

# The Holmes Care Limited

# Cranham Court Nursing Home

## Inspection report

435 St Mary's Lane  
Upminster  
Essex  
RM14 3NU

Tel: 01708250422

Date of inspection visit:  
01 November 2016

Date of publication:  
25 January 2017

## Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The inspection was unannounced and took place on 1 November 2016.

At our previous inspection in October 2014, we found breaches of legal requirements in relation to inconsistent medicines management and insufficient staffing. During this inspection we found that improvements had been made to staffing, however there were still shortfalls relating to medicines management and this also identified some concerns about how the service was managed overall.

Cranham Court Nursing Home provides accommodation, nursing and personal care for up to 68 people. On the day of our visit 61 people were using the service. The home is located in Upminster, Essex and is divided into two large units; the Main unit, which is a nursing and residential unit and the Woodlands unit, for people with dementia.

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

People told us they felt safe most times with the exception of three people who remembered a time when an incident happened. Some people were supported by staff on a one-to-one basis as a result of these incidents. Staff understood their responsibilities and how to recognise and report abuse.

Medicines were not managed safely. We found inconsistencies in covert medicines management, the current medicines ordering systems and the way in which medicines records were completed. Medicine room temperature checks to ensure medicines were stored at the correct temperature were not recorded on one unit. This left people at risk of receiving ineffective medicines.

There were appropriate risk assessments in place to manage any risks to people and the environment. Staff could explain the actions they would take to mitigate any identified risk. Prior to the inspection we had received a concern about a people having a specific skin condition. We found evidence that the service had taken appropriate steps to try and establish the cause and take the necessary measures to resolve it.

The premises had been refurbished and was clean. There were effective infection control procedures in place. Appropriate health and safety checks and weekly fire drills took place to ensure the environment was safe.

The home followed their recruitment procedures to ensure staff were safe to provide care to people, although the service had not carried out recent Disclosure and Barring Service checks for long serving staff. We have made a recommendation about staff recruitment checks to ensure staff remain suitable to support people throughout their employment.

People were supported to access health care services in order to maintain their health. We saw evidence of input from the GP and that referrals were made appropriately.

Care plans were personalised to an extent and they were reviewed when people's needs changed.

We observed people were treated with dignity and respect.

Staff undertook training and received supervision to support them to carry out their roles effectively. The registered manager and the staff team followed the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff training records showed they had attended training in MCA and DoLS.

People told us they could express their concerns and were confident that they would be resolved. Complaints and compliments were received and responded to appropriately.

Activities were not always suited for people living with dementia. We made a recommendation for the provider to seek best practice guidelines.

People thought the service was run well by an approachable management team. Staff felt supported and were provided with guidance. We found that each unit worked independently and that there was not enough effective communication among staff from each unit to share good practice.

The registered manager demonstrated an understanding of their role and responsibilities, however we found there were ineffective systems to routinely monitor the safety and quality of the service provided.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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 consistently safe. Medicines were not managed safely. We observed unsafe moving and handling practices.

Staff were aware of the safeguarding procedures and had attended safeguarding training.

Risk assessments in place for people and the environment were known by staff and implemented to protect people from avoidable harm.

People told us they thought there were enough staff to support them.

**Requires Improvement** ●

### Is the service effective?

The service was effective. People told us that staff sought their consent before care was delivered. Staff were aware of the Mental Capacity Act 2005 and how it applied in their daily roles.

Staff were supported in their roles and received regular supervision and training. People were supported to eat and drink healthy and nutritious meals that met their dietary needs.

People were enabled to access health care services when required to maintain their health and wellbeing.

**Good** ●

### Is the service caring?

The service was caring. People told us they were cared for by staff who were compassionate and kind.

Staff treated people with dignity and respect and addressed them by their preferred name.

People were supported to be comfortable and pain free during the last days of their life.

**Good** ●

### Is the service responsive?

People told us staff responded positively to their needs.

**Good** ●

Care plans were to an extent person centred but did not always outline people's goals and aspirations aside from physical and emotional needs.

There were activities available in the afternoons, however we have made a recommendation that the provider looks further into stimulating, effective activities for people with dementia. People were encouraged to maintain the religious beliefs if they wished.

### **Is the service well-led?**

The service was not always well led. Some records were not up to date and incidents, such as missed medicines were not reported.

People told us they thought the service was well-led. They said the management team was visible and approachable.

Quality assurance and monitoring systems were in place, which included regular audits and seeking the views of people, relatives and other stakeholders but had failed to identify risks and issues with medicine management.

**Requires Improvement** ●

# Cranham Court Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 1 November 2016 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we gathered information from notifications and previous inspections. We also contacted the local authority and the local Healthwatch to find out about the service. We received feedback from social workers.

We spoke with nine people who used the service and with two relatives. We observed care for 18 people in communal areas, during lunchtime and the afternoon. We spoke with the registered manager, the responsible individual, the deputy manager, three nurses, a care assistant and an activity coordinator. We reviewed six care plans, six staff files, staff duty rosters and handover records. We also reviewed records relating to daily cleaning schedules, incidents, equipment and utilities service certificates and risk assessments. We looked at 20 medicine administration records.

# Is the service safe?

## Our findings

People told us they felt safe living at Cranham Court with the exception of three people who were frightened of other people who wandered within the service. On the day of our visit, we saw one to one care was in place for three people in order to monitor and protect people from avoidable harm. Staff had received training and were able to explain how they recognised abuse, reported any allegations or witnessed abuse. There was a policy in place which was known and understood by staff. We checked the recent safeguarding records and found appropriate actions had been taken to reduce the risk of similar incidents occurring in future.

At our previous inspection in October 2014, we had concerns about inconsistencies in recording medicines and issued a requirement notice. Following the inspection we received an action plan outlining the action the provider had taken. During this inspection, people told us they received their medicines on time. However, we found medicines were not managed safely. On the Main unit we found some people had not received medicines on 31 October and on 1 November 2016 due to an ordering problem. This meant that people missed doses of important medicines which could have a negative impact on their health. Some of the missed medicines included anti-inflammatory medicines and medicines to prevent stomach acid. This was similar on the Woodlands unit. However, on the Woodlands unit only one person was affected and an effort had been made by the unit lead to get the pain relief medicines delivered immediately. The deputy manager of the service and the unit leads said they would arrange for a meeting with the pharmacy to try and revert to their previous system of ordering which was more efficient. On the Main unit, we found that incident forms were not completed for the missed medicines. This did not give us assurance that missed medicines were taken seriously. On the Main unit, we found there were no records of room temperature checks to ensure medicines were stored safely and retained their effectiveness.

On the Main unit we also found an error was made that day, as a nurse had signed for medicines on the wrong date. The entry stated medicines had been given on 2 November, although it was 1 November 2016 when it was administered. In addition, medicine administration records (MARS) charts had unexplained gaps. MARS were sometimes charted without a key to explain the code recorded. This was particularly for topical creams which were administered by staff but were signed for using inconsistent codes, for example, sometimes a tick and other times a "c". We reviewed two MARS and accompanying covert medicines authorisation letters for people on covert medicines. Covert medicines are usually mixed into food or drink to give to the person without their knowledge. We found that the instructions on the authorisation needed to be more specific. For example, one authorisation to give covert medicine did not explain whether all the medicines could be crushed or given in cold or warm food. This put people at risk of not receiving their medicine properly, as some medicines lose their potency if administered incorrectly. However, before the end of our inspection, the unit lead for Woodlands had called the pharmacy and had arranged for a list of instructions to be sent in order to ensure medicines were administered safely.

People were assisted by staff to move around the service using equipment that was specific to their needs, such as hoists and wheelchairs. On one occasion, we observed that a person was transferred from a chair onto a wheelchair without the use of footplates and taken to their room after lunch. This was unsafe as it left

people at risk of foot injuries.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service had safe staff recruitment processes in place. We looked at staff recruitment files and saw that references and Disclosure and Barring Service certification (DBS) were obtained, to ensure that staff were safe and suitable to work with people needing care. The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with people using the service. Staff completed application forms outlining their previous experience, and provided references and evidence that they were legally entitled to work in the United Kingdom. They attended an interview as part of their recruitment process. We saw that the suitability of staff to work at the service was reviewed and that the provider took appropriate action when staff were found to be no longer suitable to work at the service.

The registered manager said, "We had to let go of some staff unfortunately. That has been an issue because we could not always retain staff because of their work permits." We noted that one member of staff was re-employed by the provider after receiving an extension from the Home Office, which was documented in their file. We did not see any recent DBS checks for longer serving members of staff. The service's recruitment policy did not refer to how often DBS checks should be renewed. The registered manager told us that they would look into it.

We recommend best practice guidelines are sought for the refreshing of DBS checks for long serving staff, to ensure they remain suitable people throughout their employment.

At our previous inspection, there were concerns that there was not enough staff to support people. During this inspection we found there were enough staff available on the Main and Woodlands units to support people effectively. Although agency staff were used due to care staff vacancies, the same agency staff were used because they were familiar with the service. There was always a permanent member of staff on each unit to ensure continuity of care. The management team were actively recruiting to try and fill the current vacancies. We looked at staff rotas and found they corresponded to the staffing ratios of 1:5 during the day and 1:10 during the night. In addition, there were three people receiving one to one care in order to protect them from avoidable harm. Dependency scores were completed each month and used to ascertain whether staffing ratios needed to be adjusted to suit people's needs.

Prior to the inspection we had received a concern about a skin condition that affected a number of people in the service. People and staff confirmed that the problem was still ongoing and affecting people on the Woodlands unit. However, we found evidence that the service had taken appropriate steps and had sought advice from specialist teams in order to try and establish the cause and take the necessary measures to resolve it.

People were protected from avoidable harm. Call bells were within reach. One person said, "They always leave the buzzer close so I can use it when I need help." Risk assessments included mobility, continence, behaviours that could challenge the service and dehydration. They were specific to the person's individual needs and included steps to take to mitigate the risks with the exception of mouth care risk assessments, which were not always totalled up properly in order to get the final risk score. Staff were aware of how to manage risks such as falls, reduced mobility and dehydration. They were able to explain the incident and accident reporting procedures and the steps they would take in the event of a fire or medical emergency.

The premises were clean and we saw cleaning staff on each unit. There were repairs and painting going on

the day of our visit. Equipment was clean and maintained. Staff told us that they had been trained on how to use the equipment such as hoists and slings and told us that they had enough equipment to enable them to do their job. Service records showed equipment was serviced and repaired in order to keep them safe for use.

## Is the service effective?

### Our findings

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. Staff gave examples of how they ensured they gained consent before they supported people and understood that capacity could be variable.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. Staff had attended training and were aware of instances when they needed to seek authorisation to lawfully deprive people of their liberty. There were mental capacity assessments in place. We saw evidence that the unit managers had taken the appropriate steps to ensure that people were only deprived of their liberty when it was in their best interests to do so.

Staff sought people's consent and agreement before providing support to them. This consent was recorded in people's care files. A relative said, "The staff and the matron keep me informed and always ask for consent and our involvement in my [family member's] care."

People gave mixed reviews about the food provided during meal times. One person said, "The food is alright, I can't complain". Another person said, "Sometimes it's alright, sometimes it isn't." Another person said, "I wouldn't say it was bad." Staff were aware of people on special diets. We looked at food and fluid charts and saw that people were supported to eat and drink adequately. We viewed menus and noted that people were provided with sufficient choices of meals. However, we noted that on the Main unit, the plates were cleared too hurriedly by staff before some people had had a chance to eat at their own pace. We spoke to the registered manger about this and they said they would look into it but had not noticed it before.

People who required feeding through enteral tubes were supported to maintain nutrition and hydration. They were given their prescribed supplements and water on time and were positioned appropriately during the duration of their nutritional support. Care plans showed that people received access to healthcare services and received on going health care support. Staff monitored people's health and care needs and consulted with professionals to support them to maintain good health. People received regular checks on their physical wellbeing from their GP and care plans contained essential information. People's dietary intake was monitored and recorded. People were weighed on a regular basis, which was evidenced in their files and any concerns were reported to a dietician.

Staff received opportunities to develop their skills and to provide effective care and support. We noted that all staff completed training in a number of key areas to ensure they were competent to do their job. Staff told us the training they received was relevant to their role and equipped them to care for people and meet

their needs. For example, staff had received training in dementia awareness, catheter care, safeguarding adults, moving and handling, MCA/DoLS, fire safety awareness, infection prevention, health and safety and managing behaviour that challenged the service.

Care staff were supported by the registered nurses to help them carry out their roles and ensure that they followed the correct guidelines. Staff had received training in managing risks to ensure that people were safe and protected from harm. They were knowledgeable about the use of rails and bumpers on beds and demonstrated effective knowledge and skill in how to manage the care of people in order to prevent injuries, such as pressure sores, which can occur when people have to remain in their beds for long periods of time.

Care staff who were recently recruited completed an initial five day induction and shadowed more experienced staff, to learn about people's individual care needs and preferences. We saw records that showed that new staff were provided guidance and were assessed for competence against areas such as continence management, prevention of pressure sores, using mobility aids and general care.

We viewed the training records and saw that induction training and internal refresher training for staff was provided. The training did not integrate the Care Certificate standards, which are a set of standards and assessments for health and social staff new to the sector so they have an understanding of care. We spoke with the registered manager about this and they said they would look into integrating this within their current induction program. Staff had attained diplomas in health and social care, which showed staff received opportunities to improve their knowledge and refresh or develop their skills. We spoke with a member of staff who worked in the home as a care assistant and they told us, "My induction was very helpful. After shadowing, I felt more confident. The managers are very supportive and send us reminders and updates about different things."

Staff said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and any training needs in order for them to develop and gain further skills. Supervision sessions are one to one meetings with line managers where staff are able to review their practice and performance. Records confirmed that supervision meetings took place every three months, in addition to team meetings, which care staff said they found helpful and supportive. Staff received appraisals annually to monitor overall performance, practice and to identify any areas for development to support staff to fulfil their roles and responsibilities. Schedules for supervisions, mid-year appraisals and end of year appraisals and records that they had been completed were viewed.

## Is the service caring?

### Our findings

People told us they were cared for by staff who were kind and attentive. One person said, "Staff are very good to me. They come when I call." Another person said, "They are on the whole pleasant, helpful and sensitive." A third person told us, "It varies, but most are very, very kind." Staff were able to tell us people's likes and dislikes. We saw them answer the call bell promptly and used soft tones of voice to calm and reassure people.

People were treated with dignity and respect. One person said, "Staff are respectful. They listen." We observed staff addressing people by their preferred names. Doors were kept closed during personal care. We observed staff waiting outside while people used the bathroom in order to respect their dignity. Staff knocked and waited for a response before they entered people's rooms and bathrooms. We also saw staff ask people discreetly if they wanted to use the toilet. Where people were in bed and sometimes got exposed, staff promptly made sure they were not exposed.

We observed people being encouraged to be independent in daily tasks such as eating and moving about the service. Staff told us they prompted people to do as much as they could for themselves especially during personal care. One staff member said, "It is good to encourage people to do what they can. It gives them a sense of accomplishment." One person said, "Yes, I do most things by myself. All I need is a little help to get out of bed. After that, I am self-sufficient."

People told us they could access information about care and said they would ask their relatives or the registered manager if they were unsure. One person told us, "I have the information I need. All I want to know is meal times or if I have any visitors." Information about meals was displayed in the main dining area. On another unit, we saw there was more information displayed including advocacy, activities and any external visitors coming.

Staff communicated effectively with people including those with communication needs. They were able to calm people who were agitated and explained how they used body language to interact with people. One staff member said, "Sometimes we have to show people items of clothing or food to enable them to make a choice when they cannot explain."

Appropriate end of life care was provided for people with a terminal illness. People were supported to be dignified and comfortable when nearing the end of their life. Staff had experience of supporting people in these circumstances and had attended the relevant training. We saw evidence of liaison with the GP and specialist teams from the local hospice in order to ensure people remained pain free and comfortable during their last days. Necessary medicines and equipment were provided as and when needed. People were given support when making decisions about their preferences for end of life care. Advance planning for funeral arrangements was clearly documented in a "Looking Ahead" document to ensure people's wishes were respected.

## Is the service responsive?

### Our findings

People told us they could participate in activities when they wanted. Six out of nine people were happy with the activities provided. One person said, "I stay in my room out of choice. I prefer to read and write and watch television." Another person said, "There is something going on most afternoons. Other than that, I can't really talk to anyone so I am in my room most times." On the day of the inspection, we saw there was an activity coordinator who arranged activities such as arts, crafts, music and singing. The coordinator said, "We give everybody a choice of things to do. We try to understand their interests and get to know about their past lives. There is always a good atmosphere and good interaction between staff and residents."

We saw pictures displayed on the ground floor of the Woodlands unit of people taking part in activities including colouring, painting and a visiting dog. People appeared relaxed and happy in the photos, which helped to foster a pleasant and caring atmosphere in the service. However, we noted in the Woodlands unit for people with dementia, that there were no tools to enable staff to engage effectively with people living with dementia. People were seated in a lounge while others were in their rooms. Some were agitated, pulling at linen while others were wandering. We asked staff for any tools used such as doll therapy, or reminiscence therapy and they told us that they did not have any activities specifically relating to people living with dementia. The unit manager told us they were going to make changes in the near future.

We recommend further best practice guidelines are sought in relation to effective, stimulating activities for people with dementia and making the layout of the service premises more user friendly.

Before people started living at Cranham Court, a comprehensive assessment was made to establish their needs. Once they moved in, care plans and relevant risk assessments were drawn up to reflect people's physical, emotional and social needs. People and their relatives were involved in annual care reviews, whenever possible. Care plans were person centred and contained people's likes and dislikes as well as religious and culture-specific preferences. Staff were aware of their preferences and were able to demonstrate how people's needs were met. For example, a religious organisation came once a month to see people who practiced that faith.

People had a choice about who provided their personal care. One person said, "They did ask if I had any preferences and I said I did not want any male staff to help me wash." Staff told us they offered choice and would come back at another time should people wish to have their bath later on in the day. People told us they could choose to stay in their room for meals when they wanted.

People were encouraged to maintain contact with their families and those who mattered to them, in order to avoid social isolation. Regular wellbeing assessments were completed to ensure people remained engaged. Relatives told us there was unrestricted visiting hours. Some relatives took their family members out for the day or to a local cafe when they could. One person said, "I get visitors at any time." A relative said, "We were told it is unrestricted visiting. So far that has been the case and we are happy about that."

People and their relatives told us they were able to make a complaint should the need arise. One person

said, "I speak with [the deputy manager] if I need anything or have any concerns. Another person said, "Manager is very helpful if I have any worries." One relative told us "We have had a few concerns and they have been resolved amicably." Another relative said, "My main concerns are always around food. Making sure people actually eat the food. This has been ongoing and in my opinion could still be improved." We spoke to the registered manager about this and they told us they checked daily to ensure people ate enough and that some visitors stayed to assist people to eat.

We recommend further best practice guidance be sought and systems are in place to enable staff to encourage and ensure people eat suitable amounts.

Staff were able to explain the complaints process and told us that they would refer to the registered manager or the deputy manager but would also address any immediate concerns. We looked at records and saw that investigations were carried out and action was taken promptly in response to concerns. Complainants were written to formally by the registered manager to acknowledge their complaint. We noted that after a complaint was upheld, action was taken and measures were put in place to prevent reoccurrence. People and relatives were informed of the outcomes and were satisfied with the responses. Actions and notes of meetings that had taken place were dated and detailed clearly. For example, following one complaint from a relative, staff were reminded to offer people an extra blanket when they went to sleep and to ensure that they recorded their daily notes more effectively. This showed that the home took complaints seriously and used them to make changes and improvements.

## Is the service well-led?

### Our findings

The service had a registered manager in place who had worked in Cranham Court Nursing Home since it opened in 1982. They were also known by staff and relatives as Matron. There was a long serving deputy manager who supported the registered manager and provided cover for when they were away. They were also a registered nurse and the unit lead on the Main Unit. The unit lead on Woodlands was also a registered nurse and was recently appointed. Relatives, staff and people who used the service told us that the management team were responsible for a well-run and safe care home. Staff said that the registered manager was hard working and supportive.

People knew the registered manager and deputy manager by name and told us they were approachable. One person said, "[Manager] is very lovely. [Manager] is very kind and listens." Another person said, "I see the [deputy manager] around and the manager comes to my room for a chat." A relative told us, "Both Matron and the deputy manager are very nice and welcoming. I couldn't ask for a better place for my [family member]."

However, during our inspection we identified some areas of concern that covered maintaining accurate records and not ensuring that good practice was being shared across all of the units. For example, we saw that team meetings took place within each unit. However, we did not see regular or planned meetings take place between senior staff in each unit, such as the unit leads and the nurses to share learning, concerns and good practice because they were independent from one another. One staff member said, "We don't have regular meetings with the other units." We saw records of meetings and noted that health and safety, training requirements and feedback from staff and people living in the service was discussed, although the main areas of discussion focused around housekeeping and maintenance. There were no records of regular meetings between the registered manager, staff and unit leads responsible for the day to day running of each unit, where they had the opportunity to discuss issues and provide feedback for the purposes of good governance in order to minimise any risks to people's safety across the whole service.

Our finding concerns around medicines management in both the Woodlands unit and the Main unit showed that the quality assurance systems in the home did not work very well in order to mitigate the risks to people's safety. They had also not identified that each unit had different approaches to responding to missed medicines. We noted that the unit lead on Woodlands had already taken action before the end of our inspection to ensure that a person received their medicines. We were concerned that similar actions were not undertaken in the Main unit following missed doses of important medicines and that incident forms were not completed appropriately. Although senior staff had identified that people's medicines had not been delivered by the pharmacy, they had not identified that MAR sheets were not always being completed correctly.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that the home was welcoming and people benefitted from an open culture. Staff were able to

raise any issues and found the registered manager to be helpful and supportive. They enjoyed working at the home and felt confident in meeting the challenges of their day to day work. One staff member said, "The sisters and the matron support us and provide important updates. There is teamwork and good communication because it can be challenging but rewarding to look after our residents." We spoke with one of the registered nurses who also told us that they felt supported. They said, "The Matron has always been supportive of me. They are very caring, knowledgeable and hard working. They go over and above their duties and do their best to make sure all the residents are well."

The registered manager told us they were confident that the service would be able to make improvements. They told us the new unit lead of the Woodlands unit was doing a good job and had settled in well. The registered manager said, "Our new unit lead had to pick up a lot of pieces but I have confidence as they are very conscientious and hard working. It feels better now we have a new manager. We have had problems with disruptive staff in the past two years. We have also had to employ a lot of agency staff to provide cover because some people require one to one care." We also spoke with the responsible individual, whose organisation owned the home. They told us, "Cranham Court has been established for over 30 years so we have had ups and downs. At the moment, we need more permanent staff but we have very experienced people here who continue to provide the best care."

We saw that quality assurance and monitoring systems were in place to seek the views of people and their relatives. For example, the home carried out a satisfaction survey of people who use the service, annually. Topics included on the survey covered overall satisfaction with their care, the home, choices, activities, meals and staff. We saw the results of the survey from last year were mostly positive. The home was in the process of sending out questionnaires for this year. People and relatives views were also captured in a compliments folder containing letters and cards. We saw that feedback included comments such as, "Thank you for the excellent care my [family member] received. They seem much more like their old self and showing signs of independence and confidence." Another comment was, "The care is very professional. It is a safe and comfortable environment." Family members also praised the service for looking after their loved ones who received end of life care. One relative wrote, "Thank you so much for everything you did for [family member]. You always treated [family member] with compassion, respect and dignity."

The registered manager understood their role and responsibilities. We saw maintenance records for the premises and that people's records were records were filed securely, which showed that the provider recognised the importance of people's personal details being protected and to preserve confidentiality. Staff were aware of confidentiality and adhered to the provider's data protection policies. The registered manager notified the CQC of incidents or changes to the home that they were legally obliged to inform us about.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided to service users in safe way because the provider did not have systems in place for ensuring equipment was used in a safe way, or for the proper and safe management of medicines.</p> <p>Regulation 12(1) and (2)(e) and (g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always operate effective systems and processes to assess, monitor and mitigate the risks to the health, safety and welfare of people in the service.</p> <p>Regulation 17(1) and (2)(b)</p>