Selborne Court Res Home

Selborne Court

Inspection report

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Tel: 02476453050

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

We carried out an unannounced inspection of Selborne Court on 24 October 2017.

Selborne Court is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 20 older people in one adapted building. There were 17 people living at the home when we visited.

A requirement of the service's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post at the time of our inspection.

At our previous inspection on 16 and 24 August 2016 we found the provider was not meeting the required standards. The provider did not have systems to monitor the quality of service people received. Records were not sufficiently detailed to demonstrate the care and support required and provided to people. We identified a breach of the legal requirements and found improvements were needed across the service. We rated the three key questions of 'Effective', 'Responsive' and 'Well Led' as 'Requires improvement'.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for 'Selborne Court on our website at www.cqc.ork.uk.

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Responsive and Well Led. They sent us details of what actions they proposed to take to address the improvements required. During this inspection we found improvements had not been sufficient. This meant for a third time the key questions of Responsive and Well Led required improvement. In addition we also found improvement was needed to another key question, Safe. The registered manager told us further improvements were planned.

Staff felt they had good communication with people and systems and processes to support the effective running of the home continued to be developed. The provider had arranged and undertaken some meetings with staff and people to gain their views of the service. However, these had not taken place regularly to help continually drive improvement of the home. A quality questionnaire had been developed to assess people's views of the service but this was to be implemented.

People were happy with the care they received and there was a relaxed and homely atmosphere within the home. People said they felt safe at the home and staff knew how to recognise signs of abuse and understood their responsibilities to report any concerns. There had been no safeguarding incidents of concern that had occurred in the home.

Some people felt more could be done to support their interests and social care needs. This included opportunities to go on outside visits from the home. People had a choice of meals and mealtimes had been made more flexible to meet people's preferences.

Care plans had been reviewed to make them more person centred and they contained detailed information to support staff in meeting people's needs. These included risks associated with people's care.

Staff had completed essential training such as moving and handling people and first aid to support them in their role. Staff were required to complete training on a regular basis to ensure their skills and knowledge was updated.

All the people we spoke with told us they were able to access a doctor if they needed one and records confirmed health professionals were contacted promptly when concerns were identified.
People received their medicines as prescribed and regular checks were made to ensure these were managed safely. Medicines were administered by care staff who had completed medicines training.

The registered manager and staff understood their responsibilities in regards to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to deprive people of their liberty where this was considered to be in their best interests. Authorisations were still to be confirmed at the time of our visit.

Staff felt supported by the manager and provider and spoke positively of working at the home. There was a consistent staff team at the home and some had worked there for many years.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People told us they felt safe and there were enough staff available to support their needs. We identified there were radiators and portable heaters in use which not protected to prevent any risk of burns to people.

Staff understood how to recognise abuse and knew to report any concerns to their manager to keep people safe. Recruitment checks were carried out to make sure staff were suitable to work with people. People received their medicines as prescribed and staff had a good understanding of the risks associated with people's care.

Is the service effective?

Good

The service was effective.

Staff had received training to meet people's care, support and health needs. People received food and drink of their choice in order to meet their nutritional needs. People had access to healthcare professionals when required. Staff understood the principles of the Mental Capacity Act and knew to ensure people were sufficiently supported with important decisions.

Is the service caring?

Good

The service was caring.

Staff were caring and engaged with people in a positive and upbeat manner. Staff knew the importance of supporting people's independence and were respectful towards people. People felt their privacy and dignity needs were met. Visitors told us they were made to feel welcome at the home.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were involved in planning their care but some felt they were not given regular opportunities to pursue their hobbies and

interests. Plans to improve access to these had not been fully implemented. There had been no formal complaints received by the service and most people told us they were happy with their care.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People were positive about the management of the home. Some quality monitoring systems and processes were in place but these had not been fully effective in identifying risk and there continued to be areas needing improvement. Staff felt supported by the provider and registered manager and spoke positively about working at the home.

Selborne Court

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 24 October 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has experience of using this type of service themselves or caring for someone who used this type of service.

We reviewed the information we held about the home which included information on statutory notifications received from the provider. A statutory notification is information about important events which the provider is required to send us by law such as accidents and incidents in the home. We looked at information received from agencies involved in people's care. There had been no concerns received by any agencies.

Before the inspection the provider completed a Provider Information Return (PIR). We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at two people's care records in detail, we also viewed other care documentation such as people's daily records of care, medicine records, duty rotas, complaints records, and accidents and incident records. We completed observations in the lounge and dining room area during the day and visited people in their rooms to see what people's experiences of the home were like.

We spoke with nine people, three relatives and three staff members plus the registered manager.

Requires Improvement

Is the service safe?

Our findings

Records we viewed confirmed health and safety checks of the building were carried out within the required timescales. We found equipment people used such as hoists were regularly checked to make sure they were safe to use. However, daily checks of specialist mattresses were not recorded to confirm these continued to be set correctly and there were no problems with them deflating. We identified some radiators around the home had no protectors on them to prevent them being a burn risk to people. There were also unprotected hot pipes and portable heaters in use that presented an additional burn risk should people fall against them. The registered manager subsequently told us arrangements had been made for all radiators in the home to be covered and the portable heaters had been removed and wall mounted heaters installed so they did not present a risk to people.

All the people we spoke with told us they felt safe living at the home and felt at ease with the regular group of staff who supported them. One person told us, "You get to the stage where you feel secure, the girls here are very nice. If ever I had a concern I would speak to one of them." Relatives told us they felt reassured that their family member was safe living at Selborne Court. One relative told us, "I can relax at home now knowing [person] is well cared for, I don't have to worry about where [person] might be which is a huge weight off my mind."

The atmosphere in the home was friendly and relaxed and staff were readily available to make sure people moved around the home safely. Staff had completed training on safeguarding people and knew what signs to look for which might indicate people were at risk. Staff understood their responsibility to report any concerns they identified to the registered manager and told us they had confidence any concerns reported would be managed effectively. The registered manager told us there had been no safeguarding incidents reported to them.

The provider's recruitment process required a number of checks to be made before staff started work at the home. This included obtaining references and completing a Disclosure and Barring Service (DBS) check. The DBS is a national agency that keeps records of criminal convictions.
Records showed that one of the checks had not been fully completed. New staff completed an application and interview process so the registered manager could check their skills and experience.

The registered manager carried out an assessment of each person's needs to identify any risks associated with their care when they came to live at the home. This information was transferred into risk assessments and care plans so that staff knew how to support people to minimise them.
For example, where people were at risk of falls or developing skin damage if they were seated in the same position for too long.

Staff were aware of risks associated with people's care and took action to manage them. We asked staff how they kept people safe, one staff member told us, "Make sure we help them and there is nothing for them to trip over." We asked them how they knew about risks, they told us, "By looking at care plans and the surrounding areas. We get handover (meetings at the beginning of each shift) where share information

about risks."

We saw how staff managed risks of people falling. For example, one person at risk of falls preferred to use a walking stick despite a walking frame being identified as being safer for them to use. The person told us, "a frame gets in the way". They walked independently to their seat but a staff member walked with them to check they reached their seat safely. Those people at risk of developing skin damage were seated on pressure relief cushions to help relieve the pressure on their skin when sitting for any length of time.

Following our last inspection the registered manager had taken action to review all risk assessments to ensure staff were clear about what risks were associated with people's care and how these needed to be managed.

Personal emergency evacuation plans (PEEPs) were available for each person in the home and were kept near to the emergency exit. This meant staff and the emergency services would know what support people required to evacuate the building safely. Staff were aware of what to do to keep people safe if the fire alarm should sound and where to meet outside of the home.

The registered manager told us all staff were required to complete fire safety training so they would know what procedures to follow in the event of a fire. Staff told us they did this training on the computer and they also took part in fire drills in the home. Training records showed several staff had not completed fire training within the timescales stated by the provider. Staff said the online training they completed showed them how to use fire extinguishers. The registered manager advised all staff would complete fire training by the end of November 2017 and a practical update on the use of fire equipment would be arranged as soon as possible for all staff. Arrangements had been made for people to use the accommodation of a home close by in an emergency situation where they could not re-enter the home such as in the event of a serious fire.

People told us there were enough staff available to support their needs. One person told us, I struggle to look after myself and they are there as I need them." Another told us, "They come when you ring (use the call bell), they listen and I have everything I want."

People received their medicines as required and we saw medicines were safely administered to people. One person told us, "I have a new cream that they're rubbing on my shoulder and knees three times a day, …they work hard and I get everything I need." The provider told us in their Provider Information Return, "All staff have received training on medication handling and are maintained/supervised regularly to ensure good practice continues to be carried out." We saw staff followed good practice when administering medicines safely, this included checking medicines prior to administration to make sure people received them as prescribed. Medication administration record (MAR) sheets had been completed accurately to show that people had received their medicines as prescribed. Where people had been prescribed medicines 'as required' such as pain relief tablets, staff had recorded the amount given so that the person was not given in excess of the advised safe amount. Medicines were stored safely and checks of fridge and the room where medicines were stored were carried out daily to make sure medicines were stored at the correct temperature to remain effective.

Good

Is the service effective?

Our findings

People received care from staff who had the skills and knowledge to meet their needs effectively. Overall people were positive about the care and support they received and felt staff knew how to care for them to meet their needs. One person told us, "They look after me ok." A relative told us they felt their family member was well looked after. Another relative told us their family member had sensitive skin and staff knew about this and how to look after them.

Staff were required to complete a range of training to update their skills and knowledge including training on equality and diversity, food hygiene and moving people safely. Training records showed some staff had not updated their training in accordance with the required timescales.

Induction training was provided for new staff and staff told us they felt the training was sufficient. One staff member told us, "They showed me around, I met the residents, saw how things worked around the home and how the different shifts worked. They told me what training was to be done." They went on to tell us how they had worked alongside more experienced staff to they were clear about what was expected of them and said " Everyone gets along everyone helps each other out here ." Training completed was based on the 'Skills for Care' Care Certificate. To receive the Care Certificate, staff have to demonstrate they have the skills, knowledge, and behaviours to ensure they provide compassionate and high quality care and support. This demonstrated the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.

All staff had supervision meetings with the registered manager to discuss their ongoing work performance. These meetings provided staff with an opportunity to discuss personal development and training requirements. We asked a staff member about them and they told us, "I have supervision meetings every two months. We discuss how I am getting on, my job role, my attendance, anything I need to improve."

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 understood the principles of the Act and assumed people had capacity to make everyday decisions. We saw staff checked with people whether they wanted assistance before supporting them. Staff recognised seeking consent from everybody was important and we saw staff offered people choices, such as, where to sit, what to do and what to eat and drink. One staff member said, "It's there (MCA) to do with people's best interests and if they can't make decisions for themselves we make sure their wishes are respected, and if they can't make decisions, there is

somebody to make the right choices for them."

People commented that the meals provided were good and they had a sufficient choice. One person told us, "The food is really good here, too much sometimes. Another told us, "I have a choice of food, I eat in my room, food is generally alright." People told us they had regular drinks. One person told us, "They bring me tea, I wake up early and they make me a cup of tea to drink while I wait for breakfast."

At lunchtime we saw meals looked appetising. People who needed assistance to mobilise were supported to the dining area. The dining area had limited space for tables for everyone but people were asked where they wanted to sit. Some people chose to remain in the main lounge area and ate their lunch from small tables placed in front of them. Those people who preferred to eat in their rooms or were being cared for in bed had their meals taken to them on trays.

People's nutritional needs were assessed to ensure any support they may need was provided. The registered manager told us at the time of our visit there were no people who needed their intake of food and drink monitoring. Staff were aware of a person who had lost weight and told us this had been due to the person experiencing a period of ill health.

People had access to health professionals when needed to support their needs. A relative told us, "Being a small home it is good that they treat people individually. [Name of family member] has become more confused over the weekend and the doctor has visited today." Staff told us appointments were made for people to see a doctor when they needed one. One person told us they had sore eyes and staff confirmed the person had seen a doctor and advice had been given on how to manage this. Another person with a skin wound was being supported by regular visits from a district nurse. One person told us, "A chiropodist comes each month. The optician comes every six months" which demonstrated people's foot care and eye checks were being carried out.

Good

Is the service caring?

Our findings

There was a relaxed and homely atmosphere at Selborne Court where people spoke positively of the staff and of living there. People felt staff treated them with dignity and respect. One person told us, "They definitely treat us with respect, they ask us how we want things done, where we want to be, knock when they come into our room."

During our review of people's care plans we saw there was a document setting out the provider's expectations of staff in regards to meeting people's privacy and dignity needs. This included for example, instructions to knock the person's door before entering, how to address the person, ensuring the divider curtain in double rooms was pulled across when delivering care and keeping the person covered during personal care.

We saw people's privacy and dignity was respected and their independence was maintained where this was possible. Staff knocked doors before entering rooms and showed a genuine interest in people and their needs. The registered manager told us they regularly reviewed people's care and adapted this when people's needs changed so they could support people until the end of their lives. They understood the importance of people and their relatives having involvement in people's care so they felt settled and in control of their lives.

The Provider Information Return told us, "With being a small privately owned home, staff get to know our residents very well, this includes individuality, independence, privacy, partnership, choice, dignity, respect and rights. We listen to what residents and relatives say and aim to incorporate suggestions to enable individuals to feel at home and happy within their surroundings." We found this to be the case. We saw staff shared a friendly rapport with people and knew them well.

There was always a staff presence around the lounge and dining area and staff took the time to interact with people in a friendly and respectful manner and talked about things of interest with them such as their family. We saw one person was given a slice of toast and the member of care staff said, "I have taken the crusts off for you", this made the person laugh and they clearly appreciated the staff member had taken the time to do this for them. When family members arrived at the home, they were greeted and made to feel welcome by staff. A relative told us, how their family member had been permitted to plant a bush outside their window in memory of their loved one which meant a lot to them.

We saw when the registered manager arrived at the home they greeted everyone and asked about people's wellbeing. One person commented their eyes were sore and the registered manager immediately offered to bathe them for the person which they did. The person was very appreciative of this.

Arrangements were in place to ensure that when people passed away, a staff member was available to attend the funeral wherever possible. This was to show their respect and support families.

Requires Improvement

Is the service responsive?

Our findings

At our comprehensive inspections on 8 September 2015 and 24 August 2016, we found people had not always experienced care in accordance with their needs, preferences and wishes. At this inspection, we found there continued to be areas needing improvement but action had been taken to involve people more in decisions about their care.

During our previous inspections when we had arrived at around 8am, we saw the majority of people were up. People had told us it was not necessarily their choice. During this inspection we saw people were assisted up as and when they wanted to be. The time breakfast was served had been made more flexible so that people didn't feel obliged to be up at a certain time. Staff were enabling people to make their own choices about when they got up.

Whereas at the previous inspection visit staff put cereals in bowls before people were asked what they wanted, this no longer happened. Staff asked people when they wanted breakfast and what they would like, hot choices and cereals were offered.

People and their relatives felt they were involved in some decisions about people's care. A relative told us, "They keep us well informed, they are very good." One person did not feel their religious needs were being met. They told us, "I haven't been to church or seen anyone from a church since I've been here, I would like to receive Holy communion sometime, this means a lot to me." Another person told us they needed more room for their personal things, and we received some comments that people would like to go out more.

We spoke with the registered manager about meeting people's religious and social care needs and they agreed to look at how people could be better supported.

During the day we saw that staff responded to people's immediate needs, for example, one person liked to have their own packet of wet wipes with them and asked staff to get them for them and this was done right away the person was very thankful. Another person attempted to get up from their chair to walk but staff knew the person was at risk of falling so offered their assistance to them. The staff member assisting asked, "Right where are we heading, don't rush, take your time, are you alright?" However, one person told us they had been kept waiting for 20 minutes for their preferred drink and was not allowed to keep their preferred drink in their room. We checked if people could keep drinks in their room and the registered manager told us several people chose to do this but some of them could not lift the heavy bottles themselves. They advised that sometimes they assisted by providing drinks in smaller bottles for them to manage.

One person explained how staff had made them comfortable after returning to the home from a hospital appointment. They told us, "I had a ….operation and the staff rearranged my room for when I got back, they raised my settee so I could sit comfortably and made it so I could easily get to my toilet in the night by moving my bed around too."

People told us they were able to choose to have a bath or shower but we noted the shower had a step into it

which meant people with mobility difficulties may not be able to easily access it. The registered manager told us this had been lowered to help people access the shower but stated people usually preferred a bath. One person told us, "I decided I'd prefer a bath to a shower as I enjoy a soak, this was ok with them all." Another told us, "I prefer a bath but have also been told the shower is out of use currently."

People's needs were assessed before they moved into the home and these were reflected in care plans developed for each person to ensure their needs were met. The Provider Information Return (PIR) told us. "All care plans are put together with the involvement of residents and loved ones, these are reviewed and monitored so they can be adapted as health needs either improve or deteriorate." We found information in care plans demonstrated people had been involved in them. Following our last inspection, the registered manager had updated all care plans. They had been regularly reviewed to ensure information they contained was accurate. Care plans confirmed specialist equipment in use to support people's needs such as walking frames, sticks and pressure relief cushions to prevent people developing damaged skin. However, we found risk assessment information in one care plan was lacking in relation to a person who was prone to bruising. Information did not reflect the level of risk related to moving and handling the person. We made the registered manager aware of this so it could be addressed.

Staff knew about people's preferences so they could support them in a way that was important to them. For example, they told us how one person found blankets on their bed uncomfortable because they were "too heavy" so had changed them to a quilt. They told us some people preferred "the peace and quiet" and some enjoyed the company of other people. Staff told us they respected people's wishes to remain in their rooms.

We asked staff how they involved people in care, one staff member told us, "When they do the care plans now we sit with them and involve them, we do life stories with people. We ask constant questions when first come in." We asked the staff member how they used the information in life stories obtained and they stated it was used to decide what activities they would provide for them. They went on to say, "I do think we need to try a bit harder" in regards to meeting people's activity choices.

Whilst there were some social activities provided at the home such as film afternoons, making cakes and a "singalong", this remained an area needing improvement to ensure people were sufficiently supported with their hobbies and interests. Action had been taken following our last inspection to speak with people and find out what their interests and hobbies were. The registered manager told us they were in the process of interviewing for an activities organiser to provide social activities for people and establish improved community links to support people's needs.

Accident and incidents in the home were regularly recorded and falls were closely monitored to ensure any action needed to minimise them was taken. Where people had repeated falls, appropriate referrals had been made for their health to be reviewed.

People had not made any complaints about the service and felt confident to approach staff if they had any concerns. This demonstrated people had confidence in staff to manage their concerns. One person told us, "I don't think I need to grumble about anything."

There was a complaints procedure available which had been updated following our last visit to make sure it contained sufficient details for people and their representatives should they wish to raise a concern.

Requires Improvement

Is the service well-led?

Our findings

At our comprehensive inspection on 8 September 2015 and 16 and 24 August 2016, we found the provider had not ensured systems and processes were implemented in accordance with the health and social care standards. Effective quality assurance procedures were not in place. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good Governance. At this comprehensive inspection on 24 October 2017, we found that whilst the provider had made some improvements across the service, these had not been sufficient, and there continued to be improvements in the same areas we had identified previously.

Communication systems included handover meetings which took place each day at the beginning of each shift. This was so staff could share information and any concerns about people they had identified. However, it was not always clear how concerns identified were managed. For example, records showed at times people were up at night and had behaviours that meant they needed assistance. We could not see through the audit checks that the behaviours were addressed effectively and actions taken to minimise them. There were some issues of concern handed over by staff in relation to laundry and cleaning at night. These had been raised on more than one occasion. It was not clear processes had been put in place to address these so that the problems did not reoccur. Duty rotas did not detail staff roles or time allocated to ancillary duties such as cleaning and laundry to show sufficient time was made available to complete these duties.

There was a system to check all of the required information was collected when staff were recruited. However, audit processes had not identified the start date recorded was not correct and one of the checks had not been fully completed. The registered manager told us they would address this with immediate effect.

A staff meeting had taken place in May 2017 where information about people and "making good use of staff time" was discussed. There had been no meeting since this time to ensure staff were always fully aware of issues linked to the running of the home and ensure lines of communication continued to be effective. One staff member told us, "I do think staff meetings would be better, we would work together better, the running of the home would be better, certain staff would be more understanding, of things, some work better than others. Some of us see more than others do." We found there were areas relating to communication that needed to be improved. This included the issues we had identified around ancillary duties not being completed as required at night, as well as, some staff not having completed some of their training within the required timescales. It was not evident there was an effective system to ensure issues such as these were discussed and sufficient actions agreed to address them.

Quality monitoring systems such as quality satisfaction surveys had not been implemented to assess and monitor the ongoing quality and safety of people in the home. We identified from speaking with people there were some areas they felt could be improved. For example, one person felt they were rushed by a staff member when they were supported. Another person felt that a staff member struggled to use a specific piece of equipment when supporting them. These issues had not been identified through daily communications with staff. The registered manager told us they planned to implement a quality

satisfaction survey they had developed. However, we had been advised of this during our last inspection visit and this had not happened.

There was a process to undertake health and safety checks across the home but checks completed had not identified there were hot radiators, portable heaters and unprotected pipes that could place people at risk of burns. We also found the door to the boiler room, which contained a sign to say it should be "locked", was not locked. We therefore questioned the effectiveness of the audits undertaken to ensure the health and safety of people in the home. The registered manager acknowledged these needed to be improved.

This was a continued breach of Regulation 17 HSCA (Regulated Activities) 2014 (Part 3) Good Governance

Following our inspection visit, we were informed arrangements had been made for all radiators to be covered and portable heaters had been removed. Wall mounted heaters had been installed at a high level where needed. The registered manager told us they had made arrangements with the provider for all unprotected hot pipes to be covered and action was in progress to complete this work.

Records confirmed other checks such as electrical wiring, water and gas checks were completed to ensure the home was safe.

The registered manager had reviewed all care plan records following our last inspection to ensure they were sufficiently detailed and staff had the information they needed to support people in accordance with their needs. Regular reviews of these took place to check the information they contained was accurate. Risks associated with people's care had been identified in individual risk assessments to ensure these were safely managed. However, we found a risk associated with one person's care was not sufficiently identified in a care plan so that it was clear how this was to be managed. The manager addressed this immediately following our visit.

Medicine audits were undertaken to make sure the correct medicine quantities were available for people and people received their medicines as prescribed.

An analysis of the accident and incident records was regularly undertaken by the registered manager and this included a process to monitor the number of people who had fallen. Action had been taken to make the necessary referrals where people had repeatedly fallen to minimise the risk of this happening again.

Despite concerns identified by staff in relation to the laundry, people were generally satisfied with the laundry service. One person told us, "I did get the wrong clothes once but I know my own things so I told them and it's all sorted now." Another person told us, there had been, "Historic problem of clothes being wrongly returned" but felt this was not such a problem since families had been requested to make sure all clothes were clearly marked with people's names.

People told us they were happy living at Selborne Court and people and visitors reported there was a positive and friendly culture in the home where they felt at ease with staff. People and relatives felt the home was well managed and were positive about the registered manager. One person told us, "The Manager is very good at her job." A relative told us, "She's (the registered manager) lovely, very approachable and available."

Records showed two 'resident' meetings had taken place in 2017 where meals and social activities had been discussed to help ensure these were in accordance with people preferences. Where people had made suggestions for improvement, these had been listened to and carried out. For example, meal times had

been changed as a result of speaking with people about this and we observed that mealtimes were more flexible.

We saw staff worked well together and shared a good working relationship with the registered manager. One staff member told us, "(Registered manager) has always been very caring with the residents, she always puts them first. She comes in and does her best every day. She is a brilliant manager."

Staff told us the provider regularly visited the home to carry out audit checks, speak with staff and make sure the home was running effectively.

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 17 HSCA RA Regulations 2014 Good governance Systems and processes to assess monitor and improve the quality and safety of services provided were not fully implemented or effective to continually drive improvement within the home.