

Almondsbury Care Limited

Hillview Nursing Home

Inspection report

36 Berrow Road
Burnham-on -Sea
TA8 2EX

Tel: 01278 783192

Website: www.almondsburycare.com

Date of inspection visit: 23 October 2014 3

November 2014

Date of publication: 16/02/2015

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?

Good 

Overall summary

This unannounced inspection was carried out on the 23 October 2014 and 3 November 2014. Hillview Nursing Home provides accommodation and nursing or personal care for up to 36 older people. On the day of the inspection there were 34 people living at the home, some of whom were living with dementia.

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 and associated Regulations about how the service is run.

The registered manager was supported by the deputy manager and a team of nurses all of whom had worked at the home for some years. This gave clear lines of accountability and ensured senior staff were always available to people who lived at the home, staff and visitors. The registered manager had systems to monitor the quality of services and plans for ongoing improvements.

Summary of findings

People received care and support which met their needs and took account of their likes and dislikes. Staff working at the home had an understanding of up to date guidance about how to support people to make decisions.

People received care that was personalised to their needs and preferences. Many people were not able to discuss these with staff because they were living with dementia. There was evidence relatives were consulted about people's care and kept informed of changes. Staff knew people well and used their skills and understanding to try and ensure people received the attention they required so they felt comfortable and content.

There was a calm and welcoming atmosphere in the home. Throughout the day we saw staff interacted with people in a friendly and kind way. Many relatives we spoke with commented on the kindness of the staff who supported their family members. There were enough numbers of staff to make sure people received care and support promptly. A third of the people in the home had one to one staffing following assessment of their needs.

People were safe at the home because staff understood their needs and the possible risks to their well-being. Staff said they were able to recognise abuse and knew what action to take. Staff were confident that any issues raised would be taken seriously and prompt action would be taken to make sure people were protected. Staff worked in accordance with the individual risk assessments that were in place. This meant people were able to take part in activities and follow their chosen routines with minimum risk to themselves or others. Staff worked closely with health care professionals to ensure people received support for their long and short term health needs.

Catering staff understood the important role they played in maintaining people's health. People were very complimentary about the food. People enjoyed their meals and people's dietary needs and enjoyment of food were promoted. At lunchtime people received the support they required to eat and drink.

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. Risks of abuse to people were minimised by the robust recruitment procedure in place and the staffs' knowledge about how to recognise and report any concerns.

People's risks were managed well. Risk assessments enabled people to take part in activities and chosen daily routines with minimum risk to themselves and others.

Medicines were safely administered by nurses who had received specific training and had been assessed as competent in this area.

Good



Is the service effective?

The service was effective. We found the service was meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff had a good understanding of people's legal rights and the correct processes had been followed regarding the Deprivation of Liberty Safeguards.

People had enough to eat and drink and received the support they required to maintain a good diet and healthy weight.

People's health needs were assessed and met through seeking the guidance of doctors and healthcare professionals when appropriate and ensuring external appointments were kept.

Good



Is the service caring?

The service was caring. People were supported by staff who were kind and respectful.

There was a calm and friendly atmosphere in the home and people were very comfortable with the staff that supported them.

People and their relatives were involved in discussions about their care and were able to make choices about their day to day lives.

Good



Is the service responsive?

The service was responsive. People received care and support that was responsive to their needs and personalised to their individual preferences. People took part in social activities that were in line with their wishes.

Information about people's needs was clearly assessed, recorded and reviewed.

People who lived in the home and their relatives who often represented them felt able to raise concerns and complaints were dealt with promptly.

Good



Is the service well-led?

The home was well led. There was a management structure which gave clear lines of accountability and responsibility. This ensured there were always nurses and senior staff available to offer advice and support to less experienced staff.

Good



Summary of findings

The management team were very open and approachable and demonstrated a good knowledge of the people who lived at the home and their individual needs.

There were systems to monitor the quality of the service provided and the home took part in national initiatives designed to ensure good quality care.

Hillview Nursing 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 checked 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 23 October 2014 and 3 November 2014. The first visit was unannounced. The inspection team comprised of 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. The expert-by-experience who participated in this inspection had expertise in caring for people with dementia.

Before we visited the service we reviewed the information we held about the service. The registered manager had kept us well informed of events in the home. We had not received the Provider Information Record (PIR) before the inspection. This was due to technical problems and the registered manager ensured we received all the information we requested promptly during the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we spoke with 16 people using the service, their relatives and friends. We interviewed 10 staff and one visiting healthcare professional. We observed the care people received throughout the day. We reviewed four care records, three staff files and quality assurance records.

Is the service safe?

Our findings

People who we were able to talk with said they felt safe at the home. One person told us “I am fine. Staff are lovely. I have no worries.” A visitor said about their relative “They are safe here. I know when I leave they are in good hands.” Staff said they had received training about recognising and reporting abuse. The registered manager told us they showed staff a video about safeguarding people. They followed this with further explanation and discussions to ensure all staff were clear about what they should do if they had any concerns. Staff told us they were confident that any concerns raised with a member of the management team would be dealt with to make sure people were protected. The provider had notified us and other relevant authorities when incidents had occurred or when concerns had been raised with them.

The risks of abuse to people were minimised because the provider checked staff were suitable before they commenced employment. The registered manager told us they had a robust recruitment procedure and explained how permanent staff had been recruited in a variety of ways including through an agency. The registered manager interviewed staff recommended by the agency. Once the staff had completed their initial contract they were offered permanent posts in the home. We looked at staff personal files which all demonstrated the necessary checks were completed prior to staff working in the home to make sure they were suitable.

People’s risks were managed well. There were risk assessments to maintain people’s individual safety whilst enabling them to make choices and maintain their independence. People’s risk of leaving the building, their behaviour towards themselves and other people was assessed and appropriate measures were in place to minimise these risks. Some people had one to one staffing arrangements for part of the day. Staff accompanied them as they moved about the home and helped them to engage in activities such as joining in with the musical entertainment. Staff were aware that people’s ability to maintain their own safety varied from day to day. They told us people had “good days and bad days” relating to their mobility and their ability to interact with other people.

One person had a risk assessment because they had been having falls before coming to live at the home. Their care plan described the measures needed to minimise their

falls. We visited their room and saw a pressure mat was in place to alert staff if they got out of bed at night. This was agreed as being in the best interest of the person. We saw during the day this person had one to one staffing and some periods when they were observed by the general staff team. Assessments and observation had determined when they were most likely to fall and when the individual staffing was most needed. Care records stated the person had not fallen. We spoke with the registered manager and the person’s relative who confirmed they had not had any falls since they had been in the home. This showed staff worked in accordance with risk assessments to enable people to maintain their independence with minimum risk to themselves.

There were sufficient staff on duty to make sure people were safe. People’s dependency was assessed on a monthly basis. At the time of the inspection there were 34 people living in the home. Thirteen people had been assessed as needing one to one care for between eight and 10 hours each day. These staffing levels enabled people to be cared for safely. We saw the staff allocated to individual people were attentive and promoted the safety of the individual and others they came into contact with. The registered manager spoke with us about the stress of working with one person for long periods. They told us they rotated carers so they had the chance to work with other people. Staff duty rotas showed there were always adequate numbers of staff to provide people with personalised support. We saw this in practice during our inspection.

Staff responded promptly to requests for support and we did not observe anyone waiting for long periods of time when they asked for help. Staff observed people and offered help to those who needed attention because people were not always able to describe the assistance they required.

All medicines in the home were administered by nurses who had received relevant and recent training. There were suitable secure storage facilities for people’s individual medicines including medicines which required refrigeration and those that required additional security. We looked at the medicines administration records and controlled drugs register and found them to be well maintained and correctly signed. This meant there was a clear record of what medicines had been administered to each person.

Is the service safe?

People received medicines to meet their needs. Everyone received a medicines review from the GP at least annually. Following the review some people had their medicines reduced or withdrawn. Medicines were reconsidered when there were changes in a person's condition to ensure their comfort and well-being was maximised. For example, we saw changes were made to medicines to ensure people were not in pain.

Some people were not able to understand the importance of taking some of their medicines. There were policies and procedures to enable people to receive medicines safely.

Each person had an assessment of their capacity to make the decision to take their medicines. If it was decided they were not able to understand the importance of taking them a decision was made in their best interest to give their medicines covertly. This meant it was hidden in a substance they enjoyed. Each person's file had a clear record of the decision made and the reason why it was important the person took their medicines. We saw a nurse following the correct procedures with regard to covert medicines during the medicines round at lunch time.

Is the service effective?

Our findings

The registered manager told us all staff followed an induction training programme when they began work in the home. This made sure they had the skills needed to care for people effectively. The home cared for people living with dementia. There were regular training sessions to make sure staff were fully informed about best practice when caring for people.

Staff we spoke with, and records seen, confirmed staff received a full induction and regular training. We spoke to nurses who told us they had been able to access training relevant to the needs of the people living in the home and to the maintenance of their clinical skills. The service had gained accreditation for the Gold Standards Framework which seeks to ensure people receive a good standard of care at the end of their lives. We spoke with four nurses who told us how useful this training had been. One nurse told us in the previous twelve months they had attended medicines up-date training. They said they had also been trained and their competence had been assessed with regard to a new type of syringe driver which aimed to ensure people were free from pain especially at the end of their lives.

The registered manager told us about their plans for training staff in the next twelve months. They had clear ideas about how training would develop and further improve the care people received in the home. For example all staff had received training in caring for people living with dementia. We saw care was of a good standard. The registered manager wanted to further develop staff skills so people's daily activities could be increased and staff understood more about people's behaviour and reactions to events.

Staffing levels enabled people's assessed needs to be effectively met as far as possible. For example if people needed a great deal of individual attention, staff were available for them, whilst other staff cared for the other people in the home who might not be able to express their daily needs so clearly. Staff always asked for people's consent before they assisted them and accepted people's response.

All staff received regular formal supervision sessions. This was an opportunity for each member of staff to meet with a senior member of staff to discuss their role and share

information. Records of formal supervision noted a wide variety of issues were discussed according to the staff member's role. Nurses received supervision around their clinical skills, knowledge and responsibilities. We saw some staff performance issues had been addressed and there was clear recorded guidance around the expected improvements. There were opportunities to share information and learning to ensure all staff were able to provide care in line with up to date guidance.

People who lived at the home and visitors were confident staff had the skills to effectively meet their needs. One relative said "(the care staff) know my wife so well and are really good at calming her." Another relative said "Staff are good. I have been present when times are good and bad. I like the way the staff deal with each situation. They understand the importance of quiet and ensure they go to the quiet lounge." We were also told, "Staff know the job they have to do. There is good team spirit. They help each other". They told us they believed this was why their relative had improved since they had come to live in the home.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and worked in accordance with the principles of the act to make sure people's legal rights were respected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Clear decisions had been made and recorded about specific activities at particular times and people were regularly re-assessed. When people were assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals. Staff told us they offered choices to people and involved relevant people to help them to make decisions in a person's best interests if they were unable to make a decision for themselves.

We asked the registered manager about people who might be subject to Deprivation of Liberty safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was in the process of completing DoLS applications for some people who met the criteria following a recent court ruling. This ruling widened the criteria for where someone may be considered to be deprived of their liberty. For example, external doors in the home were kept locked as some

Is the service effective?

people would be at risk of harm if they left the home unaccompanied. The registered manager was very aware of this and had plans to prepare DoLS applications to ensure people's legal rights were protected.

There were regular reviews of people's health and staff responded to changes when needed. We looked at the care plans for three people. They were well organised and were up-dated monthly. People's physical needs had been assessed and clear direction had been given to meet these needs. For example people's mobility had been assessed and the assistance they required was clearly stated. We could see what equipment was to be used to enable them to move in a variety of situations. When people's mobility had changed the care plan had been up-dated.

We spoke with a GP who visited the home regularly. They were satisfied with the care provided in the home. They told us there was a robust system of communication between the surgery and the home. A nurse visited the surgery with the names of people who required a routine weekly visit. The GP accessed the notes in the surgery and prepared for the visit. This meant any equipment or forms needed by them were available at the home and the person received the maximum benefit of the visit. Emergency visits were also made to the home when a person became suddenly unwell. We saw in care records people had been treated for short term illnesses and infections. People who needed specialist treatments or needed to attend appointments at hospital or other health related services were supported to do so. One relative told us that staff went to the hospital with them and their family member. They told us "I would find it hard on my own. Staff give support and know what the form is. They can also discuss with me what has been said. It is very helpful."

One nurse told us how important it was to know people who were living with dementia well, to determine all their health needs. They said "Some people here suffer from depression. It is important that these people are seen and reviewed. It is not always easy to recognise depression when people have dementia and the right treatment makes a big difference." They also talked to us about the importance of ensuring staff understood the different ways to interact with people. They told us they held clinical and general staff meetings to continually emphasise how people's well-being could be affected by their interaction with staff.

There were effective systems to prevent people developing pressure damage to their skin. People had been assessed and provided with appropriate pressure relieving mattresses. When people spent time in their bedrooms there were records when people had their position changed. If people did develop any pressure damage prompt action was taken. Care plans had been up-dated to show increased periods of bed rest. One visitor said that their relative had developed some pressure damage but this was quickly identified and treated. They told us "Things started to improve within 48 hours; they no longer had any pressure sores."

People were given enough to eat and drink and were able to make choices about meals. Everyone said the food in the home was good. Comments included: "The food is wonderful, I really like it." "There's always plenty to eat and drink" and "Mum does seem to enjoy all her meals here." Throughout the day we saw people were offered cups of tea and a variety of cold drinks.

We observed the main meal of the day. There were two main meal choices each day however the catering staff knew people's preferences and we saw some people had alternative meals. One relative told us how the cook responded to people's likes and dislikes. "My wife can't eat fish but each Friday when they have fish they bring her chips so she doesn't miss out she likes chips" Another relative told us their family member had taken such an interest in the food they had begun feeding themselves again after a time when they had required total assistance. We observed this person as they sat at the dining table clearly enjoying their meal.

Meals were well presented and were adapted in size to meet people's appetites. Staff assisted and encouraged people to eat their meal. People were able to choose where they ate. We saw people eating in the main dining room, the smaller communal lounge and in their rooms.

Staff recorded people's food intake to enable them to monitor how much people ate. Care plans contained nutritional assessments and showed people were regularly weighed. Weight records were monitored by nurses. Where concerns were identified action was taken to improve the person's nutritional intake. Catering staff also monitored meals that left the kitchen and the amount of food that was returned. They were aware of the ways in which additional calories could be added into people's diets and the importance of nutrition in the care of frail people.

Is the service effective?

One person had come into the home very frail and severely underweight. We saw that each month since their admission they had either maintained their weight or had gained a very small amount. Records showed they were offered three meals each day and also had liquid food supplements. The advice given by health professionals had been followed and the person's weight had gradually improved and stabilised showing that the care and support given were effective. Records showed what food had been offered and how much had been eaten.

When people had been assessed as needing a particular diet this was provided. For example some people required a pureed diet. These meals were presented in an appetising manner and people were offered appropriate support to ensure they ate as much as they required.

Is the service caring?

Our findings

People received support from staff who were caring. People commented on the staff's kindness. One person told us "The staff are very kind; they couldn't do more for you." Another person said "The staff are nice and helpful. They are always kind and gentle."

A visitor whose relative had lived at the home for over a year was very complimentary about their relative's care. They said they were fully involved with their care, visiting each day and often staying most of the day. They told us if they got tired staff said "why don't you have a break in their room and then come back? That way I can have forty winks and feel refreshed. They look after me as well."

There was a calm and relaxed atmosphere in the home. Staff responded promptly and efficiently to people to avoid them becoming distressed or upset. We heard staff quietly and clearly explaining things to people to minimise confusion. People looked very relaxed and comfortable with all staff. We saw some kind and caring interactions between staff and people. We saw one person being assisted from the sitting room in their wheelchair. They reached up, held the care assistant's hand and smiled. The care assistant spoke to them and they smiled again and put the side of the care assistant's hand to their face.

During the musical entertainment in the home we saw care staff were very caring in their approach. They sat with people and joined in with the singing. We saw one person's face 'light up' as they recognised a song. The care assistant took their hand and encouraged them to sing. When people were not able to sing many words it was clear the encouragement and participation of the staff added to their enjoyment. The variety of the music played was also welcomed by people listening. We could see different songs and types of music were appreciated by different people. We heard the entertainer had been coming to the home for a while and tried to reflect people's varied tastes.

We watched a member of staff assisting a person to eat their meal. The person initially was not polite to the staff member and refused their meal. The member of staff was kind and patient. They encouraged the person to eat and talked to them. We saw they began to speak more positively and appeared to enjoy their lunch, responding to the care assistant's approach to them.

Staff knew people who lived at the home well. When we asked staff questions about people's care and interests they were able to talk to us at length about them. We saw visitors were made welcome and involved in discussions. A number of visitors told us they felt they received care in the home as well. One relative told us being offered tea and news of their family member whenever they came was so important. Another visitor told us "the kitchen always make a cake for residents on their birthdays" and this was "a very nice touch."

Not all people were able to make choices and decisions about their day to day lives. We saw that staff asked people what they wanted to do and observed their behaviour to see whether they looked contented. We met one relative who had been visiting the home for some time. They said "We are still satisfied. They are still doing an excellent job."

People's privacy and dignity were respected. Bedroom doors were always kept closed when personal care was being carried out to protect people's privacy and dignity. Staff knocked on doors and always asked if the person was happy for them to go in. When people needed to leave communal rooms for care, assistance was provided quickly and discreetly. Staff were aware of people's dignity when they were moved using hoists or assisted into chairs.

Staff were aware of issues of confidentiality and we observed that staff never spoke about a person in front of other people who lived at the home. When staff spoke with us about people at the home they spoke in a very caring and respectful manner.

Is the service responsive?

Our findings

We saw people received care that was personal to them. Some people were very energetic and needed support and guidance to move about the home. Other people received care in their bedrooms and needed to spend time each day resting in bed. The care people received was documented in care plans and discussed within the staff team to ensure it was right for the person at that time.

The registered manager told us they visited anyone wishing to move into the home. This allowed them to make sure they were able to meet the person's needs and expectations. One relative told us the registered manager had made a considerable journey to assess their family member before they moved in. Other relatives told us how they had discussed the needs of the person moving in. Another relative said they had wanted to bring in a special chair for his wife to make her more comfortable. The home had arranged for the maintenance team to collect and install it.

Staff had clear information to enable them to provide personalised care to each individual who lived at the home. Care plans were very personal and contained information about people's likes and dislikes as well as their needs. Care plans also contained information about people's preferred daily routines to ensure staff were aware of how people liked to spend their time. One person liked to go out with their relative. This relative told us "There is never a problem. The staff help all they can. There is also never a problem coming back to the home when we have been out for a trip. I am kept well informed. I know if they are unwell." Another relative told us "They tailor care to each person's needs. The activities and food are not the same for everyone. Not everyone has the same pattern of care."

We spoke with a member of staff who organised the activities for people. They told us they spoke with people when they first came to the home and with their relatives to find out about their life and their interests. There were entertainment events planned throughout the year to mark the changing seasons. We saw the harvest festival display in the home during the inspection. The registered manager and the activities organiser told us they were hoping to develop further opportunities for people to take part in activities in the coming year.

Staff had information to enable them to provide care which was in line with people's needs and wishes. Most people were very frail and were not able to talk about their needs and wishes. We saw relatives were therefore involved in care planning. We saw the way people spent their days varied according to their needs. One person had been able to get about when they came to the home. Their care plan had been amended as their care needs had increased. They spent time in bed to alleviate the pressure on their back and because they found their bed comfortable. Some people liked to walk around the home. Staff supported people to move around the home safely.

Each care plan addressed people's psychological and mental health needs as well as their physical needs and requirements for daily care. There was clear guidance to staff about how people liked to be addressed and what actions to try if a person did not want care at that time or was reluctant to eat or drink. There was written guidance for staff to make sure they gave people time to respond to requests and plenty of time to complete daily activities. We read some people did not always want to receive the care they needed. We saw plans and guidance to support people to receive this care. Throughout the inspection staff were patient and did give people plenty of time, for example to walk about the home or to eat their meals.

People who lived at the home, or their representatives, were involved in decisions about the care and support they received. Family members told us they were always involved in reviews of care and were consulted about changes. One visitor said "Communication is very good. They keep me involved in everything."

People, their friends and relatives had opportunities to share their views about their care and the running of the home. People were invited to attend care reviews and there were annual satisfaction surveys. Results of the most recent survey showed there was a high level of satisfaction with the service offered by the home.

Visitors said they would be comfortable in making a complaint if they had any concerns about the care offered. They had never had to make a complaint or raise a concern but they would be very happy to do so. One said "Though with staff as attentive as they are, it never seems to come to that. They are good at listening and then sorting it out."

Is the service well-led?

Our findings

The home was well led with a visible management team. There was a registered manager, a deputy manager and a small team of nurses who had worked at the home for some years. The nurses told us they felt their opinions were sought and valued in the home. They told us support was available at all times from the registered manager and deputy manager. There was an on-call system in operation so they could ask for advice or support at any time. This ensured staff always had access to a member of the management team if they wished to share ideas or concerns.

We saw throughout the inspection the registered manager spent time out and about in the home supporting staff and people. They told us they listened to people and their relatives. They told us it was important to be a good role model so staff knew what standards of interaction and care were expected.

We saw people who lived at the home and visitors were very relaxed and comfortable with members of the management team. One relative said "I visit most days. If I am not happy with anything at all I do tell them. They are on the ball and you could not wish for a better manager. Easy to talk to. Never passes you by." Another visitor told us "They always acknowledge you when you come in. I feel I could talk to any of them."

The registered manager encouraged staff to feedback their concerns or ideas. Staff told us the registered manager operated an 'open door policy' and they would not hesitate to discuss issues or ask for advice. One staff member said "Whenever I have a problem I can talk to the manager or deputy. Care is very good here. Relationships are good." Staff said there were informal discussions, formal teaching and individual mentoring sessions to ensure they were clear about what was expected of them. There were regular staff meetings where staff were kept up to date with plans for the home. Minutes of meetings showed these were also used to share ideas and for staff to make suggestions.

All nurses demonstrated an excellent knowledge of the people who lived at the home. There was a nurse and a senior carer on each shift. This made sure staff were provided with clear direction and were supported by more senior staff. Staff told us communication in the home was good and they felt well supported by the management and their colleagues. We observed staff were competent and happy in their roles. One member of staff said "I am happy to come to work." This was demonstrated in the way they approached people and relatives. They said it was like "working in a big family" and this was something relatives mentioned too. A relative said of staff "There is good morale and they know what they are doing. Training and leadership are good."

The home had completed the Gold Standards Framework. This is a comprehensive quality assurance system which enables staff in care homes to provide high quality care to people who are nearing the end of their lives.

All incidents and accidents which occurred in the home were recorded and reviewed. When accidents occurred appropriate action had been taken to ensure the person involved received appropriate support. For example, people who had experienced a number of falls were seen by their GP and referred to more appropriate professionals if necessary.

The provider had systems to regularly monitor the quality of care and ensure the premises were safe and met the needs of the people who lived at the home. There were monthly audits of care practices and documentation. The registered manager and nurses also worked alongside other staff to enable them to observe and monitor practice on an on-going basis. If shortfalls were identified these were raised with all staff at team meetings. The registered manager had visited staff on night duty to monitor care provided and to discuss night care routines with them. We read individual supervision records where the registered manager had enabled staff to discuss changes in care practice and the manager's expectations of performance with them. The registered manager told us they worked with the nurses and care staff to maintain good standards of care.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.