

The Orders Of St. John Care Trust

OSJCT Chilterns Court Care Centre

Inspection report

York Road
Henley On Thames
Oxfordshire
RG9 2DR

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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?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 25 January 2017 and was unannounced. We carried out this inspection as result of concerns raised about the service.

OSJCT Chilterns Court Care Centre is a new home that registered with the Care Quality Commission in December 2016. The registered manager, many of the staff team and people using the service had moved to the new location from the previous location which had closed. OSJCT Chilterns Court Care Centre supports up to 64 people who require personal or nursing care. The accommodation is situated over three floors. The nursing unit supports people with rehabilitation following a hospital admission and supports people to prevent admission to an acute hospital setting. During our inspection there were 53 people using the service.

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

People were positive about living at OSJCT Chilterns Court Care Centre and about the staff supporting them. Staff were kind and caring, treating people as individuals and promoting choice and independence. There was a cheerful, relaxed atmosphere that supported people to develop caring relationships with staff and each other.

People did not have confidence in the management of the service and were not confident that any issues raised would be listened to and dealt with.

Staff morale was poor. Staff did not feel valued or listened to. Staff were not supported by regular supervision and were not confident to raise concerns with the management team. Staff felt supported by their peers and there was good communication between the staff team.

There were sufficient staff to meet people's needs. Where agency staff were required the registered manager ensured consistent agency staff were used. Staff knew people well and used that knowledge to support people in a way that valued them as individuals. The provider had effective recruitment processes in place that ensured staff were suitable to work with vulnerable people.

People's care plans were not always up to date and accurate. Risk assessments were not always complete and where risks were identified there were not always management plans in place to ensure the risk was managed. People received their medicines as prescribed. Medicines were stored safely.

Care plans did not always reflect the principles of the Mental Capacity Act 2005 (MCA). Staff understood the principles of MCA and how to apply them when supporting people. People were given choice and their

choices were respected.

There was a programme of activities displayed in the service. We saw people enjoying a musical performance. People were encouraged to participate in activities and we saw staff supporting people to enjoy individual activities.

Snacks and drinks were available throughout the day. People enjoyed the food and were given alternative choices if they did not like the meal on offer.

The provider had systems in place to monitor the service. The registered manager and area operations manager had completed an action plan identifying actions needed to address most of the issues found during this inspection.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

Risk assessments were not always complete. Where risks were identified there were not always management plans in place.

There were sufficient staff to meet people's needs. Where agency staff were used the registered manager aimed to use consistent staff.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not supported through regular supervision.

People enjoyed the food and were given a choice of meals. People's nutritional needs were met.

Staff supported people in line with the principles of the MCA. However, care records were not always completed in line with the principles of the Act.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring, treating people with compassion.

People were promoted to maintain their independence.

Confidential information was kept securely to ensure people's personal information was protected.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's care plans were not always up to date and accurate.

People enjoyed some of the activities organised in the service. There was an activity coordinator in post who was getting to

know people's likes and dislikes.

People knew how to make a complaint but were unsure that action would be taken if they complained.

Is the service well-led?

The service was not always well led.

People were not confident in the management of the service.

Some staff did not feel valued or listened to.

There were systems in place to monitor the service. Audits had identified some of the issues found during the inspection.

Requires Improvement 

OSJCT Chilterns Court Care Centre

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.

The inspection took place on 26 January 2017 and was unannounced.

The inspection was carried out by two inspectors, a pharmacy inspector, an inspection manager, a specialist advisor in dementia care and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

We observed care practice throughout the day and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with nine people and one visitor. We also spoke to the registered manager, the area operations manager, the peripatetic manager, the bursar, two admiral nurses, the nursing unit manager, one nurse, two care leaders, five care staff, the activity coordinator and three members of ancillary staff. Following the inspection we spoke with one relative.

In addition we spoke with one visiting health professional.

We looked at ten people's care records, 11 people's medicines records and six staff files. We looked at records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "Perfectly safe. People are always around. The floors are kept clean and there are no hazards". Relatives were also confident people were safe. One relative said, "Definitely. Much safer than she was at home".

Staff understood the signs of the different types of abuse and were clear about their responsibilities to report any concerns relating to the abuse of vulnerable people. One member of staff told us, "Safeguarding is about taking account of residents' needs. We listen and observe, look for reactions and investigate why as well as identify risks". Staff were confident that any concerns reported would be dealt with promptly and knew where to report outside of the organisation if necessary. One member of staff said, "We have a whistle blowing policy. We can whistle blow to safeguarding team, CQC (Care Quality Commission), police or social services".

The provider had a safeguarding policy and procedure in place. Records of safeguarding concerns raised showed that the registered manager had taken appropriate action which included notifying outside agencies.

People's care records did not always contain risk assessments where risks had been identified. For example, one person's assessment identified the person smoked. The smoking risk assessment document was blank and there was no management plan in place to identify how the risks associated with smoking would be mitigated. However, staff were aware the person smoked and at intervals through the day we saw staff supporting the person to go outside to the smoking area to enjoy a cigarette.

Risk assessments had been completed which included risk assessments in relation to: falls, pressure damage, moving and handling and fire. We found risk assessments had been regularly reviewed on the unit of the home supporting people with nursing care. However, we found that risk assessments on the two non-nursing units were not always completed and were not always up to date and regularly reviewed. For example, one person's risk assessment relating to pressure damage was not complete. Another person had a risk assessment relating to their risk of falls. The risk assessment identified the person was at high risk of falls. However, there was no care plan in place to identify how the risk would be managed. The registered manager and area operations manager were aware that care records required updating and had identified the issues in an action plan provided at the inspection.

Medicines were stored safely and securely and room temperatures were monitored daily. Medicines refrigerators were available and those currently in use had records that showed they were kept at a safe temperature for storing medicines.

Medicines were stored securely in individual rooms and were labelled with the residents' name and where appropriate, the date when it was opened to ensure that the medicine remained within its shelf life. However, we found one person's medicine was out of date. Staff told us the person had brought the medicine with them when moving into the home. Staff immediately removed the out of date medicine.

Topical medicines were kept in people's bathrooms and applied by care staff. However, we found two records for the administration of topical creams were missing.

Some people were prescribed medicines to be given 'when required' (PRN). We heard staff asking people if they needed these medicines. There were protocols in place to guide staff when people may require PRN medicines. However, there were two PRN medicines without protocols in place.

We saw medicines being administered on the morning medicine round in a safe and respectful way. The care leader administering the medicines stayed with people to ensure they had swallowed the medicines safely. The medicine round took a long time, but this was in order to administer the medicines to individual residents at the best times for them and in response to their needs. People received their medicines within suitable timeframes.

Records showed staff had received training on medicines using an online training package. Records showed that checks had been undertaken to ensure staff were competent to administer medicines safely.

People told us there were enough staff. Comments included: "I haven't ever had to wait. There appear to be enough staff"; "I think so yes. They are always in and out"; "Yes. We are waited on hand and foot. Having worked all my life it is good to be looked after"; "There is always someone around if you need help" and "There is always someone around. We are not left alone for long". One relative told us, "There are enough staff. I am impressed with both the number and quality of staff".

Staff told us there were usually enough staff. One member of staff told us, "Staffing is fine when we have enough on duty, but when we are short of staff it is difficult as you don't have enough time for the residents". Another member of staff told us, "There is always time to sit and chat; to spend time with them (People)". Staff told us the service relied on agency staff to ensure staffing levels were safe. Comments included; "We rely a lot on agency but we use the same agency for continuity" and "We need more permanent staff. We are using more agency staff".

The provider was actively recruiting to the staff vacancies in the home. On the day of the inspection there were three new staff shadowing experienced staff. The registered manager told us they worked closely with agencies to ensure there was continuity of agency staff. We saw agency staff were given an induction with permanent staff and spent time getting to know the people they were supporting. One agency member of staff told us, "I am very supported by the staff. They are very helpful. I can look at people's care plans for information and there is good communication between the team. I get good guidance, it is very clear". On the day of our inspection there were four agency staff on duty who had all worked at the service before and were knowledgeable about people's needs.

We looked at rotas for a four week period and saw that assessed staffing levels were not met on six occasions. On all of these occasions the shortfall was due to agency staff not arriving for work. The registered manager said this had been addressed with the agency and any staff who were not considered to meet the required standards were not booked to work in the service again.

The staffing levels for the home were calculated on the dependency of people. However, the dependency assessments for people had not been updated since the move to the service. We spoke to the registered manager and area operations manager who told us this had been identified as an action on a recent audit and would be completed in February 2017.

People told us the service was kept clean and tidy. One person told us, "It is perfect. They (housekeeping

staff) are always busy doing something". However, we visited one person's room that smelt strongly of urine. There were several vacant posts for ancillary staff. We spoke to the ancillary staff who told us that due to staffing levels they were not able to shampoo the carpet as often as necessary. Staff told us that agency staff were not employed for ancillary duties. Staff also told us that due to staffing issues in the kitchen, ancillary staff were asked to help in the kitchen which made it difficult to keep the home cleaning schedule up to date. We spoke to the registered manager and area operations manager who told us they would ensure agency staff were employed to maintain the cleanliness of the service.

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people.

Is the service effective?

Our findings

People were confident that staff were trained and had the skills and knowledge to meet their needs. One person told us, "The staff are well trained and know what they are doing".

Staff were not always supported in their roles. Staff we spoke with had not been supported through regular supervision. Comments included: "Supervisions should be monthly but have not done them due to move (to new location)"; "Supervisions are supposed to be three monthly. I haven't had one since January 2016 (This member of staff had worked at the previous location)"; "I have not had any one to one supervisions since I started. I get my support from other team members" and "I've not had any supervision since we moved here". We spoke with the registered manager who told us, ""Supervision, that is an issue. I haven't done anything formal". The registered manager and area operations manager were completing a supervision matrix to ensure staff received supervisions in line with the provider's policy.

New staff completed an induction programme that was linked to the Care Certificate. The Care certificate is a set of standards that gives everyone the confidence that workers have the same induction; learning the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. New staff told us they had completed training that had included: safeguarding, dementia, communication; mental capacity and well-being. New staff shadowed more experienced staff until they were competent and confident to work alone. However, one new member for staff told us they did not feel they were given enough training for their role. They told us, "I didn't feel ready. I didn't know the residents". The member of staff felt supported by other staff members and was growing in confidence. Another new member of staff told us, "I'm supposed to be shadowing [care worker] but she's wandered off so I'm doing my own thing".

Training records showed that not all staff had completed training required by the provider. Following the inspection the area operations manager provided an updated training plan that identified the staff who required training and the dates the training was taking place. This included training in: infection control; moving and handling; food hygiene; care planning; equality and diversity and end of life care.

Nurses were positive about the training they received and were able to request additional training to ensure they had the skills to meet people's needs. One nurse told us, "We have access to training. We asked for training in verification of death, venepuncture and catheterisation and the service is arranging that for us.

Some staff had completed training in The Mental Capacity Act 2005 (MCA). 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 how they supported people in line with the principles of the Act. Staff comments included: "I had training in MCA and DoLS. We follow the best interest procedures"; "We always assume capacity"; "We assume everyone has a choice and right to decide what they want. We involve family members and advocates when someone has no capacity and follow a best interest process" and "I talk to them and they can make decisions for themselves. It's a

best interest decision if someone can't consent. It is always the best decision for the person".

Care plans were not always completed in line with the principles of MCA. For example, one person had not signed the consent to photography form. However, there were photographs of the person on record. Another person's care record contained a 'consent to information sharing' document. The consent box was ticked but not signed. The person's record also contained a record of a best interest meeting about the decision relating to the person's admission to the service. There was no capacity assessment relating to the person's capacity to consent to information being shared and we could not be sure the person was being supported in line with the principles of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was aware of their responsibilities relating to DoLS and had carried out assessments in relation to DoLS applications and was in the process of making applications to the supervisory body. The supervisory body have legal responsibility to assess all applications where people have restrictions in relation to their care.

People were positive about the food and drink offered. Comments included: "There is a daily menu-they will offer something else if you don't like the choices"; "Yes. I enjoy it all (food). They bring drinks around all the time. Yes there is always a jug in my room"; "Wonderful there are plenty of choices"; "I like it in here. The food is good. Yes there is plenty to drink" and "Yes I have a good appetite and the food is very good. Usually a good choice. Yes plenty to drink".

People were offered drinks and snacks throughout the day and where people chose to remain in their rooms they were provided with regular drinks and food was served in their room.

We saw people were offered a choice of food at lunch time. Staff showed people a plated meal to ensure they were able to make an informed choice. Staff took time to enable people to choose. Where people required support with their meal staff provided the support. Staff sat with people and supported them at a pace suitable to the person.

Where people needed encouragement to eat staff did this in a positive manner. For example, one person did not want to eat their main meal. Staff encouraged the person to eat and offered alternatives. The person was persuaded to eat a dessert.

Care records identified people's dietary requirements. This included likes and dislikes and any assistance required. For example, one person's care record stated the person required a spoon or fork to eat their meal due to a left sided weakness which meant they were unable to use a knife. Staff were knowledgeable about people's dietary needs and the importance of identifying if people required close monitoring. One member of staff told us, "If a resident is not eating or drinking it is reported and recorded. The plan may be to monitor them closer, encourage them to eat and drink. As dementia patients they may forget to drink. We complete weekly weights and if there is weight loss, we record and start food/fluid charts". We saw that people's weight was regularly monitored and action taken if people had experienced weight loss.

People's care records showed people were supported to access health and social care professionals appropriately. Care records showed details of professional visits with information on changes to treatment if required. This included visits from GP, district nurse and mental health teams.

The service was a purpose built care home. The environment was light and airy. There were themed areas

which the registered manager told us had been selected by people. These included music and animal themed areas. The area of the home supporting people living with dementia had picture prompts to help people orientate themselves. People's rooms had photographs of the person on their door and a picture that meant something to the person. For example, one person had worked as a nurse. There was a picture of a nurse in uniform on their door.

Is the service caring?

Our findings

People were positive about the staff supporting them. Comments included: "Wonderful. Very tolerant. Always friendly"; "They are very good. Helpful, patient and kind"; "Staff are great" and "I cannot fault the staff. They are helpful, caring, kind. They go that extra mile to help you". Relatives were equally complimentary about the staff. One relative told us, "Every member of staff has been really kind. They are extremely kind and caring. They are angels, I couldn't do it".

We saw many warm interactions between staff and people. It was clear kind and caring relationships had been developed. For example, one person became upset. A member of staff immediately responded to the person's anxiety. The member of staff said, "What's happening here. Come and give me a hug". The person appeared happier and smiled at the member of staff.

There was a relaxed and cheerful atmosphere with staff encouraging interaction between people. There was laughter and staff used light humour to engage with people and each other. Staff showed patience and empathy. For example, four people were sat together and as staff passed they asked the member of staff what day it was. Each time staff stopped and took time to interact with the four people and reminded them that it was Wednesday.

Staff knew people's individual communication skills, abilities and preferences. For example, we saw staff communicating with a person who had difficulty expressing themselves verbally. Staff spoke to the person slowly, listened and observed for non-verbal cues.

People felt they were treated with dignity and respect. One person told us, "They are always polite. They knock before coming in to my room. When I am in the bathroom they will wait until I come out".

Staff involved people in decisions about their care. People felt involved in their care and felt their choices were respected. One person said, "Yes most certainly. Yes they (staff) listen and act".

People received care in private. Staff knocked on people's doors before entering and gave examples of how they respected people's dignity and privacy. One member of staff said, "We have private conversations with residents behind closed doors". Staff spoke with and about people in a respectful manner. One member of staff said, "We treat people the way you would want to be treated".

Staff supported people to maintain their independence. We saw staff encouraging people to do things for themselves in a supportive and positive way. For example, one person was sat with their food in front of them, A member of staff spoke to the person, put some food on to their fork and handed the fork to the person in order for them to feed themselves. Although this took time the member of staff clearly understood the importance of promoting the person's independence.

People were confident personal information was respected. One person told us, "Oh yes, you never hear them (staff) talking about personal things". Staff understood and respected confidentiality. Records were

kept in locked cabinets, in key coded offices and were only accessible to staff.

Some care plans identified how people wished to be supported at the end of their life. Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place and advanced care plans highlighting their wishes in the event of death.

Is the service responsive?

Our findings

People were assessed prior to accessing the service and assessments were used to develop care plans. However, we found that care plans were not always fully complete and contained conflicting information. For example, one person's care plan contained an entry stating "Test urine weekly. See care plan 4", this was due to the person being prone to urinary tract infections. 'Care plan 4' contained no reference to weekly tests of the person's urine. We asked the care leader who was not aware of the person requiring weekly urine tests and told us these were not being completed.

Another person's elimination care plan stated, "Wears small pads for own peace of mind. Fully independent with toileting needs". However, the person's pressure risk assessment identified the person had "faecal and urinary incontinence".

Care plans were not always accurate. For example, one person's eating and drinking care plan stated, "Cut up food and tell her where it is on plate due to eye sight". We observed this person during lunchtime and saw the person cutting up their own food and managing independently.

Care plans did not always contain guidance for staff relating to how people's needs should be met. For example, one person's mental health care plan identified the person had "Past history of self-harm or suicidal thoughts". However, the person's emotional well-being and mental state and cognition care plan was not completed. There was no guidance for staff in how they should support the person when they became anxious.

Care plans were not always personalised. Some care plans contained an "All about me" document, which captured people's life histories including past employment and what was important to people. However, these were not always completed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the registered manager and area operations manager about the care plans. They advised us that an audit of all care plans had started and formed part of the action plan compiled by them. A peripatetic manager was in the service supporting the registered manager and had commenced a care plan audit. The peripatetic manager showed an audit they had completed of one care plan and advised us they would be completing this audit of all care plans in the service.

Staff knew people well. We saw staff supporting people in a person centred way. Staff valued people as unique individuals and provided support that took account of people's past experiences, abilities and personalities. For example, we saw staff interacting with a person living with dementia. The person was given a doll to hold. This clearly reassured the person, who held the doll, smiling and cuddling it. Staff told us the person used to be a midwife and enjoyed interacting with the doll. When staff needed to support the person with other aspects of their care needs, staff were respectful of the person's engagement with the doll

and asked the person if they could sit the doll in the chair next to the person.

Some activities were arranged in the service. People's comments included: "There are activities. I didn't fancy card making today. I join in things that I like to do, just sometimes. Mostly I watch TV or read paper or sleep"; "I sit and watch the television. If there is something going on they will ask if I want to go and help me"; "I don't like any of the activities on offer. I like my jigsaws and spend time in my room mostly. There is not much going on and I am not keen on the TV lounges". One relative told us, "[Person] enjoys exercise and loves gardening. Hopefully when the weather gets better she can resume this. The Activities seem to be sporadic. I understand they just have the one co-ordinator".

There was a programme of activities displayed in the home. We saw people were supported to take part in craft activities. During the afternoon there was musical entertainment. People enjoyed the music and were singing along and tapping their feet to the music.

The service employed an activity coordinator who was recently employed. The activity coordinator was getting to know people to enable them to arrange activities that met people's individual needs. Care staff supported the activities arranged in the home. For example, a member of staff supported people during the craft activity.

Staff understood that activities were part of the support people needed and took time to engage with people in individual activities. For example, we saw one member of staff supporting a person with a puzzle book.

One person had recently moved into the service and was anxious. A member of staff had been speaking with the person's relative and found out the person had enjoyed music by a specific artist and had enjoyed exercise. The member of staff was enthusiastic when telling us they would bring in some music by this artist and "See how we get on".

People knew how to make a complaint and felt confident to do so. However, people were not always confident that anything would happen as a result of complaints. Comments included: "I would go to the office. If I had any complaints I would definitely bring them up"; "I would take it up with the staff and did so about them just coming in. Not sure management would do anything anyway"; "I would go down to the office. [Registered manager] comes up once in a while but she doesn't listen".

Staff knew how to support people to make a complaint. Staff comments included: "I can help a resident to raise a complaint. It's their right" and "Clients can complain to any member of staff".

We saw the registered manager kept a record of complaints. There had been one written complaint since the service opened. The registered manager had met with the complainant and responded in writing in line with the organisations complaints policy.

The registered manager had made changes to the service following feedback from people. For example, people on one unit of the home had raised concerns about the time they received their breakfast. This had been changed and people were now receiving their breakfast at a time that suited them.

Is the service well-led?

Our findings

Some people told us they felt the service was well managed. One person said, "It certainly appears to be organised". However some people were less confident in the management of the service. One person told us, "Organised, yes. Managed well, not sure".

Staff enjoyed working in the home. However, some staff did not feel supported by the management team and told us staff morale was low. Comments included: "There is an atmosphere. It's not how it used to be. Everyone [staff] is down here"; "We're all getting fed up with it. It's the residents that suffer" and "I love working here but the manager could do better". Staff described a culture that did not encourage staff to raise issues and when issues were raised staff did not feel listened to. For example, staff told us they had raised concerns with the manager about not having enough housekeeping staff to clean the home since the location had opened. However, the use of agency housekeeping staff had not been approved by the registered manager until the day of our inspection.

One member of staff told us they felt valued by the management team and had received a certificate of appreciation. The member of staff said, "They do show appreciation. Management may thank you for good work". However, other staff did not feel valued. Comments included; "[Registered manager] is not very approachable. She can be really rude and talks down to you" and "The manager isn't too bad. She is nice to you when she wants something". Staff gave examples of the registered manager "Shouting" at staff in front of other staff and residents.

Communication between the staff team was good. Staff supported each other and had detailed handovers to ensure they were kept up to date about people's needs. However, staff told us they had little communication with management. Care staff and ancillary staff had not had the opportunity to attend a staff meeting since the location had opened. Staff were not aware of the actions taken regarding staff recruitment and felt they did not know what was happening in the home. We spoke the registered manager about communication with the staff. The registered manager told us, "To be honest I don't think we've done enough. We could have done better to keep the staff more informed". There was a staff meeting planned for 8 February 2017.

We spoke to the registered manager and area manager about the staff morale. The registered manager told us staff morale varied from day to day. They said, "Daily I do not know what mood they'll [staff] be in. Morale has been difficult to change". The area manager told us the management team had recognised that they had not prioritised communication with staff during the move to the new location and felt this had contributed to the morale in the home.

The provider had carried out a staff survey which had identified staff wanted reward and recognition for their work. The registered manager told us they had purchased thank-you cards and was giving those out to staff when they had done something well.

Staff working in the nursing unit felt supported by the unit manager. One nurse told us, "I feel safe with my

practice working here". There was a positive attitude among staff working on the nursing unit who felt they could go to the unit manager with any issues and they would be listened to.

The registered manager had held a staff meeting with care leaders to identify leads in the service for dementia care, infection control, falls, dignity and nutrition. This would give each care leader a role in promoting the topics and supporting staff.

There were systems in place to monitor the quality of the service. The area manager and registered manager had completed an audit and created an action plan that identified most of the issues we found at this inspection. For example, the audit had identified that dependency assessments were not up to date and action was being taken to update them. Following the inspection the area manager sent the updated action plan to CQC with target dates to achieve all the actions.

The registered manager monitored accidents and incidents. Records relating to accidents and incidents identified the cause of the accident (if known) and what action was taken to reduce the risk of a reoccurrence. Accidents and incidents were analysed to look for trends and patterns.

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
Treatment of disease, disorder or injury	The provider did not maintain a complete and contemporaneous record in respect of each service user.