Caring Homes Healthcare Group Limited

Cranmer Court

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

About the service
Cranmer Court is a nursing care home providing personal and nursing care to people with a range of needs such as dementia and Parkinson's Disease. The care home accommodates up to 62 people in one purpose built building. At the time of the inspection, the service was supporting 62 people.

People's experience of using this service and what we found
People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Staff did not always take people's communication needs in to account when delivering care, and the environment required further work to ensure it met the needs of those with progressing cognitive impairments.

Vacancies within the staffing team meant that people were often left unattended without interaction in communal areas and care received was task focused. The provider's quality assurance audit had not identified this issue and the affect it was consequently having on staff's morale and energy levels due to them covering a large amount of staff vacancy gaps and sickness. It also meant the registered manager did not always have the time required to complete required documentation, such as complaint records. We have made recommendations in these areas.

Despite this, people and their relatives felt comfortable to raise concerns with the registered manager, and that appropriate action was taken when they did. Staff felt they had input in to the input into the running of the service and the registered manager was approachable. This was echoed by people and their relatives.

Risks to people were appropriately recorded and monitored, and lessons learnt were accidents had occurred to prevent reoccurrence. Medicines were managed safely, and staff were aware of their responsibility to keep people safe from harm and abuse.

Safely recruited staff were up to date with their mandatory training, and had access to additional training to further enhance their effectiveness in their role. Staff were aware of and prepared food in line with people's dietary needs. There were effective communication systems amongst staff, and close working relationships with health care professionals to ensure people's health needs were attended to.

People received personalised care from staff who knew them well. Although staff were busy and often task focused due to this, they ensured meaningful exchanges were had with people when they had time to do so. There were a wide range of meaningful activities for people to take part in, and one to one sessions took place for those who did not want to or were unable to leave their rooms. The service was part of the gold standard framework for end of life care, which aimed to deliver best practice and high quality care in this area.

People and their relatives felt staff were compassionate and welcoming, respecting people's privacy and dignity. Staff encouraged people to make day to day decisions around their care and remain as independent as safely possible.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 29 September 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We have made recommendations around staffing levels, people's communication needs, adhering to the principles of the Mental Capacity Act 2005, the environment, quality audits and ensuring complaints were recorded. We will request an action plan for 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.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Cranmer Court

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 consisted of two inspectors, a nurse 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
Cranmer Court 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.

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
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. W

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential

areas of concern at our inspection. We used all of this information to plan our inspection.

During the inspection
We spoke with eight people who lived at the service, seven relatives and seven members of staff including the chef, activities coordinator registered manager. We reviewed a range of documents including six care plans, medicine administration records, accident and incidents records, policies and procedures and internal audits that had been completed.

After the inspection
Following the inspection, we reviewed additional information we requested from the inspection such as the service's staff training matrix.

Requires Improvement

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.

Staffing and recruitment

● People and relatives felt there were not always enough staff to meet their needs. One person said, "At night you are lucky to get a prompt response to the call button but it's better during the day." Another person told us, "Sometimes it's hard to find a member of staff and there are times when that doesn't feel safe." However, another person told us, "I think there is enough staff. If I press my call bell I only have to wait for a short time." A relative said, "'Staff don't come instantly as they are very busy but it's reasonable."

● Staff also told us they also felt there were staff shortages at times. One staff member told us, "To be completely honest, they're not always covered at the moment, sometimes we are just short." Another staff member said, "We're a bit short staffed. I wouldn't say the call bells are being answered late. We can answer quickly and prioritise the issues. I wouldn't say anyone's safety is compromised, we're just busy." A further staff member told us, "We've been short staffed recently, but we're a team so we pull together."

● However, we observed staff were rushed, often not having time to have meaningful exchanges with people. People on the first floor were sat in the lounge on chairs with no stimulation such as activities or staff in the room for 30 minutes. However, there was no impact to the safety of the care people received. The registered manager assured us the service had never dropped below a safe level of staff but acknowledged there were current issues with staffing and told us, "We haven't tried long term agency as staff have offered to cover." Staff were covering any sickness, annual leave or staff vacancies due to a shortage of employed staff by completing overtime. Staff members expressed to us they were becoming increasingly tired and low in morale due to this. A staff member told us, "[Staff] are missing out on their family life and having to work extra weekends are getting bitter about it."

We recommend the provider uses agency staff to ensure there are enough staff to meet people's basic needs and support the permanent staffing team until new staff members have been successfully recruited.

● Staff were recruited safely. Recruitment files included two references from previous employers, a full employment history, and a Disclosure and Barring Service (DBS) check. This check ensures that people are safe to work with vulnerable people such as the elderly and children. PIN numbers for nurses were also checked and recorded, to ensure they were registered with the Nursing and Midwifery Council.

Using medicines safely

● Medicine administration and recording practices were safe. Medicine administration records (MARs) were completed in full, and protocols for as and when medicines (PRN) were in place. Stock counts of medicines

were correct.
● Medicine was stored safely. People's medicines were stored in a locked medicine cabinet which was clean and organised. Fridge temperatures were monitored and recorded daily to ensure medicines requiring refrigeration were not compromised.
● At the time of our inspection, two people had their medicine administered covertly. The correct documentation for this was in place, noting how the medicine should be disguised, for example, in yoghurt. The documents had been signed by both the GP and a pharmacist to confirm that it was safe to administer in this way.
● One person managed their own medicines. They told us they were, "Very happy as it gives me my independence." They told us staff automatically re-ordered their medicines for them so they did not ever need to worry about running out. An appropriate risk assessment was in place for this.
● Nurses received annual competency checks to ensure their practice was safe. The registered manager told us, "There is also a competency book for each nurse in which they self-assess Then its reviewed by the assessor and a development plan put in place if they've felt they need additional support in any area."
● Staff did not always respect people's communication needs when administering medicines.
We observed a nurse approach a person who was blind to administer their medicine. However, they did not introduce themselves nor explain they had medicine for them to take before trying to administer it. As a result, the person did not take their medicine until the nurse had informed the person which medicine it was and what it was for.

We recommend staff ensure they deliver medicines in line with people's communication needs.

Systems and processes to safeguard people from the risk of abuse
● People felt safe living at Cranmer Court. One person said, "The lovely staff who I can just call with my bell make me feel safe here." Another person told us, "There is always someone with me, or even two. When I'm trying to move and that gives me a security."
● Staff were knowledgeable around how to protect people from abuse. One staff member told us, "I trust our manager would deal with it straight away, but if I have any concerns after that I would take it higher or report it with social services, yourselves or the Police." Another staff member said, "I'd report a concern straight away and make clear notes for what will be an investigation."
● The service had made the local authority aware of safeguarding concerns appropriately, and completed investigations where needed.

Assessing risk, safety monitoring and management
● Risk to people were appropriately managed. One person had a catheter in place. Their care plan and risk assessment confirmed the correct size catheter to use, the date the catheter should next to be changed and information to keep it clean.
● Another person was at risk of malnutrition due to having an increasingly small appetite. Their risk assessment stated staff were to monitor their food intake. Food charts had been completed showing what the person had eaten at each meal. However, the chart had been left blank where the person had refused to eat. The clinical lead told us, "Staff should always be recording that she has refused a meal. Otherwise it looks like she's not being served anything." The clinical lead and registered manager informed us staff would receive further training in using the recording system and the completion of charts.

Preventing and controlling infection
● The service was clean and tidy and free from malodours. Daily, weekly and monthly cleaning rotas were in place which staff adhered to.
● Staff minimised the risk of infection spreading by following safe infection control practices. We observed

staff using personal protective equipment (PPE) including gloves and aprons throughout the service. Staff were seen to wash their hands and use hand sanitizer frequently.

Learning lessons when things go wrong

● Documentation showed lessons had been learned where accidents and incidents had occurred. For example, one person had been found on the floor in their room after having an unwitnessed fall. As a result, the registered manager arranged for a sensor mat to be installed in the person's so staff would be alerted if the person fell in their room again and could attend to support them quicker.

● Monthly analysis of accidents and incidents that had occurred ensured that any trends were detected by the registered manager. This looked at the amount of types of accidents and incidents that had occurred, such as unwitnessed falls and medicine errors, to determine actions such as additional training was required.

Requires Improvement

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 now deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 and were being met.

- People's rights were not always protected. Decision specific mental capacity assessments had not always been completed for restrictions placed on people such as bed rails, sensor mats and not being able to leave the service unaccompanied. Recording of best interest decisions had not been completed as part of the process to deprive someone of their liberty.
- DoLS applications did not always include information about restrictions that were in place for people. For example, one person had bed rails when in bed to stop them from falling, but no DoLS application had been completed to legally deprive the person of the liberty to get out of bed freely. The registered manager told us they would complete a full review of capacity assessments and address this issue.
- Since our inspection, the registered manager has sent us evidence of mental capacity assessments that have been completed. They also informed us the clinical lead will be sitting with staff members who are the lead carer for people and going through their needs to determine if any further mental capacity assessments for restrictions are needed.
- Staff felt confident in their knowledge around MCA but due to the evidence we identified noted above, were not putting it into practice. One staff member told us, "We had training in it. It's basically you don't

assume someone doesn't have capacity unless there has been an assessment and always give people choice and ask people for their consent." The registered manager told us, "I feel confident staff know. We talk about it in handovers and they have training." However, it was clear from the lack of decision specific mental capacity assessment, best interest decisions and DoLS applications that this training had not always been effective.

We recommend the provider ensures a full review of mental capacity assessments takes place to identify where capacity assessments are required in people's care.

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

● Further work was needed to ensure the environment was set up to meet the needs of people living with a cognitive impairment. There was a lack of sensory items for people to engage with or be stimulated by and no signage to help people identify different areas of the service.

● However, we did observe vintage movie posters to suit people's tastes and interests, and technology such as large print digital clocks to support people. Songs from eras people knew and grew up with were played as background music to entertain people.

● The registered manager was aware of the need to further enhance the environment to meet the needs of people with a cognitive impairment. They told us, "We've spoken to the newly recruited activity supervisor who wants to implement a more dementia friendly environment when she arrives. We're going to let her loose with it."

We recommend the provider ensures the environment is stimulating, engaging and supportive of those with cognitive impairments.

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

● People gave us mixed feedback regarding the food at the service. One person said, "You order the day before and I feel that the chef is on a tight budget and does what he can with what he's got." A further person said, "The meals are not always to my liking so I rely on my family to bring things in for me." However, another person said, "The food is pretty good." Another person said, "The food is just okay, and if I really don't like the main course then I can ask for something else." We observed people enjoying their food at lunch time.

● Feedback was sought from people in order to improve the menu options available. Staff recorded people's feedback on meals they had enjoyed and disliked in a kitchen communication book. This was given to the chef to help them choose menus that would suit people's preferences and requests. We informed the registered manager of the feedback received from people about the food so further consultation with them could be completed.

● Staff were aware of people's dietary needs. One person told us, "They always remember I'm on [specific diet] and give me the correct food." A relative said, "They put the pureed food into shapes so the carrot mush looks like a carrot and that makes it interesting enough for [may family member] to eat it." A staff member told us, "The kitchen is good at knowing what people like and don't like." People's dietary needs were recorded in a folder and on a wall within the kitchen. This allowed kitchen staff to easily access the information if required when preparing people's meals. This also included the food and drink preferences of relatives in some cases. The chef told us, "[A relative of a person] eats here every day, so it's only right that we know what he likes and dislikes as well."

● Staff encouraged people to maintain their hydration and a healthy weight. One staff member told us, "I just always encourage people. Especially when it is warm to drink more, or if someone doesn't have a big appetite at lunch you try to encourage them to eat little bits throughout the day. From the care plans you know who is at risk of losing weight and so it's just being aware of that." Another staff member told us, "I

always encourage people to drink and have snacks to make sure they are getting enough to eat and drink in between meals. If anyone tells me they would like a drink or a snack I get it straight away for them." We observed people has drinks in close proximity to them throughout the day, and snacks were offered regularly.

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

● Pre-assessments were completed prior to people moving in to the service to ensure their needs could be met. These assessments included gathering information such as the person's mobility, social and nutritional needs, which were then used to formulate a full care plan.

● Nationally recognised standards were used to assess people's needs. For example, malnutrition universal screening tools (MUST) were completed to assess a person's risk of malnutrition.

● Staff received updates in care standards and guidance to ensure they were providing care in line with best practice. One staff member told us, "They always tell us in staff meetings or during one to ones, or sometimes they'll put leaflets or posters in the staff room." The deputy manager told us, "We're signed up to the National Institute for Health and Care Excellence (NICE) and the Royal College of Nursing (RCN). All of the nurses receive those automatically as its emailed to them directly."

Staff support: induction, training, skills and experience

● Staff were up to date with training and had completed additional training in specific areas of care. This included end of life care and pressure areas. One staff member told us, "if we feel we need training in specific area I can ask for it and it's not an issue." Another staff member told us, "I get the right amount of training and if there's anything else I can just ask." As a result of this, people and relatives felt that staff were competent in their roles.

● People and relatives felt staff were well trained. One person said, "They all seem to know what they are doing and seem to support people well." A relative said, "Staff are well trained and know what they are doing."

● Staff received regular supervision and an annual appraisal to ensure they were effective in their roles. One staff member told us, "I've got supervision coming up. They're quarterly roughly." Supervision records showed that meetings were productive, identifying additional training which may benefit the staff member as well as discussing their personal development and wellbeing.

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

● Staff felt there was effective communication and teamwork within the service. A staff member said, "The communication is good here. I like to think we all work as a team." Another staff member told us, "I would say communication is very good. Messages are always passed. There's lots of different types of communication. For example, there is the communication book, handovers, regular head of departments meetings." The registered manager said, "I take the handover from the night staff. We do handover and go through any changes or issues. I have a daily meeting with heads of department too." The handover diary was detailed and included all the relevant information required to inform staff about any changes in need.

● People and their relatives felt staff supported them to access healthcare professionals when required. One person told us, "Physiotherapists come here to see me, work me hard and then leave me exercises to do." A relative said, "Staff here always take her to hospital appointments." Another relative told us, "'[My family member] has seen the GP regularly and they work hard as a team here to keep her comfortable."

● Care plans and daily notes included evidence to confirm that a range of health care professionals were involved in people's care. These included audiologists, dentists and chiropodists.

Good

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

● People and relatives informed us staff were kind and compassionate towards them, often putting them at ease. One person said, "I have never had anyone being rude to me and they all treat me with respect." Another person told us, "Everyone here is superb; I can't fault them." A relative said, "Even if they haven't been the ones to help [my family member] into bed, they pop their heads round and say goodnight." Another relative told us, "My family member] felt insecure with her bed in the middle of the room so they moved it up against the wall and she's much happier. They all care enough to want to make her feel as good as she can.' A further relative said," 'It's all new to her but the carer took time to chat and to tell her a little about herself. They are building a lovely relationship."

● Although staff were busy, any interactions they had with people were passionate in providing the best care possible. One staff member told us, "We're all caring towards people. I like being able to help them live a good quality life and be as happy as they can be." Another staff member said, "Friendship is the thing that matters most to the people here, sometimes all they want to do is sit down and have a nice chat." A further staff member said, "I make sure people are comfortable and I treat them like my family members and how I would want my Mum treated if she was here. It's just common sense."

● We observed caring interactions between people and staff which resulted in a warm atmosphere across the service. Staff said hello to people, giving them compliments and calling them by names of endearment. For example, we heard staff say, "You look lovely today, have you done something different with your hair?" and "How are you today, my lovely?" All staff interactions were met with smiles and were positively received by people.

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

● People were involved in decisions around their care, or their families if they lacked capacity and were unable to partake. A relative told us, "We do have a care plan and there is an annual review but if anything changes I just talk to the [registered] manager."

● Care plans detailed where discussions had been had with people around updating their care plan to meet and reflect their current need. The registered manager told us, "People are involved with their reviews. We ask staff to write it in the review section so it's clear."

● Staff involved people in making decisions around their care where possible. A relative described how staff "Always ask which radio channel [my family member] would like to listen to and never assume or make the choice for her." One staff member told us, "I just encourage them to decide small things. Such as asking

people to choose what they want to wear for the day and trying to get people involved with activities." Another staff member said, "I always listen to new ideas for activities and try to get people involved with the designing of new activities to suit what everyone likes." People confirmed this when we spoke to them, and we observed staff giving people choices such as what they wanted to drink.

Respecting and promoting people's privacy, dignity and independence

● Staff respected people's privacy and dignity and made them feel as comfortable as possible when providing personal care. A person told us, "They have a gentle manner and when they are hoisting or changing they are sunny and laughing. It makes things easier." We observed a staff member re-cover a person's exposed legs with a blanket when this had slipped from position, and another staff member take another person to their room when they became upset, so she could talk to the staff member in private about her anxiety.

● Staff asked for permission before entering people's rooms. One person told us, "They always knock on my door, never forget too. They're brilliant for that." Staff were seen to knock and say, "Is it okay for me to come in?" People welcomed staff in to their rooms. This included domestic staff who always asked for permission.

● People were encouraged to maintain their independence as long as possible. A staff member told us, "We've got plenty of equipment that people can use even when their needs are changing. If they can feed themselves but need plate guards we have those." We observed another staff member ask a person, "Can I help you with that, or are you ok to do it on your own?" People were encouraged to mobilise independently with walking frames were safe to do so, and were giving adapted cutlery and drinking cups where required.

Good

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 has now remained the same.

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; 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

- Detailed information around people's likes, interests and preferences allowed staff to deliver personalised care. When we asked a staff member what personalised care meant to them, they told us, "Just knowing everybody's individual quirks and how they like to be treated. there is a lot of detail in the care plans." Another staff member explained, "I don't treat anyone the same as another person. All the people living here are different and it's about learning what their individual likes and dislikes are. The care plans are really detailed, and after a while supporting a person you understand what people like and how they want to be supported." Staff went onto explain that they tried to sit people with similar interests together at lunch time to encourage socialisation.
- People's preferences were recorded in their care plans. For example, one person told us they preferred to stay in their room rather than join in with group activities and this was reflected in their care plan.
- People had a variety of meaningful and engaging activities to take part in. One person told us, "'I like to read and there is a library here with a good selection." Another person said, "I was in the choir here and I wasn't the only one who couldn't sing but it was fun." A further person told us, "I loved the summer fayre and when the horses come into the garden." There were also opportunities for people to go on day trips to the seaside, garden centre and other local attractions.
- There were also provisions in place to ensure those who preferred to stay in their rooms or were care for in bed had access to meaningful activities. A PAT (pets as therapy) dog visited once a week, and a staff member informed us, "The volunteers are great at helping out with one to one work which is so good for the people that don't often want to leave their room or are unable to leave their rooms." Another staff member told us when it was a person's birthday, staff would put a banner on their bedroom door, and give them presents, cards and a cake. They went on to explain, "We generally like to make a real fuss of people's birthdays, but only if we know the people like to celebrate their birthdays. If they don't we respect that."
- People were able to continue practicing their faith whilst living at Cranmer Court. One person said, "The priest sometimes comes in and another Vicar comes, and anyone can go to that service which is good."

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.

● Care plans included information on how to best communicate with people. These included if people had any visual or hearing impairments that staff needed to be mindful of.
● A staff member introduced us to a person and respectfully explained to us they were blind. They then informed the person we were sitting on their left hand side. This allowed the person to be aware of our presence and engage in a conversation.

Improving care quality in response to complaints or concerns
● Complaints and concerns were not always appropriately recorded. The registered manager told us that when it came to small concerns, "To be honest, there aren't enough hours in the day at the moment" when we asked her if all issues raised had been documented.
● However, people and their relatives felt able to raise concerns if they needed to. One person told us, "I would just talk to the [registered] manager." A relative said, "I raised the parking situation as it's been difficult and they are going to extend it. I think that the work starts soon." Staff also ensured people and their relatives felt confident to raise any issues with them. A staff member told us, "I think everyone here feels comfortable and the management are very open and friendly so I don't think anyone would have a problem with asking if they didn't know."
● As people and their relatives fed back they had been satisfied with the registered manager's approach to dealing with complaints, there was no impact to people where concerns had not been recorded. However, improvement was needed to ensure all concerns and complaints and the actions taken from them were evidenced.
● The service had received a number of compliments from people and their relatives. For example, one read, "Thank you for your bright cheery greetings, for respecting his dignity and independence. Thank you for sharing jokes, fun and laughter."

End of life care and support
● No one was receiving end of life care at the time of our inspection at Cranmer Court. However, staff felt confident in delivering care at this stage in people's lives due to close links and training provided by a local hospice. The registered manager told us, "The hospice are excellent. They did advance end of life care training for nurses. The oversees nurses now understand a lot more about it here rather than what it's like back home."
● The service was part of the gold framework standard for end of life care. The framework promotes best practice and the level of end of life care to the best standard possible. The level of care continued following the person passing away, with the registered manager telling us, "I attend their funerals as it's the last thing we can do for them."
● Staff had approached people in a sensitive manner to gather their preferences of how they wished to be cared for in their final days. This included where they would like to be cared for and if they had any religious or cultural needs for staff to be aware of.

Requires Improvement

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.

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.

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

- People, relatives and staff felt the only area that was letting the service down was the current shortage of staff. This was consequently having an effect on staff morale. A staff member said, "All the staff are kind and genuinely care about all of the people here. We just need more staff and then this place would honestly be brilliant." A further staff member said, "I feel supported. I've never had a problem with that. I don't always feel valued though. It's because of the lack of staff. It's the strain while we're waiting for recruitment to take place."
- People, relatives and staff felt the manager was open and approachable. One person said, "She's very on the ball." A relative told us, "The [registered] manager is very responsive. If I ring and she's not available the call is always returned. She has been particularly helpful when [my family member] was becoming distressed at the end of our visit. She came and distracted them which let us leave comfortably." A staff member added, "The registered manager is very honest and always has chats to discuss what my role is and what is expected." Another staff member said, "They are good and very open. [The registered manager] is very supportive."
- Relatives were made to feel welcome when visiting loved ones. One person told us, "When my son comes to visit he is always welcomed in and given a cup of tea." A relative told us, "They send me the activity sheet so that if there is anything that I want to come and share with [my family member] then I can." We observed relatives helping themselves to hot drinks throughout their visit.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 completed regular audits on the overall care being delivered in the service. However, these did not always identify the issues we found on the day of our inspection. An audit completed in December 2019 stated, "Home is currently staffed according to occupancy. Home does not use agency as team will cover shifts were required." They had not identified a staff shortage had led to staff becoming tired and support was required to boost immediate staffing levels until successful recruitment had taken place. They had also not identified the issues we had found around mental capacity assessments,
- Staff vacancies and gaps in rotas which were being covered by staff had also caused areas of documentation to not be completed in full. This was due to staff often being too busy completing physical

and other aspects of care to people to have time to complete records. This included the registered manager. As reported in the Responsive domain, even though complaints were dealt with appropriately, they were not always recorded.

We recommend the registered manager ensures all complaints and concerns are recorded and the action taken as a result of them documented.

We recommend the provider ensures quality audits are thorough in identifying issues or areas where support is required for the service.

● Other regular internal quality audits were completed to identify any issues that needed correcting. For example, a medicine audit in December 2019 identified documentation was missing for people who wished to self medicate. As reported in the Safe domain, this was now in place.
●The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred within the service.
● Providers and registered managers and lawfully obliged to inform people were there has been an error in the care they have received under the Duty of Candour. The registered manager was aware of her role in this, and had apologised to people were mistakes or errors had been made. For example, due to an issue with a supplier the service had run out of a particular type of incontinence aid. There was no impact to people as alternatives were used to ensure people who required them had access to them. However, she had made the people affected aware of this, apologised for the inconvenience and raised a complaint with the supplier.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and relatives were asked for their feedback in the running of the service. Appropriate action had been taken where issues had been raised as part of the feedback. For example, a survey completed between April and July 2019 found most people felt they could not contact the registered manager with a concern. As reported in the Responsive domain and above, people's feelings had changed around this by the day of our inspection, with them feeling confident and able to raise any concerns.
● Staff were also asked for their input into the running of the service through regular staff meetings. One staff member told us, "[Staff meetings] are useful because they go on for a quite a while so we can discuss issues and changes, how to improve things. They're always open to ideas and input." Another staff member said, "I am confident that if I had a good idea the manager would definitely take it on board." Staff we spoke with explained action would be taken quickly if they were ever to raise anything with the registered manager.
● The manager also held smaller meetings with groups of staff members, such as those working on night shifts and nurses. This ensured they received the information important to them, as well as allowing them a chance to voice their personal suggestions and concerns. There were minutes of meetings recorded so those who could not attend could read what was discussed.

Continuous learning and improving care; Working in partnership with others
● As well as recruiting more staff, the registered manager had plans in place to improve the service in a variety of areas. Environmentally, there were plans to redecorate the service and add a pagoda in the garden. The registered manager also wanted to arrange more training sessions on the new electronic care planning system so staff were more confident in its use.
● Further plans to improve the service involved close partnership working with local organisations. The deputy manager said, "We want to do repeat visits to community locations like the community centre in

Oxted. It allows people to leave these four walls and be part of a community." The chef informed us they were part of a social media group with other chefs in the area where they shared recipe suggestions.

● Other links with the local community and organisations were already in place. The service received visits from a local nurse advisor to promote best practice working. The registered manager also told us, "We have a great relationship with the GP. They're a very good surgery."