

Dorrington House

# Dorrington House (Wells)

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Dorrington House, (Wells) is a residential care home providing personal and nursing care to 36 people aged 65 and over at the time of the inspection. The service can accommodate up to 38 older people predominately living with a diagnosis of dementia. The service accommodates people in one building which has ground floor and first floor rooms and a lift in-between.

People's experience of using this service and what we found

People were supported by staff who were familiar with their needs, but staff vacancies and poor organisation of staff and their workloads on shift meant people did not always receive care which was timely. We were not assured of people's safety because of hazards identified at time of the inspection. Staff did not have enough oversight of people's care which meant people were left unsupervised increasing the risk to people from falls or other avoidable harm.

Standards of cleanliness were not being adequately maintained which was attributed to there being insufficient numbers of staff.

Improvements had been identified by the service but at the time of inspection these had not been fully implemented. There had been concerns about the safe administration of medicines, but this was an area that had recently improved.

Management was not effective because their own quality assurance processes had not identified immediate risks to people's health and safety or lessons learnt following incidents.

The service provided a range of activities which enhanced people's wellbeing, but this could be increased further by deploying staff effectively across the day, particularly at lunch time which could be more of a social occasion.

Staff received the training considered mandatory and were sufficiently supported by management. We have made a recommendation about staff supervision.

Care and support plans were up to date and showed consultation in drawing up assessments and care plans and highlighting changing and unmet need. We have made a recommendation about training in end of life care.

People had support to help ensure they had their health care needs identified and met. People were supported to maintain a healthy weight but more supervision around meal time would help promote a positive meal time experience and encourage people to eat.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice. We found however records did not always clearly record people's consent in the examples given in the report.

The last rating for this service was Good. The last report was published (14 November 2016.)The service is now rated Requires improvement.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified three breaches of regulation in relation to safe care, which included cleanliness, staffing at this inspection and recruitment.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request regular information from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Dorrington House (Wells)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team comprised of one inspector, an assistant 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.

#### Service and service type

Dorrington House, (Wells) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed all the information we already held about this service. This included previous inspection reports, notifications which are important events the service are required to tell us about and feedback received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We requested feedback from the Local Authority no concerns were raised.

#### During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with, the regional manager, the registered manager, the cook, domestic staff, activity

staff and three care staff. We spoke to one visiting professional. We observed the care provided across the day including lunch time observations and observation of medicine administration.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with a further three relatives and provided written feedback to the provider and reviewed additional information they sent through.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- On the day of our inspection we identified risks to people's safety which we discussed with the regional manager. They were already aware of some of the issues and had put an action plan in place. Issues of concern included: People sitting in communal lounges and left unsupervised across the day including lunch time. Staff were in the vicinity, but people had no means of summoning assistance in an emergency.
- We found drinks and food left unattended, in the lounge. We saw cups with both thickened and un-thickened fluids such as cold tea and juice left on the side. Staff identified a number of people who could be at risk of choking and the risk had not been considered in relation to unattended food and drink.
- We observed a person's drinks being thickened by a thickener that was not theirs so could not be assured staff would be clear about the consistency of the thickener.
- The fire equipment observed was in good order, in date and the correct fire extinguisher type for the area. Fire signage was clear. We did however find a fire door propped open and a brick being used to prop open an external door. This did not promote people's safety.
- We identified one person whose walking frame was in poor condition; the ferrules were both completely worn through so about a centimetre of metal was sticking through. The service did not carry out regular audits for the condition and cleanliness of wheelchairs and other mobility aids.
- We found debris in the metal guards acting as radiator covers and railing including a dining room knife. The ottoman had a length of cable which could be used to self-harm.

These concerns constituted a breach to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Preventing and controlling infection

- The service was not cleaned effectively. The regional manager attributed this to staff vacancies and holiday and stated that flooring had already been identified as needing replacement.
- Although the service was largely clean and mostly odour free we found floors both dirty and sticky particularly in shared bathrooms/toilets. Corridors had hand rails these were grubby/sticky and chipped which would increase risk of infection. The portable tables in the upstairs and down stairs lounges had some damage and some were dirty and scratched which again increases the risk of infection.
- Toilets did have soap dispensers, paper towels and bins though a number of the soap and hand sanitizers were not very clean underneath where the soap/sanitizer was dispensed from. This was an infection control risk.
- The carpet in the downstairs lounge was particularly stained. We found chairs were grubby and had

unpleasant odours, but we were informed were due to be replaced.

- A major concern we had was around moving and handling slings. We found these stored in the bathroom and only one person had their own identified sling, the rest were communal. Staff confirmed slings were used for multiple people according to the person's weight. Slings were small, medium and large. Slings had worn manufacturer's labels and we could not see a label to show when they were last tested. Several slings were stained and smelt unclean. The regional manager has confirmed these will be replaced immediately.
- The service was running short of domestic staff which was having an impact on the standard of cleanliness. The regional manager confirmed recruitment for new staff was ongoing and there was already an action plan in place which included a major refurbishment plan to upgrade the environment.

These concerns constituted a breach to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed moving and handling practices which were well executed. Staff communicated with the person effectively, explaining what they were doing. Care plans included how to support a person with transfers.
- Risk assessments were in place for generic and individual risks and risks were reviewed.

#### Staffing and recruitment

- Recruitment processes were not sufficiently robust in one of the three files we checked.
- One application form did not give any employment or education history. It is important to carry out background checks when assessing a person's suitability for employment in the care sector.
- We found a lack of documentation in regard to an employee who had committed historical offences. We would have expected the provider to consider this in line with their job role and put a risk assessment in place to demonstrate what actions had been taken to mitigate risks. Assurances were given that necessary actions had been taken to safeguard people and risk assessments are now in place.

These concerns constituted a breach to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Feedback about staffing levels in the home were mixed. One person asked about staffing levels said, "No, I think they could use more, they seem a bit pushed sometimes." A relative told us, "I think there are quite a few people who need two carers to help them. When they're busy it means they can't always respond to call bells as quickly as my family member would like and they become anxious."
- A staff member told us, "There are usually six staff and a team leader, but it can run as low as four staff at times. It's hard to replace staff. We use overseas staff rather than agency staff." Following our inspection, we received further concerns about staffing levels and the impact this had on people using the service. Staff said they could not give the time needed to people and it could take up to lunch time to assist people with their personal care.
- Staffing levels on the day of the inspection reflected the numbers of staff the service said they needed. There was a dependency tool which determined how many staffing hours were required. We found however staff struggled to meet people's needs in a timely way and a lot of people were still in bed close to lunch time and it was not clear if this was their choice.
- People were largely left unoccupied and unsupervised as staff attended to people's personal care needs in the morning. After lunch staff were more available.
- Staff were not deployed effectively to ensure continuity of care and support. We observed people in the lounge mobilising unsafely and holding onto tables and backs of chairs to steady themselves. We saw another person who had a runny nose and was wiping it with their hand and then eating their dinner. There



were no staff to observe this and offer them a tissue or encourage them to wash their hands.

- The regional manager told us recruitment was ongoing and three out of five staff vacant posts had been recruited to.

These concerns constituted a breach to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Room call bells were answered in a timely way and for those unable to use them were checked regularly

#### Using medicines safely

- Over the last six months some medicine errors had occurred. We were assured by actions the provider had taken. The provider had strengthened the auditing processes and was in the process of going back to blister packs where medicines were pre-dispensed into individual pods.
- Audits identified the type of error, Most were recording errors and carrying over the wrong number of tablets in stock and had not resulted in harm to people Staff responsible for errors were supported through further training and assessment of competence.
- We found medicine practices had improved. The service had recently had external audits from both the supplying pharmacist and the Clinical Commissioning group. Their findings demonstrated improvements. This was also confirmed by our findings.
- Staff training, and competency assessments were in place and we observed staff giving medicines at lunch time. Two trolleys were in use and staff gave medicines as prescribed and medicines were always secure.

#### Learning lessons when things go wrong

- We reviewed an incident in which a person had choked on food and had suffered no ill effect. The service had taken appropriate actions. We did not however feel lessons had been adequately learnt as we observed poor supervision of people at meal times with people either left unattended in the lounge/ dining room or their own bedrooms which could increase risk.
- We reviewed incidents pertaining to one person, although steps had been taken to reduce the number of incidents we found the number of incidents we were shown, and the number of incidents told about did not tally so we could not be sure about the accuracy of the information.

#### Systems and processes to safeguard people from the risk of abuse

- There were adequate systems and processes in place to help ensure people were safe and staff knew how to raise concerns and how to contact external agencies as required.
- Staff received training on how to protect people from abuse and had enough knowledge in this area. They felt comfortable about raising concerns and said the management were responsive.
- Safeguarding concerns were raised as necessary and the provider cooperated with any investigation.
- Family members spoken to told us they were confident with the service and said staff kept them informed of any incidents and the actions they have taken. Family members said referrals were made to other agencies when necessary.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Recruitment files did not include a clear induction for new staff to demonstrate how they were adequately supported and competent to meet people's needs. We spoke with the regional manager who said they had their own induction standards and new staff would shadow a more experienced member of staff and have their practices observed until they were competent and confident. This was not recorded but confirmed by staff.
- Staff received training considered mandatory by the provider and computerised records showed training was up to date. The provider was looking at changing its training provider having recognised that the training currently used might not be in sufficient depth for inexperienced care staff.
- Staff received regular supervision and appraisal, but this did not include observations of staff practice except for medicines competencies and manual handling practices.

We recommend the provider review their induction and supervision practices.

Supporting people to eat and drink enough to maintain a balanced diet

- On the day of inspection, the dining room experience observed was not favourable and we discussed this with the regional manager who agreed that regular audits in this area would help to identify area of practice which needed to improve.
- We observed people were not sufficiently supported to eat and drink enough in line with their individual needs. People in communal areas were served their food then staff left without ensuring people had adequate supervision. This could increase the risk of harm should a person choke.
- Most people ate their meal independently and weights were monitored to help ensure people were eating enough for their needs and were not experiencing unplanned weight loss. Referrals to the dietician were made where people were losing weight and their food intake monitored.
- Family members spoken with told us people did get the support they needed, and staff were attentive and caring. They did however agree when asked that the lounge was often unattended. Many relatives were actively involved in supporting their relatives care and helping to ensure their needs were met.

Adapting service, design, decoration to meet people's needs.

- Currently the environment was not suitable to purpose. However, prior to this inspection the provider had identified areas for improvement and had an extensive refurbishment and replacement plan in place.
- The home was sufficient in size and people had personalised their bedrooms and were able to bring soft

furnishing and personal effects with them.

- Certain areas of the home were underutilised, for example a dining room had been created on the first floor, but this was empty during our visit and we did not observe people being given the choice to go to the dining room. Most people sat in their room or came to the lounge downstairs where they sat for the majority of the day. The activity room was not used during our inspection.

Staff working with other agencies to provide consistent, effective, timely care

- People's health care needs were met by a wide range of different professionals. Staff advised us that they worked with more than one GP, so people had a choice. They told us they maintained a good relationship with them and had a practice nurse who would visit regularly. GPs visited on set days or as necessary.
- People's records demonstrated that their health care needs were identified, and guidance was available for staff to follow. Staff confirmed they had received training which helped them meet people's specific health care needs.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other services to help ensure people's needs were met as holistically as possible. There was good joint working between the service, the family and the wider community which enhanced people's experiences.
- Referrals were made as appropriate when people's needs change particularly in relation to falls.

Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Some records did not always reflect the decisions made or ensure consent had been sought. For example, one person who was assessed as having capacity had their cigarettes and lighter held by staff who confirmed this was for their own safety. There was no evidence the person had consented to this although staff said it had been discussed. Another example was a person who was encouraged to be in their room due to risk to others. This was documented as part of their risk assessment but was not in line with their needs or best interest. This was being reviewed by the social work team.
- Choice was given to people, but we noted differential staff practice which could inhibit choice. For example, at lunch time one staff member showed people the two plated meal options so people could choose, another staff member put a plate of food in front of people without explanation. In discussion with the regional manager they agreed dining room audits would be introduced.
- Staff we spoke with had a reasonable understanding of gaining people's consent before providing care and actions to take should people be deemed to lack capacity. Training in this area was up to date and there was guidance for staff to follow.

- The computerised care planning system was used to keep track of deprivation of liberty safeguards, (DoLS) applications and renewal dates. The system produced reminders and alerts when renewals were due helping the service keep on track.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People had their needs assessed before commencing a service and their needs were kept under review in a consultative way.
- Staff had guidance and policy to follow to inform best practice and sought advice from health care professionals as appropriate.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence.

- Relatives spoken with were happy with the care. One relative told us they had never seen anything which had given them cause for concern. Another said, "I think the carers are very careful with her. She's clean and looks comfortable and that's about it now."
- Generally, we found staff respectful of people's needs and we saw some good interactions. The registered manager and regional manager were familiar with people and responsive to their needs and the needs of the staff. They were visible across the day and staff felt supported.
- Social activity helped to keep people engaged and reduce the risk of social isolation. We observed some activity on the day of inspection but felt the care had recently been impacted by the staffing levels and deployment of staff. We were assured this was not always of the case and were provided with lots of feedback and photographic evidence of people being kept active and encouraged to be independent, retain existing skills and learn new ones.
- For example, one family member said, 'Thank you so much for sending on the photos, looks like a fun time, what a busy activity time table your residents have, they are all very fortunate.' Another said, 'We loved seeing these photos of my father. He was a particularly keen vegetable gardener and insisted on precise lines for sowing seeds. Such a lovely smile which I haven't seen in a photo for quite a while.'

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were familiar with people's needs and generally responsive to people's immediate needs. All family members spoken with were happy with the care received and commented on their relatives always being appropriately dressed and well groomed.
- Staff collated information about people in terms of their preferences, life experiences and history. This helped them provide care that was appropriate and met people's needs and took into account people's cultural and spiritual needs.

Supporting people to express their views and be involved in making decisions about their care

- People's needs were reviewed, and the service took into account feedback from surveys, the website, complaints and complements. They regularly involved family and professionals particularly where people lacked capacity to make more complex care decisions. The service knew who had power of attorney and could act on their relative's behalf.
- Newsletters and an information board helped promote events in the service and keep people informed of what was going on.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remains good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service provided activities around people's interests and were designed to enhance people's well-being. A range of activities were provided and helped to improve people's mobility, cognition and overall well-being, such as singing, pamper sessions, exercise classes and art sessions.
- A person was specifically employed to plan and organise activities. Group activities were provided in the afternoon and one to one activity in the morning.
- The activities coordinator was also the dementia lead and had organised some person-centred activities such as taking a person out to places they use to live and work and reminiscing with them about their life experiences. They also organised outside entertainment and visits, including petting animals and regular visits from local school children. The regional manager told us they were planning to set up a mother and baby group which was proven to bring clear benefits to older people. New opportunities were always sought and fundraising opportunities to further enhance people's experiences.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had detailed care plans which were developed following an assessment of need. These helped staff to meet people's needs in line with their preferences. Family members told us they were consulted about the care given to their family members and were kept up to date of any incident.
- Staff demonstrated a good understanding of people's needs and kept records to show what care had been delivered. Each day the service had a resident of the day. On this day the person's care was reviewed, and this included wider issues such as the cleanliness of their room, laundry, maintenance and any other issues.
- The service was responsive to people's changing needs and followed up issues accordingly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was freely available and displayed around the service including pictorial information. The service user guide made it clear what people could expect from the service and what actions they could take if the service did not meet up to their expectations.
- Care plans told us about people's needs including any communication needs or things staff needed to be

aware of such as sensory and cognitive needs which might impair communication.

Improving care quality in response to complaints or concerns.

- The service had well developed systems to obtain people's feedback and put right any shortfalls. There was an accessible complaints procedure, as well as opportunity to feedback on different aspects of the home. Quality assurance surveys were issued and collated and used to identify improvements.

End of life care and support

- At the time of our inspection we were told no one was currently considered as approaching the end of their life but we did identify a person who was poorly and had been for some time and was receiving appropriate care.
- Care plans recorded people's advance wishes regarding resuscitation and gave details of people's next of kin and if they would wish to be contacted. There was a section for recording people's last wishes and where people did not wish to discuss this, this was recorded. We found however the information was not person centred but generic in nature.
- Training for staff in end of life care was not currently sufficient. Staff told us they did watch a DVD but there was no practical, accredited training provided. The regional manager said staff were experienced and worked along side other health care professionals including district nurses to ensure people had a good end of life experience.

We recommend that the service include training in end of life care for all its staff to help ensure that are able to support people appropriately.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits were completed to check the standard of care being delivered and to ensure compliance with health and safety regulations. We sampled a number of audits which had not identified a number of things we have highlighted in the report.
- Management oversight was ineffective because it did not ensure the safety and well-being of people. Staff were not sufficiently deployed to ensure the adequate supervision of people and immediate risks to their safety had not been identified or lessons learnt.
- Shortages of staff were cited as putting pressure on existing staff and affecting their ability to respond to people in a timely way and enhance people's experiences. We found roles and responsibilities were not clearly delegated. In the staff's absence jobs were not reallocated, for example weight records had not been updated. Domestic duties had been affected by staff shortages and the service was not cleaned to high standards increasing the risk of cross infection.

Continuous learning and improving care

- The providers have not continued to provide good standards of care or invest in the home in a timely way to ensure accommodation remains safe and appropriate to people's needs. We were however encouraged by improvements identified and underway
- We observed differential care practices which did not always enhance people's choice and have recommended direct observations of practice and specific audits were necessary to identify additional areas for improvement. This was partially relevant where people could not complete surveys to report on their experiences.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service provided to people was commended by family members spoken with who said by comparison with other homes this was a good home. The service was inclusive, and family members contributed to the overall care given to people. Family members felt well informed and consulted. We asked family members about our observations in relation to staffing and cleanliness and they agreed both could be improved upon.
- Staff told us they felt well supported by both the registered manager and regional manager who were visible in the home and were said to be approachable and available to staff to provide support as required.



- Links with the community were established and helped to enhance people's experiences.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The regional manager understood their responsibilities regarding duty of candour and kept records as appropriate and was able to adequately show actions taken following an incident to keep family members and other health and care professionals informed of actions taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager said they felt well supported by the regional manager and providers who were visible and regularly at the service. They helped to ensure the service remained responsive and took into account the experiences of people using the service. They help regular reviews of care and consulted widely with family members and issued surveys to formally seek people's feedback.
- Complaints and compliments were responded to appropriately and used to improve the service or recognise where they were doing well and to recognise positive staff practice.

Working in partnership with others

- The home was based in Wells with good links to the local community. It was well served by health care professionals and good relationships had been established. Family members were instrumental in supporting their relatives and different activities organised included people going out or having outside entertainers to enhance their experiences.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks to people's health and safety were not clearly identified by the service or acted upon by staff thus increasing the risk of avoidable harm.</p> <p>The service had not taken the necessary steps to ensure the service was sufficiently clean and the risks of cross infection were adequately managed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment processes were not sufficiently robust and did not ensure people were protected from potential risks.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staffing levels were not always appropriate to the needs of the people using the service and did not help ensure people received safe and timely care. The deployment of staff were ineffectual.</p>