

# Caring Homes Healthcare Group Limited

## Ferfoot Care Home

### Inspection report

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Date of inspection visit:

11 November 2019

14 November 2019

Date of publication:

18 December 2019

### 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Ferfoot is a residential home for up to 52 people, most of whom live with dementia. At the time of our inspection there were 47 people using the service. The home was divided into the 'old' and 'new' building. Both areas had bedrooms, bathrooms and communal areas such as lounges and dining rooms. Rooms on the first floor were accessed by a lift. There was a small enclosed garden and some parking.

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

Since our last inspection the provider had made improvements to the environment for people living at Ferfoot Care Home and improved their recruitment of staff to make these processes safer. However, at this inspection we identified concerns around record keeping which meant the provider could not be sure they were delivering care to meet people's needs in all areas.

People's records were not always up to date, completed in full or contemporaneously. Risk management plans contained some conflicting information or required further detail. The provider used a system to audit care plans monthly, but this system had not identified missing information or conflicting information. People's monitoring records were not completed in full or accurately to enable staff to monitor some health needs. We were assured by the registered manager this was a recording issue not a concern about practice and we observed limited impact to people during our inspection.

Staff carried out monthly quality monitoring for some areas. Whilst this had identified some issues such as medicines records, it had not identified the shortfalls we found during this inspection. The provider had a condition on their registration which required them to submit a monthly report to CQC following an audit of care plans and risk assessments. We found the provider had not identified all of the records issues through their own internal audit systems.

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. People's capacity had been assessed and where people lacked capacity a best interest decision had been made. The provider was reviewing the documentation it used for this process.

Staff were recruited safely. Staff were trained and supported in their role and were provided with supervision and were able to attend staff meetings. There were sufficient numbers of staff available which the provider reviewed using a dependency tool. Staff were knowledgeable about safeguarding and there were systems in place to keep people safe.

People's risks in areas such as malnutrition and moving and handling had been assessed with guidance in place for staff to follow. The environment had been assessed for safety with regular checks carried out to systems such as fire alarms and moving and handling equipment. The home was clean and fresh, and staff were seen to follow good infection prevention and control guidelines.

People were being cared for by kind staff who knew them. We observed many kind and caring interactions between people and staff with staff responding to people's need for comfort. People were involved in their care as much as possible. Where appropriate relatives were involved in processes such as care reviews and meetings. People could have visitors at any time.

There was a registered manager in post who was visible. Complaints had been dealt with and recorded. The registered manager was supported in their role by a regional manager who visited regularly and was available on both days of our inspection. The home had good links with the local community and worked regularly with various healthcare professionals.

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

Rating at last inspection - The last rating for this service was Requires Improvement (report published 10 December 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We had imposed a condition on the providers registration for this service to receive a monthly report of their quality monitoring audits and analysis of incidents. This condition will remain in place. 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.

## 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.

**Good** ●

### 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** ●

# Ferfoot Care Home

## 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

This inspection was carried out by two inspectors 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

Ferfoot Care Home 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included the monthly reports completed by the service to meet the conditions we have imposed on their registration. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

### During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff, the registered manager, the deputy manager and the regional manager. 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.

We reviewed a range of records. This included 11 people's care plans, multiple medication records and risk assessments. We looked at five staff files in relation to recruitment, staff supervision and training.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at risk assessments and care documentation. We contacted five healthcare professionals for their views about the service and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also telephoned three relatives for their views about the experiences of people living at Ferfoot Care Home.

# 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 Requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe.

Using medicines safely; Assessing risk, safety monitoring and management

- At our last inspection medicines were not always stored safely as staff had not consistently checked temperatures where medicines were stored. At this inspection we found this had improved. Staff regularly checked storage temperatures including medicines fridge temperatures. Records seen demonstrated temperatures were in a safe range.
- We could not be sure people had their medicines as prescribed. We viewed three people's medicines administration records (MAR) and saw they were not always accurate or completed in full. For example, MAR had recorded that people's medicines had been administered. The stock check recorded for the medicines administered did not correspond to the amount of medicines in stock. The provider had identified this shortfall in their medicines audit and were taking steps to address this.
- People had a topical medicines administration record (TMAR) which recorded when they had creams or lotions applied. For one person we saw their TMAR had conflicting information on what cream they had been prescribed to the guidance in their care plan. We raised this with the registered manager during our inspection who took steps to make sure the person was receiving the right creams. However, on our second day of inspection we saw whilst they had commenced the new creams prescribed there was a gap in the recording on the TMAR. This meant we were still not sure if they had received the cream prescribed.
- People's risks had been identified and there were management plans in place to give staff guidance on how to support people. However, there was not always detailed guidance to make sure staff would know what steps to follow for some health conditions. For example, two people had been diagnosed with epilepsy. There was no detail on what type of seizure the person may have, and what to do in the event of a seizure occurring. One person had been prescribed medicines to be given when they experienced a seizure, the protocols for this was conflicting and had not been added to the person's care plan. Both people were not experiencing regular seizures, however there needed to be robust guidance in place.
- One person had been identified as being at risk of constipation. They needed a chart to monitor their bowels. This was not in place, staff had recorded bowel movements in the person's daily notes. However, this meant the instances of when the person had a bowel movement had not been monitored and guidance for constipation had not been followed. We raised this with the registered manager who took steps to correct the shortfalls.
- Where people had monitoring charts in place to help manage risks around dehydration and behaviour these were not completed contemporaneously and some lacked guidance for staff. For example, some fluid charts did not have a goal to give staff guidance on how much fluid a person should have. Some fluid charts were not totalled daily to add up how much fluid a person had consumed. This meant the monitoring was not effective in identifying any concern at the earliest opportunity.
- Some people spent all day in their rooms and were at risk of social isolation. Records did not always capture the social contact they had with others. For example, people in their rooms received a 1-1 from staff

which had been recorded. However, for one person we saw of the six entries in their records, five of these were support to have a meal or a drink. Another person had 11 entries for activities they had taken part in over a month. However, most of these were family visits. We discussed this with the registered manager and regional manager who told us this was a recording shortfall not a practice concern.

The provider had failed to have systems or processes in place to enable the registered person to ensure accurate, complete and contemporaneous records were being maintained for each person. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had systems in place to assess risks to the environment and make sure there were safe systems of work for staff to follow. Checks for the safety of the equipment and building had been carried out. People had a personal emergency evacuation plan in place to guide staff on how to evacuate them from the building in the event of an emergency.

Learning lessons when things go wrong

- Accidents and incidents had been recorded and reviewed by the registered manager. Analysis of falls and other incidents had been completed so any learning could be identified and shared. Staff had regular meetings where any learning could be discussed. One member of staff told us they were a 'falls prevention advocate'. They told us, "When someone falls, I look for patterns and trends. Prevention is better for the person, so I look at things like footwear or does the person need a sensor mat."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Ferfoot Care Home. Comments included, "I do feel safe here, staff are around if I need them", "I feel safe, I have never not felt safe" and "I can shout for someone if I need them so yes I feel safe."

- Systems were in place to help to keep people safe. Staff had received training on safeguarding and understood what action they needed to take to keep people safe. Staff we spoke with were confident the registered manager would take action if needed.

- There had been incidents of aggression between some people living at Ferfoot Care Home. The registered manager had taken appropriate action and informed the local safeguarding team. We had also been notified of all incidents.

- The providers regional dementia lead had supported staff to put in place detailed behaviour support plans for people who experienced distressed reactions. This gave staff guidance on what action to take to support people when they became distressed or anxious.

Staffing and recruitment

- People were being cared for by staff who had been checked appropriately prior to starting employment. This included obtaining references from previous employers and a check with the disclosure and barring service (DBS). A DBS check supports employers to make safer recruiting decisions.

- There were sufficient numbers of staff on duty. The registered manager used a dependency tool which helped them to assess how many care staff were needed. The registered manager told us they reviewed the tool monthly and adjusted staffing numbers accordingly. One relative told us, "There always seems to be enough staff on duty, there is always staff around. They give you time when you are there, I can have a chat with them."

- Where there were any gaps on the staff rotas the service did use agency staff to make sure people were safely supported. Any agency staff used were given an induction, so they were aware of key systems such as the evacuation procedure. The registered manager told us they asked for the same agency staff where



possible to provide people with a consistent approach.

#### Preventing and controlling infection

- At our last inspection we observed the home was not always kept clean and some carpet needed replacing. At this inspection, we found all the flooring had been replaced with a laminate floor. We also observed the home was clean in all areas and there were no unpleasant odours.
- People's rooms were cleaned on a regular basis. Domestic staff told us they followed cleaning schedules to make sure rooms were cleaned thoroughly. Comments from relatives about cleaning included, "The home is clean, very clean. I check [relative]'s room and it is always clean",
- Staff followed good practice for infection prevention and control. For example, we saw they wore personal protective equipment when needed. There were supplies available around the home. Staff completed training in food hygiene and infection prevention and control.

## 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager carried out pre-admission assessments prior to people moving into Ferfoot Care Home. This meant the service could be sure they could meet people's needs.
- The provider made sure staff were using nationally recognised tools to carry out assessments of areas such as malnutrition and the risk of developing pressure ulcers.
- Staff used oral healthcare assessments to regularly review people's needs in relation to their oral care. If any concerns were identified staff referred to local dentists and updated people's care plans.

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

- People had sufficient food and drinks as meals were planned according to their needs. For example, we saw one person found it difficult to sit down for a meal preferring to walk around. This person was able to have 'finger foods' which meant they could walk and eat if they wished.
- We observed mealtimes and saw they were a social event. Staff sat with people to give them the support they needed. We did observe on two occasions people being offered a choice of meal by more than one member of staff. This could be confusing for people. We shared this with the registered manager and regional manager who told us they would review this area of meal organisation.
- People had a choice of food and drink and if they did not like the choices the chef prepared them an alternative. Staff showed some people choices on plates, so they could visually see the options and smell them which helped them choose. One person told us, "We choose our food on the day, it is ok, I like the meat."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff communicated with each other to make sure people's needs were reviewed and changes were shared. There were 'handovers' for staff to meet daily and discuss any events, incidents and be updated on people's health and well-being.
- People were able to access healthcare when needed. Some professionals visited the service regularly such as community nurses and local GP's. Referrals were completed for other services such as occupational therapy and mental health teams. One relative told us, "They [staff] picked up [relative] was tired and sleeping more than usual. She had a urine infection, they dealt with this so quickly, all cured in days."

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 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. 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. We found these were met.

- Staff were knowledgeable about obtaining consent before providing care. Staff had received training on the MCA and DoLS. Where people were not able to indicate their choices, staff followed best interest guidance.
- Where people lacked capacity, staff had completed an assessment and followed best interest decision making processes. For some people it was clear who had been involved and what options were discussed. For others it was not as clear. For example, for one person who received their medicines covertly we saw staff had consulted with the person's GP and a pharmacist. There was detail of other options considered. However, for another person who had a sensor mat in place to monitor their whereabouts it was not clear who had been involved in the decision. We were not sure the least restrictive option had been applied.
- We discussed this with the registered manager and regional manager who told us the provider had reviewed their documentation for assessing capacity and were making changes. We saw for one person a local authority MCA toolkit had been used which clearly recorded who had been involved in decisions and what options had been discussed. This documentation was going to be used going forward to assess people's capacity.

Staff support: induction, training, skills and experience

- New staff completed an induction which gave them the skills they needed to carry out their job roles. For care staff this was the Care Certificate which included assessments of knowledge and skills. One member of staff told us, "For my induction I did some training, moving and handling and some e-learning. I also shadowed some staff; my induction was good."
- Staff had been trained in various areas such as manual handling, first aid and dementia. The provider had designed their own dementia training called 'Living in my world' which staff had completed. Staff told us they found this training helpful for their day to day work. One member of staff said, "Living in my world was ideal for giving me insight into dementia. It is really good for staff with no experience of dementia." One person told us, "I think the staff training is ok, most of them seem to know what to do."
- Supervision had been provided and the opportunity for an annual appraisal. Staff told us they found this process helpful to discuss any concerns and identify areas for development.

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

- At our last inspection we observed there was limited signage around the home to help people find their way around. At this inspection there was signage available and further improvements had been made to the environment. Smaller lounges had been re-decorated and themed to provide people with alternative quiet areas to use if they wished. For example, one room was themed as a 'music room'. It had been decorated with musical objects such as vinyl records and musical instruments.
- People's doors had been painted white in some areas of the home to brighten corridors. This had improved the environment making it brighter and fresh.
- People were able to personalise their rooms if they wished and put up their own pictures and other

possessions.

# 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 has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed people were treated with kindness by the staff. There were many positive interactions which demonstrated staff knew people well. Comments about the staff included, "The carers are very nice, treat us very well, like family really. I don't have any complaints", "Staff are smashing, friendly and informative. I know them all so well, they are like old friends" and "Staff are brilliant, so good, dedicated. I can't praise them enough."
- People's backgrounds and life history had been obtained by staff. Some people had a one-page profile which gave staff an overview of what was important to people.
- Staff had received training in equality and diversity and we observed staff supporting people while respecting their individual wishes. For example, the home used dolls for some people with dementia. We observed one person interacting with a doll which was clearly providing them with comfort. Staff supported people to do this if that was their wish.
- People's preferred communication needs were known by staff and we saw staff communicating with people effectively. Where people needed a hand to hold this was provided. One person wanted a hug and staff respected this need by giving the person a hug until they were calm.
- The new registered manager had tried to make the environment homelier by introducing things like blankets and dolls. Staff and relatives appreciated this effort. One member of staff told us, "There have been lots of changes here, it is more homely."

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

- People were supported to make decisions about their day to day care and support. For example, when they wanted to get up in the morning, go to bed and where they wanted to eat their meals.
- Many people at Ferfoot Care Home were living with dementia and not always able to communicate their views. Where appropriate people's relatives were involved in people's care and support, for example, invited to care reviews and 'resident's meetings'.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was respected. Personal information was held securely with only authorised personnel being able to access it. We observed staff used privacy screens when appropriate. For example, one person needed to be seen by a visiting professional. They did not want to move from their comfortable chair. Staff used a privacy screen to make sure they had privacy when being supported by the professional.
- We observed, and staff told us how they promoted people's dignity. We saw staff knocking on people's doors before going into their rooms. Staff told us how they made sure people were covered with towels

when helping them with personal care.

- People's independence was promoted where possible and appropriate. People were encouraged to do as much as they could for themselves. Staff stepped in to provide support when needed.
- People's relatives were welcome to visit when they wished. We observed visitors being welcomed by staff and offered refreshments. People could have visitors to share meals with them at any time. One relative told us, "I visit [relative] every week, staff told me to visit anytime. My family all visit too, we all go at different times."

# 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 Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

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

- People had personalised care plans in place which staff reviewed regularly. Guidance was available to help staff know details on how people preferred their care and support. For example, some people had specified a gender of care worker they would prefer. For people who required assistance with moving and handling there was guidance on the equipment needed to help the person move.
- The providers dementia lead had supported staff to write care plans for people living with dementia. These were written positively giving staff guidance on how best to support people with dementia.
- We observed staff providing responsive care as they knew people's wishes and preferred routines. Staff responded to people's distress or need for comfort effectively as they were aware of how best to support people.

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 provider employed activity staff who planned activities with people and/ or relatives. We saw activities going on during our inspection such as arts, bingo, singing and a trip out. There were items around the home for people to engage with such as dolls and puzzles.
- We did not observe staff going upstairs to spend time with people however, the regional manager told us they had observed staff doing this. Some people did choose to spend time in their rooms where they had their own personal activity such as a TV, newspapers and books.
- Activity staff told us they planned for external people to come in and support the activity plan for the home. This included clergy to carry out activity such as communion, entertainers to sing for people and local schools to visit at Christmas time. Relatives told us they found there was always activities going on downstairs at the home when they visited. One relative said, "There is always activities going on at Ferfoot, I have seen someone playing the piano, some religious activities and art groups, always something happening."

End of life care and support

- There was nobody receiving end of life care during our inspection however, the home had provided this type of care in the past. Staff would work with local healthcare professionals to make sure people were as comfortable as they could be.
- People had been asked about their wishes for the end of their life and this was recorded in their care plan. However, for one person it recorded in January 2019 that staff needed to talk to the person about their wishes. This had been recorded every month up to November 2019, so staff had not spoken with the person

over this time. Another person had conflicting information in their end of life care plan which we shared with the registered manager during our inspection. We were told these two shortfalls would be addressed immediately.

#### 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.

- People's communication needs were assessed and recorded in their care plans. There was detail recorded to support staff to know how best to communicate with people. For example, if people needed a hearing aid, glasses or other aids.
- The provider was able to produce all information needed in a range of formats to help people understand. For example, a larger font or picture formats could be provided.

#### Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain. One relative said, "I would speak with [registered manager] if I had any concerns, but at the moment I am very happy with everything." Another relative said, "I would go to [registered manager] I feel I can talk to her."
- Complaints received had been recorded and investigated by the registered manager. Outcomes had also been recorded and shared with the complainants. The provider had an overview of any complaint received.



# 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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

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

- We reviewed a range of records at the service and found improvement was required to record keeping. Some medicines records had gaps in the recording such as topical cream applications. The recording of medicines stock was inaccurate. Two people did not have their nutritional likes and dislikes form completed which meant the chef did not have this information.
- Quality monitoring at the service was not effective in identifying the shortfalls we had found during our inspection. The provider had a condition imposed on their registration which meant they had to send us a monthly report following the completion of audits. The audits carried out had identified some of the shortfalls such as the medicines records but had not identified other shortfalls we found.
- Care plans were reviewed monthly by the provider as part of their 'resident of the day' process. This system had not identified the conflicting information within the risk management plans we reviewed. It had also not identified the shortfalls with monitoring records.

The provider had failed to have systems or processes in place to enable the registered person to ensure accurate, complete and contemporaneous records were being maintained for each person. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had started work at the home since the last inspection. They had made improvements and identified further improvement that was required. They told us, "I am really proud to be the manager here, it is fantastic to hear about and see the improvements."
- The registered manager was supported by a regional manager who visited the service weekly. The registered manager told us about how they appreciated the support they received from the regional manager. They told us, "My line manager is fantastic, my rock and always there for me. She is very knowledgeable which is a great support to me."
- The rating from the previous inspection was displayed at the service and the registered manager had submitted notifications to CQC when required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 management team and the staff demonstrated a caring approach to their work and a commitment to providing person-centred care. All the staff we spoke with enjoyed their work. Comments from staff

included, "I love my job, I love the challenge of working with people with dementia. The staff are very close here, like a family", "I enjoy working here, I work with some nice people, the residents and their families" and "I enjoy working here, I like to make a difference to people's lives."

- There was an open culture at the service with a culture of reporting concerns, sharing ideas and raising issues with the registered manager. Staff and relatives told us they could approach the registered manager with any concern and it would be dealt with. One member of staff said, "I feel this home is well-led now, the new manager is trying to make improvements." One relative told us, "[Registered manager] seems to be proactive. You see her around all the time, she is out and about a visible presence, popping up all the time keeping an eye on things."
- Five relatives had registered their positive feedback about the service on an independent website since the last inspection. This gave the home an average score of 9.2 out of 10. One relative said, 'I could not be happier about the care my [relative] receives'.
- The provider and registered manager understood their responsibility to let people and/or their relatives know if something went wrong with their care and support. This was their legal responsibility under the duty of candour process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Partnership working was established with a number of healthcare professionals in the local community. We observed visiting community nurses throughout our inspection visiting people to meet their health needs.
- People and relatives were able to attend regular meetings to hear about changes and discuss their views. Minutes were kept and shared and available at the home.
- Staff were able to attend meetings to share their views and hear updates on any changes.
- Where needed some staff had been supported to enrol in local colleges to complete courses to help their conversational and written English.

Continuous learning and improving care

- The provider was continually looking for ways to improve the service and outcomes for people. For example, developing staff was being reviewed with the introduction of a 'career ladder'. This was a structured staff development pathway linked to training, recognition and work qualifications. One member of staff told us, "Caring Homes is a good company to work for, they have helped me to progress."

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  The provider had failed to have systems or processes in place to enable the registered person to ensure accurate, complete and contemporaneous records were being maintained for each person.  Regulation 17 (1) (2) (a) (c)