showed staff responded promptly to people's requests for help. One person said "If you call them they come quickly. They never leave you." A visiting professional said they always found staffing levels were appropriate to meet people's needs in a relaxed manner.

Risk assessments had been carried out to make sure people received care safely. For example there were risk assessments relating to people's mobility which gave clear guidelines for the support people required to minimise the risk of falls. One person's assessment stated although they were able to mobilise with a walking frame for short distances they needed a wheelchair for further distances. This person told us "They help me with a wheelchair if I go to the garden or into the village." Another person's risk assessments said they required staff support to go out. This person said "I'm alright in the garden but I have a carer if I go anywhere else."

Care plans contained personal emergency evacuation plans to make sure people could be safely assisted to leave the building in the event of an emergency such as a fire. These plans outlined the equipment that would be required to safely evacuate the person. At a recent resident and relatives meeting; what to do if the fire alarm sounded was discussed. Visitors were also reminded to sign the visitors book to make sure there was a record of who was in the building should an emergency occur.

People's medicines were administered by staff who had received specific training and supervision to carry out the task. The home used an electronic administering system with a hand held device which recorded when medicines were required and when they were administered or refused. Staff said they liked the system because it did not allow them to give the wrong medicine or medicines at the wrong time. A member of staff

demonstrated how the hand held device stopped them administering the wrong medicine to a person.

Care plans stated how people liked to receive their medicines and during the inspection we saw an example of someone being given their medicines in their chosen way. Some people were prescribed medicines, such as pain relief, on an 'as required' basis. These were regularly offered to people to maintain their comfort. One person said "They come round to ask if you want tablets." Where people were unable to verbally express their needs the staff had a pictorial chart with different faces on it to help people identify how they felt and enable staff to give pain relief if people required it.

We looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked records against stocks held and found them to be correct.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. 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. Staff personnel files showed staff had not commenced work until satisfactory checks had been received.

To further minimise risks of abuse to people all staff received training in how to recognise and report abuse. We saw that this issue was also discussed in a recent staff meeting and staff were encouraged to report any concerns to a senior member of staff. If anyone felt unable to report concerns within the home there were posters which gave details of who they could contact outside Croft House.

Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All 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've never seen anything I wasn't happy with but wouldn't hesitate if I did. I know something would be done. It just wouldn't be tolerated." Another member of staff said "I wouldn't hold back reporting any concerns. I know it would be taken seriously."

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People had confidence in the staff who supported them and felt they had the skills needed to care for them. One person said "The older staff are really good with me. The new ones have to learn but I think they get well trained." Another person told us "You're very well looked after here." A relative who was visiting someone with a dementia said "The staff are amazing. We are just learning about dementia but the staff are incredible and so knowledgeable."

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. One member of staff said "This is my first care job but I had a good induction and can ask about anything. I spent time shadowing the more experienced staff and that gave me confidence."

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. Many staff had nationally recognised qualifications in care which ensured they were competent in their roles. A member of staff said how the training they had received about dementia had given them a greater awareness and understanding of the condition. They said "Yes it has changed how I do things because I feel I understand a bit more about what they may be experiencing."

People received good support to meet their health needs because staff monitored people's well-being and sought advice from appropriate healthcare professionals when required. One healthcare professional told us "They take really good care of people's health needs." They said they had a good working relationship with the home and felt confident that staff acted quickly in response to health issues. Another professional said the staff were pro-active in seeking advice and support and always acted on any advice given.

One person who had been unwell told us how quickly staff had acted to make sure they were seen by a nurse and prescribed appropriate treatment. They said "They got the tablets for me the same day and I'm feeling a bit better already." Another person said "They would always get the doctor if you needed one." On the day of the inspection one person was not feeling well and had been seen by a doctor within two hours.

The areas of the home which cared for people living with dementia were supported by a specialist development nurse who visited regularly and offered ongoing advice and support. We heard how meetings had been held with staff, including night staff, to look at people's individual needs and where adjustments to their care may be needed. This ensured people who were living with dementia had access to specialist services to meet their specific needs.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where people required a specialist diet this was provided. One person told us about their personal food intolerances and said "They sort out everything. I don't have to keep telling them." Another person had

been seen by a speech and language therapist and a special diet was recommended. At lunchtime we saw this person received a meal in accordance with the recommendations. A member of staff told us "Their food has to be at a specific consistency but we always make sure they get a choice." We noticed they were offered a choice of two meals for lunch.

People were given choices about the food they ate and were able to request things that were not on the menu. Food and suggestions for meals and snacks were discussed at residents meetings. Staff had a good knowledge of people's likes and dislikes regarding food. One member of staff told us about a person who liked plain food and we saw this was recorded in their care plan. People were complimentary about the food served. Comments included; "Food is first class," "The food is very good indeed" and "Lovely food."

Each unit had a dining area where they could socialise with other people and staff. We observed lunch in all areas of the home and saw people received the support they required to eat in a dignified way. There were enough staff to encourage and help people to eat. Some staff sat and ate with people at the tables and chatted and offered gentle prompting to people. People had the equipment they required to promote their independence such as specialist cutlery.

Some people preferred to eat in their rooms and staff respected this choice. One person told us how they and another person who lived at the home always ate together in one of their rooms. They said "It's how we like to do things."

Throughout the inspection we heard and observed staff asking people what they wanted, if they were comfortable and if they wished to be helped with anything. Staff respected people's choices. One person told us "Staff would do anything for you but they don't make you do anything." A visitor told us "No one is made to do anything. If [person's name] wants a pyjama day they can have one."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had received training and supervision sessions about the MCA and had an understanding and worked in accordance with its principles. The registered manager had made appropriate applications where people needed to be deprived of their liberty to keep them safe.

Is the service caring?

Our findings

People were supported by caring staff and we saw staff being kind, patient and caring with people. Staff spent time enabling people to be independent and offering gentle reassurance when needed. One person who had a dementia became anxious during lunch and a member of staff quickly went to them to offer support and distraction. This resulted in the person becoming settled and laughing with the member of staff. A member of staff gently offered encouragement to a person who was walking with a walking frame. They told us "They don't rush me."

People were very complimentary about staff and a number particularly mentioned how friendly they were. One person said "Staff are always kind and friendly. They treat you right." A visitor told us "All the staff are so friendly from the reception staff up." One person particularly praised a member of the night staff team saying "He's such a pleasant chap. I feel very comfortable with him."

The staff had received numerous cards and letters thanking them for the care provided and praising them for their kindness. One card said "Thank you for all the love and care that you gave [person's name.] They could not have been better looked after and was always treated with great kindness and dignity." Another thanked the staff for their "Love and kindness."

There was a stable staff team which enabled people to build relationships with the staff who supported them. We heard staff chatting to people about subjects they were interested in and about their family and friends. There was a keyworker system in place which meant each person had an allocated worker who took a special interest in them. One person told us "I have a special member of staff who knows what I like. They spoil me really but I won't complain about that."

Staff had a good knowledge of people's individual needs and preferences. When we asked a member of staff about a person they were knowledgeable about their past history and interests. This demonstrated the staff member had spent time getting to know the person. People commented on how well staff knew them. One person said "They know exactly how I like things, down to how I like my coffee served."

Visitors were always made welcome to make sure people were able to maintain their relationships with friends and family outside the home. One visitor told us "We are always made to feel welcome." One visitor was greeted warmly by staff and spent time chatting with them. They said "It's home from home really." Another visitor said "I feel they care about me too."

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. People had been able to personalise their rooms with pictures and small items of furniture which gave bedrooms an individual homely feel. One person said "I like to sit in my own chair. I love the view. It suits me and I'm happy here." Throughout the day we saw that people moved freely around the home. In addition to main communal areas there were a number of small sitting areas where people could spend time if they preferred somewhere quiet away from their bedroom. One person said "I like to see what's going on."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. We noticed that confidentiality was always discussed at staff meetings as a reminder to staff.

There were ways for people to express their views about their care including the care they would like to receive at the end of their life. People's individual wishes were recorded in their care plans.

Each person had their care needs reviewed on a regular basis which enabled them and/or their representative to make comments on the care they received and voice their opinions. One person told us "They go through all your likes and stuff." Another person and their visitor said they had been involved in writing a care plan. They said "It's all on the computer." The visitor said they were always kept up to date with any changes.

The staff were able to provide care to people who were nearing the end of their life. Care plans outlined how and where people would like to be cared for when they became very unwell. The home was accredited to the 'National Gold Standards Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. The registered manager told us in their Provider Information Return (PIR) that they were dedicated to providing a high standard of care to people at the end of their lives and after their death. They wrote that anyone who died at the home was taken out of the front door and the registered manager always accompanied the undertakers. Staff were encouraged to gather at the front door to pay their respects to the person.

Visiting healthcare professionals were complimentary about the end of life care provided by staff at the home. One said they felt staff went 'the extra mile' to support people at this time. They said when a person had been admitted to hospital staff from Croft House had visited and supported them in their own time to make sure they were not alone. Another professional told us most people had remained at the home at the end of their life which enabled them to be cared for in a familiar setting with staff who knew them well. They said they felt this was testament to the staff and how much they cared and how hard they worked. They told us "Staff are very committed and caring."

The registered manager was planning a memorial day to remember people who had passed away. People and their relatives had been invited and a lay preacher was carrying out a service in the home's memorial garden.

Is the service responsive?

Our findings

People received 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 told us they had their own routines and staff respected these. One person said "It's wonderfully good here. The staff understand me and my ways." A visitor for someone who was living with dementia said "The staff really took time to get to know [person's name] and what was important to them."

During the inspection we saw people following their individual routines. One person was laid on their bed and told us they liked to have a lay down before lunch. Another person had chosen not to get up and told us staff had bought food and drinks to them. They told us "I just don't feel like getting up today."

In the areas of the home which cared for people living with dementia staff responded to each individual and spent time helping people to socialise and occupy their time. A visitor said staff assisted their relative to do as they choose each day. They said "Staff will take them for a coffee in town or to the pub. They can go out in the garden whenever they want. They never stop them if it's raining they just make sure they have a coat and shoes on."

During the inspection some people socialised with each other, some went out with friends or relatives and some joined in with activities. This showed people were able to follow their own routines and interests. One person said "You can more or less do what you like here."

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. In addition to full residential care the home also offered day care and respite care. This enabled people to spend time at the home before deciding to move in. One person told us they had originally had a respite stay. They said "I just never went home. It was totally my decision to come in full time."

The registered manager told us they had at times provided care to people who wished to have support to regain their independence before leaving to return home. In these instances they worked closely with other professionals to help the person to reach their goal of returning to more independent living.

From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Care plans contained life histories to make sure staff were aware of people's individual lifestyle preferences and routines. This all helped to enable staff to provide personalised care to people.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Staff we spoke with had a good knowledge of people and the information they gave us about people matched the information in their care plan. For example staff told us about one person's interests and personal routine and we saw this was recorded in their care plan.

The staff responded to changes in people's needs. The handover meeting between staff working in the morning and those working in the afternoon showed how they monitored people and responded to changes. For example they reported that one person had a fall and staff needed to closely monitor them. People told us staff responded to any changes in their needs. One person said "What I can't do they do. They are so kind about it." One person had increasing difficulty eating and in order to maintain their independence in this area they had been provided with specialist cutlery.

Visitors told us the staff communicated well with them about any changes and always consulted them when care plans were changed. A visiting professional said staff discussed changes in people's needs or behaviour and they were involved in changing care plans and providing staff training where needed. This made sure staff had up to date information about people's needs and were provided with additional training to meet any specific needs.

Activity workers provided activities for people who wished to join in. There were also visiting entertainers and trips out. One person told us they had recently been to a nice garden for afternoon tea. They said "I have no idea where it was but we had a really nice time."

People received information about what activities were planned each week so they could arrange their time around things they wanted to join in with. People told us there was no pressure to join in with any activities and they chose the things that interested them. One person said "They have arts and crafts but that's not my thing at all so I don't bother with it." Another person said "I have everything I need here. My knitting, the bingo and plenty to eat."

People told us many of the activities were light hearted and they enjoyed good banter with each other and staff. On the morning of the inspection a number of people were taking part in a game of skittles. No one seemed to take it too seriously and people laughed and joked enjoying the company as much as the activity. One person told us at Christmas they had helped to prepare vegetables for lunch and they showed us the 'Champion sprout peeler' certificate they had been awarded.

Not everyone wanted to join in with organised activities and staff supported people to take part in their own hobbies. One person enjoyed plants and took responsibility for some of the plants at the home. Another person told us "They get me my paper each day and I enjoy reading it." We saw this person happily reading their paper while staff acknowledged them in a kind manner as they passed by.

Activity workers spent time chatting to people in their rooms to make sure they did not become isolated. One person who liked to spend time in their room said "They [staff] come in and out all the time. I think they worry I might be lonely but I'm not."

People were able to continue to practice their faith. Some people went to the local church and there was a monthly religious service at the home. One person told us "I go to the church services here. That means a lot to me."

The registered manager sought people's feedback and took action to address issues raised. The provider operated a 'You Said, We Did' scheme. This ensured people who raised issues or made suggestions had a response to show if they had been acted upon. One person had suggested a summer garden party and this had been arranged. Another suggestion had been more community involvement and this suggestion had also been acted upon. The registered manager had attended a parish volunteers group to look at ways for the home to become more involved in the local community. People at the home were taking responsibility for planting up hanging baskets for the local area and people had got involved in the local beacon lighting

for the Queen's birthday. The registered manager was working with other groups to make Williton a dementia friendly village which they hoped would make local facilities more accessible to people living with dementia.

There were meetings for people who lived at the home and their relatives. These were well attended and were an opportunity to share information and listen to suggestions for improvements. The registered manager told us they also spoke with people regularly to get their feedback and invite suggestions. One person said [Registered manager's name] comes about to make sure you're all right and see if there's anything you want done differently."

The provider had a complaints policy and records showed complaints made were handled in line with the policy. Where complaints had been made people had received written feedback on the investigation including apologies where appropriate.

Everyone we asked said they would be comfortable to make a complaint. One person said "They don't mind you complaining. I would definitely tell them if something was wrong." Another person told us "You can talk to any staff and they would sort it out."

Is the service well-led?

Our findings

The home was well managed and there was a staffing structure which gave clear lines of responsibility. In addition to the registered manager there were two deputies. One who took a lead role for the units which cared for people with dementia and another who led the part of the home where people had more general personal care needs. There was a team of senior staff who supervised care staff and oversaw the day to day running of the units. They were able to monitor people's well-being and respond to day to day issues. There was always a senior member of staff available to care staff, people and their visitors.

The registered manager had been in post for approximately six months but was already well respected by staff and people using the service. People we asked said they knew who the registered manager was and were able to name them. This demonstrated the registered manager had spent time getting to know people who lived at the home.

The registered manager had spent time formally and informally seeking people's views, monitoring the day to day practice in the home and carrying out audits of practice. One healthcare professional praised the registered manager's attitude to making changes. They told us they had seen them quietly observing how the home worked, including visiting during the night, and getting to know staff and people before gradually introducing changes.

We were told by people and staff that the registered manager was very visible in the home and extremely approachable. We noticed that people were very comfortable with them when they were out in the main part of the home and were able to speak with them in communal areas or in the main office. People said they had seen changes occurring. One person said "Things at this home have improved recently." When asked how they said "The food has improved and there's more variety." A member of staff said of the registered manager "They know what's going on and will pick you up on things. They do it in a good way though."

The registered manager had a clear vision for the home which was to provide individualised care to people and promote their independence as far as possible. Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. Discussions with staff and people showed these values had been understood and put into practice. One member of staff said the vision for the service was "To promote people's independence and keep people well." Another said it was about "Treating people as I would want to be treated." People living at Croft House felt they received care that was personalised to them and enabled them to follow their chosen lifestyles and routines.

Staff were well supported which enabled them to provide a good standard of care to people. All staff had regular supervision with a more senior member of staff which was an opportunity to share ideas and request additional training to enhance their skills and knowledge. One supervision record showed the member of staff had requested some additional training and this had been provided. Another showed where the member of staff had been given positive feedback on their performance.

There were formal quality assurance systems which monitored standards and encouraged ongoing improvements. Various audits were carried out to maintain people's safety and welfare. These included conversations with people, auditing records, regular health and safety checks and monitoring response times to call bells. From audits action plans were drawn up to ensure any shortfalls identified were rectified. Progress against action plans was checked by the operations manager on a monthly basis. The current action plan included completing observations of staff competency in administering medication to make sure people continued to receive their medicines safely and seeking views on menu options to offer extra choices for meals.

The registered manager had carried out observational audits in the units which cared for people living with dementia. The findings of the audit had been shared with senior staff at a meeting. Actions from the audit included ensuring care staff took more responsibility for arranging activities for people in addition to the activity programme.

All accidents and incidents which occurred in the home were recorded and analysed by the registered manager and the provider. There was sufficient information to enable any trends or patterns to be identified and concerns about specific people to be addressed. For example when a person had a fall increased monitoring and observation was put in place when they were in their room.

The registered manager had the skills and experience required to manage the home. They kept their skills and knowledge up to date by on-going training and networking with other managers and providers in the area. The registered manager met regularly with other managers from the provider group to share experiences and good practice. The home was a member of the Registered Care Providers Association (RCPA) which provides up to date guidance and information for care providers in Somerset.

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

The provider had signed up to the department of health's initiative 'The Social Care Commitment.' This is the adult social care sectors' promise to provide people who need care and support with high quality services.