Farrington Care Homes Limited

Field House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Field House is registered to provide accommodation and personal care for up to 28 older people, including people living with dementia. At our last inspection in February 2016 we rated the home as Requires Improvement.

We inspected the home on 9 May 2017. The inspection was unannounced. There were 24 people living in the home on the day of our inspection.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers (the 'provider') 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.

During our inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider was still failing to ensure an effective, person-centred response to people's need for physical and mental stimulation. You can see what action we told the provider to take on this issue at the back of the full version of this report.

Reflecting the provider's failure to respond fully to the findings of our last inspection, we found improvement was required in the systems and processes used to assess, monitor and improve service quality.

In other areas, the provider was meeting people's needs effectively.

There was a warm, relaxed atmosphere and staff supported people in a kind, friendly way. Staff treated people with dignity and respect and encouraged them to exercise choice and control over their lives. People were provided with food and drink of good quality that met their individual needs and preferences. People knew how to raise concerns or complaints and were confident that the provider would respond effectively.

People's medicines were managed safely and staff worked alongside local healthcare services to ensure people had access to any specialist support they required. People's individual risk assessments were reviewed and updated to take account of changes in their needs. Care plans were well-organised and kept under close review by the registered manager. Staff knew how to recognise and report any concerns to keep people safe from harm.

There were sufficient staff to meet people's care needs and staff worked together in a friendly and mutually supportive way. The provider organised a varied programme of training and encouraged staff to study for advanced qualifications. Staff were provided with effective supervision and support from the registered manager and other senior staff. The registered manager provided strong, visible leadership and had won the respect and loyalty of her team.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection the provider had been granted a DoLS authorisation for three people living in the home. Staff understood the provisions of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people.

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.

Staff knew how to recognise and report any concerns to keep people safe from harm.

People's risk assessments were reviewed and updated to take account of changes in their needs.

There were sufficient staff to meet people's care and support needs.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff understood how to support people who lacked the capacity to make some decisions for themselves.

The provider maintained a detailed record of staff training requirements and encouraged staff to study for advanced qualifications.

Staff were provided with effective supervision and support from the registered manager and other senior staff.

Staff worked closely with local healthcare services to ensure people had access to any specialist support they needed.

People were provided with food and drink that met their needs and preferences.

Is the service caring?

Good

The service was caring.

Staff provided care in a warm and friendly way.

Staff encouraged people to maintain their independence and to exercise choice and control over their lives.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People continued to receive insufficient mental and physical stimulation to meet their individual needs and preferences.

People's individual care plans were well-organised and kept under close review by the registered manager.

People knew how to raise concerns or complaints and were confident that the provider would respond effectively.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Improvement was required in the systems used to monitor and improve service quality.

Staff worked together in a friendly and supportive way.

The registered manager had a visible, hands-on leadership style and had won the respect and loyalty of her team.

People had opportunities to contribute their views on the running of the service.

Field 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. The inspection was planned to check whether the 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.

We visited Field House on 9 May 2017. The inspection team consisted 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 inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

In preparation for our visit we also reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

During our inspection visit we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with six people who lived in the home, five visiting family members, the registered manager, three members of the care staff team and the cook. We also spoke with two local healthcare professionals who had regular contact with the home.

We looked at a range of documents and written records including two people's care records and staff recruitment and training records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home and that staff treated them well. For example, one person said, "Oh yes … it's a safe place." Another person's relative commented, "I do feel [my relative] is safe. The staff seem very genuine."

Staff told us how they ensured the safety of people who lived in the home. They were clear about to whom they would report any concerns relating to people's welfare and were confident that any allegations would be investigated fully by the provider. Staff had received training in this area and policies and procedures were in place to provide them with additional guidance if necessary. Staff told us that, where required, they would escalate concerns to external organisations including the local authority and CQC.

On our last inspection of the home in February 2016 we found shortfalls in the systems used to assess risks to people's safety and told the provider that improvement was required. On this inspection we were pleased to find that the provider had responded to our report and taken action to address this issue. We looked at people's care records and saw that potential risks to each person's safety and wellbeing had been considered and assessed, for example risks relating to skincare and mobility. Each person's care record also detailed the measures that had been put in place to address any risks that had been identified. For example, staff had assessed one person as being at risk of choking. Specialist advice had been obtained and changes to the person's diet had been made to try to reduce the risk. Staff reviewed and updated people's risk assessments on a regular basis to take account of any changes in their needs. Talking of the high priority she gave personally to this process, the registered manager said, "I spend one week every month reviewing the care plans and risk assessments."

On our last inspection we also identified there were insufficient staff deployed on the morning shift. This meant some people did not always receive support at a time convenient to them. On this inspection we were again pleased to find that the provider had made the necessary improvement. Morning staffing levels had been increased and people told us that this now meant their care and support needs were met in a timely way. For example, commenting on the speed of response when they rang the call bell, one person told us, "They come quickly when I've rung it." Talking about staffing levels in general, another person said, "The numbers are okay." Staff also described the positive impact of the increase in morning staffing levels. One staff member said, "We have got a lot more staff on in the morning. It flows nicely [and] is more relaxed for staff and residents." The registered manager told us that she kept care staffing levels under constant review and was in the process of recruiting additional care staff to provide extra cover for sickness absence and annual leave.

Although we were satisfied that the provider's recruitment practice was safe, we found some inconsistencies in the approach to obtaining Disclosure and Barring Service (DBS) checks for new employees. We discussed this issue with the registered manager who welcomed our feedback and said she would ensure a consistent approach in future.

We reviewed the arrangements for the storage, administration and disposal of people's medicines and

found that these remained in line with good practice and national guidance. Medication administration sheets were well-designed and contained an accurate record of any medicines that people had received. Staff used supplementary sheets to record the application of skin creams and to ensure the site of any slow release skin patch was rotated regularly. To further increase their knowledge in this area, the registered manager had recently arranged for the entire care team to complete a ten week medication course. Talking positively of this initiative, one staff member said, "It will be very useful [and] I feel more confident if I ever had to do meds."

Good

Is the service effective?

Our findings

People told us they felt well cared for by staff who had the knowledge and skills to meet their needs effectively. For example, one person said, "They're a nice crowd and seem very capable." Commenting on the quality of care and support provided to people living in the home, a local healthcare professional told us, "I am in a lot. I think it's very good. If [the care] in other homes was like this, it would be a lot better."

Staff demonstrated an awareness of the principles of the Mental Capacity Act 2005 (MCA and knew how to reflect these in their practice. The 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. Staff understood the importance of obtaining consent before providing care or support. For example, describing the way they supported some people to eat, one staff member told us, "I wait for a sign to see that they want more. I am continuously checking they are happy to proceed. We try to give people who do not have full capacity …. as much choice as everyone else." Confirming the approach of staff in this area, one person told us, "I'll be asked if I am ready to do something."

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). At the time of our inspection the provider had been granted a DoLS authorisation for three people living in the home.

Staff made use of best interests decision-making processes to support people who had lost capacity to make some significant decisions for themselves. For example, when bed safety rails had been fitted to reduce the risk of someone falling out of bed at night. Although we were satisfied that best interests decisions were being taken correctly in line with the provisions of the MCA, the registered manager agreed to review the way such decisions were recorded to make it clearer which best interests decisions were in place for each person.

New members of staff completed a structured induction programme before they started to work as a full member of the team. Reflecting on their own induction, one member of staff told us, "I did a week of shadowing [to learn] how to do personal care. When I felt I was comfortable, they signed me off." Talking of the initial training they received during their induction, the same member of staff said, "I had training on how use the hoists. I wasn't allowed to touch the hoists until I was put through that training." The provider had embraced the National Care Certificate which sets out common induction standards across the care sector and new recruits worked towards this qualification as part of their induction.

The provided maintained a record of each staff member's annual training requirements and maintained an ongoing schedule of courses to meet their needs including infection control, safeguarding and dementia awareness. Talking positively of their personal experience of training provision in the home, one member of staff told us, "I think the training is really good. They've put me through all the training I've needed." The

provider also encouraged staff to study for nationally recognised qualifications, including NVQs. One member of staff said, "[The registered manager] is supportive of people who want to do NVQs. We've got a few doing NVQ3. I've already got it." Another staff member told us, "[The registered manager] was extremely supportive with my NVQ. When I got stuck she gave me a hand."

Staff received regular supervision from senior staff which they told us they found beneficial in further enhancing their skills and knowledge. For example, one member of staff said, "I've had a couple of one-to-one supervision sessions. They are very helpful in correcting me if I am doing anything wrong." Speaking positively of the support they received from the registered manager personally, another staff member told us, "I get on really well with her. If I have a problem I go to her [and she is] very helpful."

As they had done on our last inspection, people told us they enjoyed the food provided in the home. For example, one person said, "It's very good food. The puddings are good." Another person told us, "The food is fine." People were provided with a continental breakfast and a variety of hot and cold choices at teatime, including homemade cakes and puddings which were made freshly every day. Although no one raised any concerns about the lack of hot menu choices for breakfast we raised this issue with the registered manager who told us she would explore it further to establish people's wishes. For lunch, people had a choice of two main course options although the cook told us that kitchen staff were always happy to make an alternative if necessary. For example, the cook told us that on the day before our inspection, some people had requested poached fish as an alternative to the two main lunch options. Confirming the provider's flexible approach, one person told us, "We get a choice and can always ask for something else."

The cook told us that she was just about to introduce a new menu which she had designed in discussion with the people living in the home. Describing some of the changes she had made in response to people's feedback, the cook said, "The big issue [for people] was more fish. And the cheesecake and rice pudding are now homemade. We are taking all the frozen puddings off the menu, except ice-cream." Staff had a good understanding of people's nutritional requirements, for example people who had allergies or who needed their food pureed to reduce the risk of choking. Talking of one person who followed a low sugar diet, the cook told us, "The ginger sponge I am making today is diabetic friendly so [name] can have the same as everyone else."

The provider continued to ensure people had the support of local healthcare services whenever this was necessary. From talking with people and looking at their care plans, we could see that their healthcare needs were monitored and supported through the involvement of a wide range of professionals. For example, one person told us, "They get the doctor out if we need it. I have my own chiropodist … who spotted an infection on my foot and told staff to get the doctor in for antibiotics." Staff told us they would not hesitate to seek specialist advice and support if they had any worries or concerns about a person's health. For example, discussing their approach to skin care in particular, one staff member said, "We are pretty much on the ball, watching for sores. And if I go to any of the seniors and say I am a bit worried about someone, they will ring the district nurse. We always take care of it before the nurse arrives." Confirming this proactive approach, a local healthcare professional told us, "The staff are quick to get in touch and we work together if [anyone] has a red mark. The pressure ulcer rate is very low by comparison [to other homes]."

Good

Is the service caring?

Our findings

People told us that staff were caring and kind. For example, one person said, "They listen to me and are so nice." Another person's relative told us, "They are very friendly staff. And really nice."

There was a relaxed atmosphere in the home and throughout our inspection visit we saw that staff engaged with people in a warm and friendly way. For example, we observed an off-duty staff member who had come in to attend a meeting, go out of their way to chat with one person and fetch them a cup of coffee. Similarly, before they went off duty, we saw another member of staff making a point of going round the lounge saying goodbye to people individually before they left. Despite the many pressures on her time, the registered manager clearly acted as a positive role model to her staff team in this area. For example, at one point during our inspection we watched her patiently assisting one person make their way through the home, gently encouraging them throughout. Describing her personal philosophy of care, the registered manager told us, "For most people this care home will be their last place on this earth and I want it to be as happy as possible."

We found other examples of the staff team's kind and caring approach towards the people in their care. For example, the cook told us, "We make homemade cakes for people's birthdays. We ask people what their favourite flavour is. We had two birthdays at the weekend. One had chocolate and the other had vanilla and strawberries. They all have different tastes in cakes." Talking of one person they supported, another staff member said, "They were feeling poorly so I asked them if they would prefer soup instead of meat and vegetables. Their face lit up and they said, 'Oh yes please!'" The kind, attentive approach of staff was clearly appreciated by the people who lived in the home. For example, one person told us, "They'd do anything for you if they could."

Staff were committed to helping people to maintain their independence and to exercise as much control over their own lives as possible. For example, talking of their approach to helping people with their personal care, one staff member said, "I give them the flannel and [let them] do what they can do. It makes them feel they can still do things. They feel really good [that] they've not lost the ability." Talking of the support they gave to people to help retain their mobility, another member of staff told us, "It's very important. If they can do a bit of walking we encourage them. And we try to get people to stand up rather than hoisting them. It helps their quality of life." Discussing the importance of respecting people's right to make their own choices and decisions, one member of staff said, "[When I am helping someone get dressed in the morning] I open the wardrobe and get two or three things out. They have to have a choice and we do provide that here." Confirming this approach, one person told us, "I can tell them when I want to go to bed [and] in the morning I can say come back in half an hour if I want. They let me choose what I want to wear." Another person said, "Bedtimes are totally up to us and we can plan it all. I sort my clothes out the night before."

The staff team were also aware of the importance of promoting people's privacy and dignity. Describing their approach to supporting people with intimate care, one member of staff said, "I close the door and close the curtains. And we always make sure there are not too many staff in the room at the same time. That would make me feel uncomfortable." Most people we spoke with told us that staff always knocked before

entering their bedroom. However, one person who shared a room said that some staff looked round their privacy curtain without any advance warning. We raised this issue with the registered manager who told us she would take action to address it as a matter of priority.

Due to space constraints and the design of the building, care staff used a corner in a communal corridor as a 'care station' where people's care records, staff communication logs and other information were stored. Following our last inspection, the provider had taken action to install lockable cupboards in this area, to ensure people's confidential care records could not be accessed by people passing in the corridor. However, despite this positive initiative, during this inspection we observed that the staff communication log and other records containing people's personal information were still sometimes left unattended. We raised this further issue with the registered manager who took immediate steps to address it on a temporary basis, pending discussion with the owners of the home about relocating the care station on a permanent basis.

Information on local lay advocacy services was on display on a noticeboard in the reception area of the home. Lay advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. The registered manager told us no one living in the home had the support of a lay advocate currently but that she would not hesitate to help someone obtain one, should this be necessary in the future.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection of the home we identified concerns about the amount of stimulation being provided to people and told the provider that improvement was required. On this inspection we found that no improvement had yet been made and the provider was still failing to respond properly to people's individual needs and preferences in this area.

As they had done on our previous inspection, people and their relatives told us of their dissatisfaction with the provision of communal activities and other forms of stimulation and occupation. For example, one person said, "I get so bored. I do my word search or watch the same old TV." Another person told us, "It gets boring sitting all day long. Every few weeks we get a singer or organ player, or the girl who does exercises." One person's relative said, "You see everyone just looking into space. There's no entertainment at all for [people living with] dementia." Another visitor commented, "The occupational therapist says [my relative] needs a place with more stimulation and a chance to socialise. There's no calendar of activities here. He just reads his same paper over and over." On the day of our inspection, the manager of another care home came to meet this person and discuss the possibility of them moving to their home.

We reviewed the provider's 'service user guide' which was given to people when they first moved into the home. Under the heading, 'Social activities, hobbies and leisure interests' it stated, 'Residents are consulted individually in relation to their interests and wishes regarding social activities [and] the Home allocates an activity organiser.' However, although the provider did arrange regular visits from professional entertainers, a hairdresser and local churches, there was no published programme of daily in-house activities and no one on the staff team was designated as an activities organiser. Instead, the registered manager told us, "We all tend to do a bit with them [but] it's a bit hit and miss, I'll admit. The care staff will do what they can but they don't have the time every day." Confirming that the current arrangements were ineffective and that the care team were often too busy to take the lead in facilitating group activities or providing meaningful one-to-one stimulation, one staff member told us, "There are activities that go on but not that often. We don't really have enough time to sit and talk with them. It would be a good thing to have an activities coordinator. It would probably perk them up if we did." One person said, "They've no time to do things with us." Another person commented, "I do my own thing mostly and just get left to it." One visiting family member said, "No one spends time talking to [my relative]. We did a list of her interests like gardening … [but] … she's sat alone much of the time." Another relative commented, "I wish she had more special care with someone to talk to her and laugh with her now and then in the day."

Reflecting this feedback, throughout our inspection, as we had done 15 months previously, we saw people sitting in communal lounges for long periods of time, staring into space with little or nothing to do. The television in the main lounge was on throughout the day although we did not see staff asking people which channel they would like to watch and few people took any interest. At one point we observed a member of care team start to give people hand massages. However the staff member was repeatedly called away and an opportunity to provide people with a valuable one-to-one experience was lost.

When we talked to the registered manager of our concerns about the continuing failure to respond

effectively to people's need for mental and physical stimulation, she told us that she could not afford a designated activities coordinator within the staffing budget allocated to her by the owners of the home. Instead, the registered manager told us she was hoping to recruit an unpaid volunteer to take the lead in this area, although no firm appointment had yet been made.

The provider's continuing failure to ensure an effective, person-centred response to people's need for physical and mental stimulation, was a breach of Regulation 9(1)(a),(b) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
More positively, the provider had taken action to address the shortfalls in the care planning system we identified at our last inspection. We reviewed people's care plans and saw that they were well-organised and provided staff with the information and guidance they needed to respond effectively to each person's individual needs and preferences. For example, one person had a hearing impairment and their plan contained detailed instructions for staff on how to communicate with them effectively. Another person's plan stated that they preferred to take their medicines in liquid rather than tablet form.

Staff told us that the plans were an important source of information when providing people with care and support. For example, one member of staff said, "They are particularly helpful when a new person comes in, so we know what to expect." Another staff member commented, "I find the care plans very helpful. Some people ask why they are here or why they are taking medication. I look in the care plan and explain. [Others] get upset if they have forgotten the name of a family member and where they used to live. I [get the information from the care plan] and write it down. They are really happy that I have remembered [to find out for them]." Every month, the registered manager personally conducted a detailed review of each person's care plan. Looking ahead, she told us she had just introduced a keyworker system and said she would expect each person's keyworker to take the lead in reviewing their care plan and liaising with the person and their relatives about any changes that were required.

Since our last inspection, the provider had also made some improvements to the physical environment of the home, to make it more suitable for people who were living with dementia. For example, internal signposting had been updated to help people find their way around more easily and the rear garden had been secured to enable people to safely spend more time outside. The registered manager had also introduced new placemats in the dining room with photographs of breakfast, lunch and tea. Commenting on this new initiative, the registered manager told us, "Half of them didn't know what meal it was. We used to have a plain round mat and people would come in and ask what meal is it."

There were four twin rooms in the home, two of which were being used as twins at the time of our inspection. Some of the people sharing these rooms were living with dementia but the provider had no system to assess the potential risks of these sharing arrangements. Although there was no evidence to suggest anyone living in the twin rooms at the time of our inspection was at risk of harm, the registered manager agreed to extend the provider's risk assessment process to include an explicit focus on room sharing.

Information on how to raise a concern or complaint was on display in the reception area of the home. The registered manager told us that formal complaints were rare as she encouraged people and their relatives to come to her directly with any issues or concerns, to enable them to be resolved informally. Confirming this approach, one person said, "I see [the registered manager] now and then. I could talk to her with any worries." Another person's relative told us, "I ring [the registered manager] if I've any concerns and she's quite good at acting on it." When formal complaints were received we saw that the registered manager had ensured these were handled correctly in accordance with the provider's policy.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection of the home in February 2016 we identified a number of areas in which improvement was required to ensure people were provided with the safe, effective, caring and responsive service they were entitled to expect. As described elsewhere in this report, the provider had taken action to address almost all of these issues. For example, by increasing morning staffing levels; improving the care planning and risk assessment systems and enhancing the physical environment of the home to make it more suitable for people living with dementia. However, in the 15 months since our last inspection, the provider had taken no action to improve the provision of communal activities and other forms of occupation. As a result, people told us they were often under-stimulated and bored and the provider was now in formal breach of the Health and Social Care Act 2008. The provider's failure to respond fully to the findings of our last inspection clearly indicated the need for further improvement in the systems and processes used to assess, monitor and improve service quality.

More positively, staff worked together in a friendly and supportive way and enjoyed working in the home. For example, one member of staff said, "I enjoy it here. I do love coming into work. We all help each other as best we can. [It's] good teamwork." Another staff member told us, "The atmosphere is really good. We all work as a team. I've never woken up and thought I didn't want to go to work." Regular staff meetings and shift handovers were used to ensure effective communication. Talking positively of their experience of attending staff meetings, one member of staff told us, "I find the staff meetings really helpful. I like to get feedback to get better."

The registered manager had been in post for about 16 months and, during this time had clearly earned the trust and respect of her team. For example, one member of staff told us, "[The registered manager] is really good. An absolute delight to work with. She always gets to the root of the problem. It's nice to know that we have a manager that actually wants to help." Another staff member said, "[The registered manager] is lovely. Very understanding [and] soon gets things sorted. She has had a positive impact and brought in changes for the better." Describing her leadership style, the registered manager said, "I lead by example and wouldn't dream of asking anyone to do anything that I wouldn't do myself. [The staff] have accepted me, as I am willing to get down there and help. Being on care made me see it through their eyes." This hands-on approach was clearly appreciated by everyone connected to the home. For example, one staff member told us, "She's not frightened to roll her sleeves up. She works on shift as a relief cook and will come and help us [with care] if we ask." Talking positively of the registered manager, one person commented, "She seems an intelligent woman doing a difficult job. She listens and is fair." A local healthcare professional who visited the home regularly said, "I think [the registered manager] is one of the best managers to have worked here. She is always on the floor, always interacting with staff, residents and us." To further enhance her visibility within the home, the registered manager told us she was exploring the option of relocating her office to the ground floor.

The provider conducted regular surveys of people, their relatives and local professionals to gain their feedback on the service provided. We reviewed the results of the most recent survey and saw that the feedback was generally very positive. For example, one relative had commented, "They only thing I would

like to say is a big thank you for caring for my mum as you all do. I could not ask for more." A local healthcare professional had written, "Carers and manager are always approachable and helpful." Nevertheless, the registered manager told us she reviewed the survey returns carefully to identify any areas for improvement. For example, some people had said they would like the annual summer fete to be reinstated and the registered manager told us this was in hand. During our inspection, people also told us of their general satisfaction with the service. For example, one person said, "I couldn't do better anywhere else." Another person's relative said, "It's generally a cheerful place." However, some people told us that they found the conservatory could get too hot and that blinds or fans would be helpful. We passed this information onto the registered manager who told us she would look into potential solutions.

The registered manager organised occasional group meetings with people, as a further means of seeking their views on the running of the home. We saw that specific meetings had been arranged to discuss the redecoration of the downstairs toilets and the design of the new menu. The registered manager told us that she was the process of setting up the next meeting to get people's suggestions for some summer outings.

The provider maintained a log of any untoward incidents or events within the home which had been notified to CQC or other agencies. Following a recent incident, the registered manager had taken time to reflect on what had happened and shared their learning with staff to try and prevent something similar happening again.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider's continuing failure to provide an effective, person-centred response to people's need for physical and mental stimulation.