Care UK Community Partnerships Ltd

Francis Court

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

We inspected Francis Court on the 8 November 2016. Francis Court provides care and support to people with personal care and nursing needs, many of whom were living with dementia. The service was arranged over three floors and offered residential and nursing care based on people's particular needs and requirements. The service provided care and support for up to 87 people. There were 76 people living at the service on the day of our inspections. Francis Court belongs to a large corporate organisation called Care UK. Care UK provides residential and nursing care in many services across England.

A registered manager was 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 and associated Regulations about how the service is run.

We saw that regular meetings took place and people were encouraged to ask questions, discuss suggestions and address problems or concerns with management. However, we identified concerns in relation to feedback being acted upon by the provider. People, relatives and staff told us that they were not always satisfied with the service provided and that communication was not always good. Although some staff spoke positively of the culture and how they all worked together as a team, feedback from other staff was mixed and indicated that there was a lack of cohesion and a negative culture in the service. We have identified these as areas of practice that need improvement.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "The relaxed atmosphere makes me feel safe". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the

needs of the service, caring for people with dementia and palliative (end of life care). Staff had received supervision meetings, and formal personal development plans, such as annual appraisals had been implemented. One member of staff told us, "Since [the registered manager] has been in post I get regular training. I wanted training around moving and handling and I got it, and I wanted to do an NVQ (National Vocational Qualification) and I'm on it".

People were encouraged and supported to eat and drink well. There was a daily choice of meals and people were able to give feedback and have choice in what they ate and drank. One person told us, "The carers have to mash my food and the chef knows that I like parsnips, so he does them for me". Special dietary requirements were met, and people's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions. One person told us, "Sometimes there are quizzes and there have been outings". People were also encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. One person told us, "They are all friendly and caring and know what they are doing". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective.

People spoke highly of staff members and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People were able to comment on and be involved with the service provided to influence service delivery. However, they felt that their feedback was not always acted upon. Systems of communication at the service were not always good.

Staff felt that on the whole they were supported by management, were listened to, and understood what was expected of them. However, some staff feedback indicated dissatisfaction with working at the service, and a negative culture.

People, relatives and staff spoke highly of the registered manager. Systems were in place to ensure accidents and incidents were reported and acted upon. Quality assurance was measured and monitored to help improve standards of service delivery.

Francis Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 8 November 2016. This visit was unannounced, which meant the provider and staff did not know we were coming. Francis Court was previously inspected on 4 and 5 March 2015, where we found no significant areas of concern and the service was rated as good overall. However, the provider was required to improve in relation to planning and implementing annual appraisals for staff.

Three inspectors, a specialist adviser with an understanding of nursing needs and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We considered information which had been shared with us by the local authority and clinical commissioning group, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We observed care in the communal areas and over the three floors of the service. We spoke with people and staff, and observed how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including 10 people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

During our inspection, we spoke with eight people living at the service, four relatives, six care staff, the registered manager, the deputy manager, an activities co-ordinator, two nurses and the chef. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person's receives and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People told us they considered themselves to be safe living at Francis Court, the care was good and the environment was safe and suitable for their individual needs. One person told us, "The relaxed atmosphere makes me feel safe". A further person added, "Having lots of people around makes me feel safe". A relative said, "I am confident that my [relative] is safe".

People were supported to be safe without undue restrictions on their freedom and choices about how they spent their time. Throughout the inspection, we regularly saw people moving freely around the service. The registered manager and staff adopted a positive approach to risk taking. Positive risk taking involves looking at measuring and balancing the risk and the positive benefits from taking risks against the negative effects of attempting to avoid risk altogether. Risk assessments were in place which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. For example, people had been risk assessed in relation to smoking and also mobilising independently around the service, despite being at risk of falls.

There were further systems to identify risks and protect people from harm. Risks to people's safety were assessed and reviewed. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We also saw safe care practices taking place, such as staff supporting people to transfer from wheelchairs to armchairs.

Staff had a good understanding of what to do if they suspected people were at risk of abuse or harm, or if they had any concerns about the care or treatment that people received in the home. They had a clear understanding of who to contact to report any safety concerns and all staff had received safeguarding training. They told us this helped them to understand the importance of reporting if people were at risk, and they understood their responsibility for reporting concerns if they needed to do so. There was information displayed in the service, so that people, visitors and staff would know who to contact to raise any concerns if they needed to. There were clear policies and procedures available for staff to refer to if needed.

Staffing levels were assessed daily, or when the needs of people changed to ensure people's safety. The registered manager told us, "We allocate staff to where they are needed depending on the people's needs and the skills of the staff. We get input from the nurses at to where staff should be deployed". We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave and agency staff had been used regularly. Feedback from people and visitors indicated they felt the service had enough staff. One person told us, "They did come running when I shouted after I fell". We received mixed feedback when we asked staff whether they felt the service had enough staff. One member of staff told us, "It's so much better now with staffing. We manage, but it's tough. We have the right ratio of staff, but sometimes it's difficult with agency staff, but [The manager] has been really hot on getting the right agency staff". Another said, "I think there are enough staff, but it's difficult when we have to work with agency staff who have not got the experience of working with people with advanced dementia. 95% of agency staff are good though". A further member of staff added, "We usually get enough staff. There are unforeseen

circumstances, but it's easier now to get staff as we have more agencies to call around. We call bank staff and our own staff who are off duty". Another member of staff said, "We could do with more staff, but it's got better. We asked for more staff and got agency staff cover. It's hard and we can be rushing to get people up if they all want to get up at the same time". The registered manager told us that the use of agency staff had been reducing and that the provider had commissioned research into the local labour market in order to employ more permanent staff. Our own observations identified that care and support was delivered safely by adequate numbers of staff with appropriate skills and experience.

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The service had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. Files contained evidence to show where necessary, staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had registration with the nursing midwifery council (NMC) which were up to date.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. The provider employed a dedicated maintenance worker who carried out day-to-day repairs and staff said these were attended to promptly. Regular checks on equipment such as wheelchairs took place, and were regularly serviced and maintained. Regular fire alarm tests took place along with water temperature tests and regular fire drills were taking place to ensure that people and staff knew what action to take in the event of a fire. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan. Generic and individual health and safety risk assessments were in place to make sure staff worked in as safe a way as possible.

We looked at the management of medicines. The registered nurses were trained in the administration of medicines. A registered nurse described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We saw a nurse administering medicines sensitively and appropriately. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored correctly and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

Good

Is the service effective?

Our findings

People told us they received effective care. They told us that staff were well trained and their individual needs were met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. One member of staff told us, "I've done MCA training. I know about seeking consent". Staff recognised that people had the right to refuse consent. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training on areas such as, moving and handling, safeguarding and infection control. Staff had also received training that was specific to the needs of the people living at the service, this included caring for people with dementia and palliative (end of life care). Additional training had also been sought from the local primary care trust (PCT) around wound care and medication competency for nurses. Staff spoke highly of the opportunities for training. One member of staff told us, "Since [the registered manager] has been in post I get regular training. I wanted training around moving and handling and I got it, and I wanted to do an NVQ (National Vocational Qualification) and I'm on it". Another added, "I've done dementia workshops which were very interesting and I've been put on my NVQ".

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Francis Court and the people living at the service. Staff told us they had received a good induction which equipped them to work with people. One member of staff told us, "Since [the registered manager] has been in post, the induction is really good. It's fantastic for the new starters now". The registered manager added, "We have a two week induction, with training from all departments. New staff have lunch with the residents and shadow more experienced staff for a week. They are then signed off, but the induction can be extended if needed". There was an on-going programme of supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff commented they found the forum of supervision useful and felt able to approach the registered

manager with any concerns or queries.

People commented that their healthcare needs were effectively managed and met. One person told us how if they felt unwell, staff always acted upon their concerns and sought advice from their GP. Visiting relatives/friends felt confident in the skills of the staff meeting their loved one's healthcare needs. A relative told us, "A carer did accompany my [relative] to a hospital visit and they did ring and tell us how it went". Staff were committed to providing high quality, effective care. One member of staff told us, "I'd recognise if somebody was ill and I'd raise it with the nurse or ring the doctor. I report everything, even if it happens the same every day". The registered manager told us, "We have worked very hard with staff, so that they recognise ill health". People's health and wellbeing was monitored on a day to day basis. Where required, people were supported to access routine medical support, for example, from an optician to check their eyesight. In addition, people had input into their care from healthcare professionals such as doctors, chiropodists, speech and language therapists and dieticians whenever necessary.

People gave us mixed feedback in relation to the food and drink. One person told us, "I enjoy my breakfast. Weetabix and hot milk". Another person said, "The food is nice". However, one person told us, "Boring menu, I do tell the carers, but I don't know if it gets back. There is lots of repetition and the menu on the table can be days out of date". A further person added, "The food is never exciting, but it's ok". One person told us how they could make specific requests to the cook. They said, "The carers have to mash my food and the chef knows that I like parsnips, so he does them for me". Our own observations were that the food was well presented and appetising, and that people enjoyed their meals. People were involved in making their own decisions about the food they ate. Special diets were catered for, such as fortified and gluten free. For breakfast, lunch and supper, people were provided with options of what they would like to eat.

We observed lunch in the dining rooms and lounges. It was relaxed and people were considerately supported to move to the dining areas, or could choose to eat in their room or lounge. Tables were set with table cloths, place mats and napkins. The food was presented in an appetising manner and people appeared to be enjoying the lunchtime meal. The atmosphere was calming and relaxing for people. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices. One person commented, "Very nice food, as always".

Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. Where people had been identified at risk of weight loss, food and fluid charts were in place which enabled staff to monitor people's nutritional intake. People's weights were recorded monthly, with permission by the individual. Where people had lost weight, we saw that advice was sought from the GP, dietician and speech and language therapist.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. They told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "They are all friendly and caring and know what they are doing". Another person said, "Nice day carers, they make sure I am clean and are gentle". A relative added, "My [relative] is treated with great respect, which is very important as we feel that he is at the end of his life".

Positive relationships had developed with people. One person told us, "My helpers are so lovely. They help me to keep my sense of humour". A relative added, "The nurses are generally lovely". Staff showed kindness when speaking with them. Staff took their time to talk with people and showed them that they were important. Staff always engaged with people face on and at eye level, they demonstrated empathy and compassion for the people they supported. We saw a member of staff say to a person, "Your hair looks absolutely beautiful today, have you just had it done?" The person was clearly very pleased at the acknowledgement and responded brightly to the compliment.

Francis Court had a calm, relaxing and homely feel. Throughout the inspection, people were observed freely moving around the service and spending time in the various lounges. People's rooms were personalised with their belongings and memorabilia. People had signs on their doors incorporating pictures or photographs that provided reminders and reassurance that it was their room. People were supported to maintain their personal and physical appearance. People were dressed in the clothes they preferred and in the way they wanted. Ladies had their handbags to hand which provided them with reassurance. Ladies were also seen wearing jewellery and makeup which represented their identity. Some men dressed smartly, whereas others were more casual.

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day. Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "We give people choice. We prioritise on those who want to get up early, but if they decide they don't want to, that's fine". The registered manager added, "We give training to staff around offering choices and we discuss it at supervision".

We looked at the arrangements in place to protect and uphold people's confidentiality, privacy and dignity. Staff had a firm understanding of the principles of privacy and dignity. As part of staff induction, privacy and dignity was covered and the registered manager undertook competency checks to ensure staff were adhering to the principles of privacy and dignity. They were able to describe how they worked in a way that protected people's privacy and dignity. One member of staff told us, "We see that curtains are closed and if we're washing someone we only wash a bit at a time, so they can stay covered up. We don't rush people. If

they want to take an hour to get ready, then they take an hour". People confirmed staff upheld their privacy and dignity, and we saw doors were closed.

Staff supported people and encouraged them, where they were able, to be as independent as possible. One member of staff told us, "I encourage people to shower themselves if they can and brush their teeth and hair". We saw examples of people assisting to lay the tables, and one resident maintained their own key to their room in order to be able to lock their door. Care staff also informed us that they always encouraged people to carry out personal care tasks for themselves, such as brushing their teeth and hair.

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. The registered manager told us, "There are no restrictions. Visitors can come at any time".

Good

Is the service responsive?

Our findings

People told us the service responded to their needs, that they had access to a range of activities and could choose what they wanted to do. One person told us, "I like the singers". A relative said "Sometimes there are quizzes and there have been outings". Another relative added, "We feel that they are always very open and honest, not hiding anything".

There was regular involvement in activities and the service employed specific activity co-ordinators. Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. There was a range of activities throughout the week, including weekends, organised by the activity co-ordinators. Activities on offer included singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions. Meetings with residents were held to gather peoples' ideas, personal choices and preferences on how to spend their leisure time. On the day of the inspection, we saw activities taking place for people. Specific ladies and gentlemen's 'clubs' were arranged and we saw people watching films together in various lounges and discussing current affairs with staff.

The service ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. There was an individual one to one activities programme for people who were bedbound or preferred to remain in their rooms. We saw that staff and the activity co-ordinators set aside time to sit with people on a one to one basis. The service also supported people to maintain their hobbies and interests, for example cookery clubs had been organised and some people were supported to knit or watch sporting events on television.

We saw that people's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. Care plans contained personal information, which recorded details about people and their lives. Care plans contained life histories which had been completed with the assistance of relatives and gave a picture of each person's life and preferences. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required to meet those needs. For example, we saw that a 'short term' care plan had been added to one person's care plan, as they had sustained a skin tear. Their 'short term' plan gave details on how to best care for this person's skin tear and to make sure they used a pressure relieving cushion when they were sat in a chair. We pathway tracked this person and saw that the care plan was being followed by staff. Care plans also contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. For example, one care plan stated that a person wished to dress smartly and have their handbag with them, and we saw that this was the case. The registered manager told us that a significant amount of work had taken place on developing people's care plans and staff ensured that they read them in order to know more about people they were caring for. We spoke with staff who confirmed this was the case and gave us examples of people's

individual personalities and character traits that were reflected in peoples care plans. One member of staff described how they supported a person to live well with dementia, they said, "One resident used to get up really early for his 'job'. We have to make sure we get him ready early, as if we try to do it later, he thinks he's already been got up and it makes him cross". Another added, "We get to know the residents and what they like. I know all about one resident's thickened fluids and make sure that all new staff know about them as well. I take the time to chat and get to know the residents, they are lovely".

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally. The registered manager added, "I want everyone to know that complaints aren't negative, it is an opportunity to shine a light".

Requires Improvement

Is the service well-led?

Our findings

Staff commented they felt supported and could approach the registered manager with any concerns or questions and that the service provided good care. One member of staff told us, "What's it like working here, I love it. I feel like I'm making a difference for the residents. I feel wanted and needed". Another member of staff added, "I like to work with people and it's a good team here". However, we received feedback from people, relatives and staff who told us that they were not always satisfied with the service provided, that communication was not always good and their feedback was not always acted upon.

People were not always actively involved in developing the service. We were told that people gave feedback about staff and the service, and that residents' meetings also took place. There were also systems and processes in place to consult with people, relatives, staff and healthcare professionals and satisfaction surveys were carried out. We were given some examples of people's feedback being acted on, such as people requesting that residents meetings take place for individual floors and this had happened. Feedback we received from relatives stated they felt the management at the service was approachable. They said they had the best intentions of making changes in light of feedback in relation to staffing, communication and food options, but that this did not always happen. For example, we saw that people had regularly raised at meetings that they would like to have battered fish made by the service, or alternatively have fish and chips delivered from a local shop. The provider has stated that the fryer at the service was a health and safety hazard and that food from outside outlets was not allowed to be brought in to the service. The provider has not demonstrated that any further thought or action had been made into finding a way to meet people's needs in relation to this request. The registered manager told us, "We listen to the residents. My dream is for the residents to run this home with me". As part of their governance, providers must seek and act on feedback from people using the service, those acting on their behalf, staff and stakeholders, so that they can continually evaluate the service and drive improvement and enhance the experience of engaging with the provider. Requests by people to enjoy a battered fish and chip meal would be considered a reasonable request. Providers must ensure that improvements should be made without delay once they are identified, and we have identified this as an area of practice that needs improvement.

Feedback from people, relatives and staff showed that systems of communication in the home were not robust. A relative told us, "Messages get lost. You tell or ask someone and they say that they will sort it, or find out and then you don't hear". Another relative said, "Communication to relatives could be better. They are improving. I'm assured that they are. It would be nice if we were better informed". A further relative added, "My main concern about this home is the poor communication". We discussed communication with staff. One member of staff told us, "Communication is improving, but sometimes things change and we don't know about it, but we're getting better". They added, "The documentation still needs to improve, but we've really cracked down on it and staff can't get away with not doing it properly. It's been a struggle". Another member of staff said, "[Registered manager] is a good manager. She listens, but doesn't always act. There are difficulties with the communication. There are changes to the way we do things and these are not always communicated". They added, "It can be stressful as paperwork and systems change and it's not told to us. There is confusion about where to record". Additionally, at a recent resident's meeting it was raised by people that the communication between staff was not good. The registered manager confirmed that they

were aware of issues of communication and systems had started to be put in place to rectify this. However, we have identified this as an area of practice that needs improvement.

We discussed the culture and ethos of the service with the manager and staff. Feedback was mixed and we found that the culture and values of the provider were not embedded into every day care practice. Although some staff spoke positively of the culture and how they all worked together as a team, feedback from other staff indicated that there was a lack of cohesion and a negative culture in the home. One member of staff told us, "I like it here, it is a good place to work". Another said, "I'd be quite comfortable putting a relative here now, but maybe not two months ago". However, a member of staff said, "It can be difficult working here sometimes. We are a good team, but it depends on the team you are in". Another added, "We are supposed to work for Care UK, not each floor. Some staff say 'I'm not working on a difficult floor' so morale can be low. We are a good team, but it's down to who is in your team". Additionally, at a recent resident's meeting it was raised by people that some staff had been telling them that they were not working on a particular floor of the service and therefore could not help them. The registered manager was aware of these issues and told us, "The staff work very hard. We know that morale may be down, but we are working to improve that to try and make staff contented in their role". However, we have identified this as an area of practice that needs improvement.

Despite the above feedback, staff did tell us they felt well supported by the registered manager and described her 'open door' management approach. One member of staff told us, "[Registered manager] is good as a manager. If you have a problem she'll get together with you and try and solve it. [Registered manager] has turned things around here". Another said, "Since [the registered manager] has started things have improved. We are settling, it's coming together and the care is good". A further member of staff added, "I like [registered manager] we can speak with her, her door is not closed very often". The registered manager told us, "I am a very supportive manager. Everybody should be given a chance and I make staff aware that if there are problems that my door is always open. I try to make myself approachable and everybody should be given an opportunity to work to their strengths".

Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity that included health and safety, medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The service had an ongoing action plan for improvement and the registered manager was required to feedback progress weekly to senior management. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager was supported and monitored by a senior management team and was able to liaise with managers from other services in the group. Up to date sector specific information was also made available for staff, including guidance around moving and handling techniques, updates from the nursing and midwifery council (NMC) and the care of people with dementia. We saw that the service also liaised regularly with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and sets out specific guidelines providers must follow if things go wrong with care and treatment.