Care UK Community Partnerships Ltd

Silversprings

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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:
Silversprings provides residential and nursing care for up to 64 people, some of whom are living with dementia. The premises are divided into three units, Bluebell provides nursing care, Tenpenny provides care and support to people living with varying levels of dementia. Caroline provides support for older people. At the time of our inspection 52 people were using the service.

People's experience of using this service:
Governance systems had improved since our last inspection. However, further improvements were needed to ensure these were used robustly to demonstrate how the quality of the service continually improved and developed to provide good outcomes for people. Poor outcomes identified in safeguarding concerns, complaints, incidents and accidents were looked at in isolation, rather than looking at the root causes in relation to a lack of staff training, poor recording, communication and ineffective leadership on the units.

Staff lacked knowledge and understanding on how to support people with dementia, including managing high levels of anxiety. Therefore, staff were not always providing care that was effective and person centred. People were treated with kindness and respect; however, staff were focussed on completing tasks rather than focussing on promoting people's independence and emotional wellbeing, and they did not always respect people's privacy and dignity.

Although sufficient staff were employed, there were key times throughout the day where more staff were needed, specifically on Tenpenny unit, to ensure people's needs were met and to keep them safe. People with advanced dementia were not sufficiently supported at mealtimes to ensure they ate enough and were protected from malnutrition, and risk of choking.

Care records did not contain enough information for staff around supporting people's wellbeing or complex, long term specific needs, such as dementia. People's past life, hobbies and interests was not used to help them lead fulfilled and meaningful lives, through activity, therapy and social inclusion. Although the provider had consulted with other reputable resources for guidance and support in identifying activities for people with dementia, and how to engage effectively, these had not yet been imbedded to drive the required improvements.

Where things had gone wrong, systems were in place to share learning across Care UK services in the Essex region. Whilst this was a good initiative, the process needed expanding to reflect the root cause of the issues and how changes in practice had improved outcomes for people.

Management and senior staff had inconsistent understanding of the legal framework, relevant consent and decision-making requirements of the MCA 2005 and associated best interest decisions. The registered manager was working with people and their relatives to complete Preferred Priorities of Care (PPC) forms to plan for their future end of life care.

Safeguarding concerns had been managed well. Systems were in place to manage people's medicines safely and to reduce the risks associated with the spread of infection. People had access to various healthcare professionals, when they needed them.

People, their relatives and staff were engaged in the service and had been consulted on and created a set of vision and values specific to Silversprings that puts people at the centre of the service. The values focused on being passionate, caring and developing good team work.

Rating at last inspection: The scheduled inspection on 27 March 2018 and 29 March 2018 was rated Requires Improvement (Report published 17 May 2018)
The focussed inspection on 19 September 2018 and 03 October 2018 was brought forward due to information of concern; about people's catheter care. The rating remained, Requires Improvement (Report published 20 November 2018)
This service has been rated Requires Improvement at the last three inspections, since 11 May 2017. Following this inspection, the rating, Requires Improvement has not changed.

Why we inspected: This inspection was brought forward due to information of concern about people's care and welfare.

Follow up: During this inspection we found whilst some improvements had been made, further improvements were needed, in relation to good governance, staff training, dementia care and deployment of staff. We will continue to monitor all intelligence received about this service to ensure that the next planned inspection is scheduled accordingly.

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

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?

Requires Improvement

The service was not always caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always 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.

Silversprings

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The first day of the inspection was carried out by two inspectors, two assistant inspectors, a Specialist Professional Advisor (SPA) and an Expert by Experience. The SPA had specialist knowledge of caring for the elderly, including dementia care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion their expertise was in dementia care. The second day of the inspection was carried out by two inspectors.

Service and service type:
Silversprings 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. This meant that the service did not know we were coming.

What we did:
Prior to this inspection we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. Before our inspection we looked at information that had been sent to us. On this occasion, we had not requested the provider to complete and submit a Provider Information Return (PIR) prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and

what improvements they plan to make. This was because our inspection was carried out at short notice, due to information of concern about people's safety.

We spoke with 13 people using the service and nine relatives during the inspection. We spoke with a broad range of staff from across the service, which included a representative of the provider, the registered manager, deputy manager, quality development manager, administrator and the maintenance person. We also spoke with three nurses, three senior staff, 11 support workers, and two agency staff.

We looked at 13 people's care plans, staff training records and three staff recruitment files. We also viewed records relating to the management of the service including quality and safety documents, audits, medication records and incident, accident, complaint and safeguarding records.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: 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. Regulations may or may not have been met.

Staffing and recruitment

• People and their relatives told us there were not enough staff. Comments included, "Often not enough staff" and "The staff are very busy here, so cannot always come and have a chat." One person commented, "For what I pay here, staff do not always come straight away, and when they do, they turn the buzzer off and say, I'll be back and then don't come again for a while."

• Staffing numbers were set using a dependency assessment tool. This tool calculates the number of staff needed, in relation the assessed needs of people using the service. The registered manager told us the service was currently operating above the recommended staffing hours to account for changes in people's needs.

• Although, there was adequate staff employed, the management team were not deploying staff effectively across the service to ensure people's needs were met at key times throughout the day. Each unit was allocated five staff, but staff told us, and we saw for ourselves Tenpenny was the most challenging unit due to the needs of people in the advanced stages of dementia. One member of staff commented, "I don't think we're short staffed, I just think we need an extra person to help at mealtimes, as there are more people to assist to feed than there are carers." After the inspection, the registered manager sent us a copy of an allocation sheet they had developed to ensure staff were allocated across the service, where they were most needed.

• A thorough recruitment and selection process was in place, which ensured staff recruited had the right skills and experience and were suitable to work with people who used the service. Registered nurses pin numbers and revalidation with National Midwifery Council (NMC) were being monitored to ensure nurses were fit to practice.

Assessing risk, safety monitoring and management

• Risks to people's safety, health and welfare were assessed and, in most cases, managed appropriately so they were supported to stay safe. However, care plans varied in the level of detail to guide staff on how to support people who expressed their frustration and anxieties through their behaviours. Apart from describing people's behaviours and general 'distraction tactics', there was no strategies in place to guide staff, when faced with difficult situations on how to manage the situation in a positive way.

• People with advanced dementia were not sufficiently supported at mealtimes to ensure they ate enough and were protected from malnutrition, and risk of choking.

• Technology was used to promote people's safety, such as alarm sensor mats to alert staff if people at risk of falls had got out or fallen out of bed. People confirmed they had been provided with equipment they needed to keep them safe. Comments included, "My buzzer is always put near me", and "I have this mat here because I used to have falls, I do feel I have all the equipment to help me."

• Systems were in place to ensure the premises and equipment were safe to use and well maintained. Fire

systems and equipment were checked regularly, and routine fire drills carried out to ensure staff knew what to do in an emergency.
• People had individual evacuation plans in place to guide staff on how to safely escort them from the premises in the event of a fire.

Systems and processes to safeguard people from the risk of abuse
• People told us they felt safe living at the service. Comments included, "I am perfectly safe here," and "Oh, yes I am safe here, everything is done for me." A person using the service for respite, told us, "Yes, I am very safe here, I feel safe because I am well looked after".
• Staff had received training in relation to safeguarding people from the risk of harm. They were aware of different forms of abuse and their responsibility to report concerns. One member of staff told us, "I would go to the manager or raise a safeguard alert myself. I've raised safeguarding's before. I wouldn't be in two minds to do it."
• The registered manager was aware of their responsibility to follow local safeguarding protocols and liaise with the local authority. Where safeguarding concerns had been raised, they had managed such incidents well. For example, investigation into a recent safeguarding incident, highlighted some staff's behaviours was not acceptable. They had managed this through the disciplinary process.

Using medicines safely
• People's prescribed medicines, including controlled drugs were stored, administered and disposed of safely and in accordance with relevant best practice guidance.
• People's medicines and Medication Administration Records (MAR) included details on how they preferred to take their medicines and any known allergies.
• A daily audit of people's routine medicines confirmed they were receiving their medicines as prescribed by their GP.
• Staff administered medications in a respectful manner. People were offered a drink with their medication and were routinely asked if they wanted pain relief.
• Staff responsible for administering people's medicines had completed training and had regular checks to ensure they were competent to do so.

Preventing and controlling infection
• People and their relatives told us, the premises were always clean and tidy. One person told us, "My room is always clean and tidy, and they change the bed once a week." A relative commented, "My [Person's] room is always clean and tidy when I visit.
• Systems were in place to manage the control and prevention of infection well. The environment was clean; with no underlying unpleasant odours. Hand washing posters were on display in bathrooms and toilets. Pump soap and alcohol gel dispensers, and paper towels were readily available for people to use.
• Staff had completed training on infection control and had access to clear policies and procedures to ensure they complied with relevant national guidance. We observed staff using personal protective equipment, when this was needed to minimise the risks of spreading infection.

Learning lessons when things go wrong
• Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.
• Incidents were monitored by the management team to ensure oversight of the health, welfare and safety of people living and working in the service.
• The provider had systems in place to ensure when things went wrong, at Silversprings or in their other homes information about lessons learned were shared to prevent similar incidents from happening again. This shared learning, also included what had worked well. Learning from such incidents was being shared with staff at team meetings.

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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Supporting people to eat and drink enough to maintain a balanced diet
• The meal time experience for people varied depending on the unit they were residing in. Mealtimes on Tenpenny, were chaotic, noisy and stressful for staff to manage. Both days of the inspection, staff did not have enough time to sit with people who required support to eat. This resulted in people's agitation not being managed. In contrast, the mealtime for people residing on Bluebell and Caroline units was a positive and sociable experience with a good ratio of staff present to ensure they received the support they needed to eat their meal.
• People provided a mixed response about the quality of the food. One person told us, "I do not like all the food here, sometimes the meat is hard to chew, we do have good vegetables though." Another person commented, "The food here is not all that good, we have a lot of mince and shepherd pie, if you don't eat it some staff will just take it away." Positive comments included, "The food is wonderful here, tastes good. Staff ask you what you would like, and there is always fruit. We have lovely puddings," and "I think the food here is good, and the breakfast they will always give you something different if you want it."
• The registered manager was aware more needed to be done to ensure people were supported to eat and drink in a positive way. They had recently introduced observational tools, including a Quality of Interaction and Engagement Tool (QuIET) to assess the dining experience for people, however these had not yet been imbedded to drive the required improvements.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Staff had limited understanding about how dementia affected people in their day to day living. Care UK's regional director told us they were working in partnership with the University of Worcester, Association for Dementia Studies to improve all aspects of dementia care across its homes; keep up to date with developments in this area and ensure care delivered is right and reflects best practice. Although, training workshops had commenced for staff, with 80% completion, we did not see the outcome of this learning reflected in the practice observed.

Staff support: induction, training, skills and experience
• People and their relatives told us they were not sure how well staff were trained. Comments included, "Not enough dementia care staff here, I don't think," and "Staff appear very good, but not sure how well trained they are, it was us, the family who picked up [Person] had thrush in their mouth."
• Permanent staff had completed an induction programme when they first started work at the service. However, this was not the same for agency staff. One agency nurse told us they had been provided with an agency pack to read, but this was after they had completed their first shift. They told us, "I don't feel this was enough, I should have had more support, I should have had the pack before I started not half way through."

• Staff had received training to ensure they had the knowledge and skills to support people with specific health conditions, however, staff told us they lacked training in managing more complex issues, such as challenging behaviour, and mental health. Comments included, "We could really do with challenging behaviour training, especially on Tenpenny, it would help staff to understand the residents more."
• People with dementia were at different stages of the condition ranging from early onset to advanced. Although, staff told us they had completed dementia training, they told us they were not confident supporting people with dementia, when managing high levels of anxiety. Therefore, staff were not always providing care that was effective and person centred.
• The registered manager informed us, 'Living well with dementia', training was in the process of being rolled out to all staff. This training had been developed with the University of Worcester and included 'Positive practice and communication to support working with positive behaviour.' 73 out of 83 staff had attended this training at the time of the inspection. Additionally, a dementia champion from one of the providers other services was supporting staff to promote best practice and enhance people's wellbeing through meaningful occupation, tailored to their level of dementia and needs.'

Ensuring consent to care and treatment in line with law and guidance
• The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible".
• We found inconsistencies in management and staff understanding of the legal framework, relevant consent and decision-making requirements of the MCA 2005 and associated best interest decisions. Best interest decisions had been made for people who lacked capacity to consent to taking their medicines covertly (disguised in food) with no record to show other methods had been considered and tried to as far as possible support the person to make their own decision. Records also showed best interest decisions had been made for people who had the mental capacity to make decisions for themselves.
• People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager understood their responsibility in terms of making an application for deprivation of liberty safeguards to the authorising authority. A DoLS audit confirmed appropriate authorisations were in place to restrict people's freedom of movement for their own safety and was kept under review.

Staff working with other agencies to provide consistent, effective, timely care
• Systems were in place for referring people to other services and health professionals. Staff told us and records showed advice and support had been sought from health professionals, as and when they needed.

Adapting service, design, decoration to meet people's needs.
• The premises were fit for purpose. The décor throughout was bright, clean and spacious. Decorative wall papers, and reminiscence objects had been used creatively in Tenpenny unit to provide a dementia friendly environment. People's individual front doors had been painted different colours to help them identify their own rooms.
• Each person's room was personalised with their own belongings and style and they had access to en-suite facilities.
• Specialist equipment and technology were provided to promote people's independence and to keep them safe.

Supporting people to live healthier lives, access healthcare services and support

• People and their relatives told us, they were involved in making decisions about their care, support and where required treatment. One person told us, "The Doctor is called if I need them."

• Two GP's were visiting people at the service during our inspection. They told us, "Staff are hardworking, usually present and helpful when I visit", and "The home appears to me to be a good home, I always have a nurse to accompany me when I visit."

• Systems to monitor people's health, care and support needs had improved since our last inspection. Staff understood people's clinical needs, such as diabetes and were able to describe the signs and symptoms to look for.

• Risks to people's health and welfare had been identified and acted on. Records showed that people had access to various healthcare professionals such as dietician, speech and language therapists, physiotherapists, specialist nurses and diabetic clinics.

Requires Improvement

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

RI: People did not always feel well-supported, cared for or treated with dignity and respect.
Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence
• Staff understood it is a person's human right to be treated with respect and dignity, however we did not always observe staff putting this into practice. One relative showed us where their [Person's] bed sheet and pillow case were dirty. Food had been spilt on them three days previously, and they had still not been changed.
• The care staff desk and computer had been moved into communal areas in each of the units. Whilst it was recognised this was so that staff were able to monitor people whilst carrying out administrative tasks, they were discussing people's care needs in a public area. Staff had failed to recognise this did not respect people's privacy and dignity.

Ensuring people are well treated and supported; respecting equality and diversity
• People were treated with kindness and respect; however, staff were focussed on completing tasks rather than focussing on the people's emotional wellbeing. All people spoken with told us staff did not have time to sit and talk about things that mattered to them, such as their hobbies or past times.
• We received mixed feedback about the care and support people received. Some family members told us, people did not always receive the care and support they needed from staff to manage their continence and maintain their personal hygiene. Comments included, "My [Person] is supposed to be supported to use the toilet, but staff leave them to use their continence pad," and "My [Person] is supposed to have two showers a week, but I know they do not always get two." In contrast, other people, and their relatives, were complimentary about the attitude of staff and the care provided. Comments included, "I feel [Person] is well cared for here and staff know how to care for them," and "One word for staff 'fabulous'."
• Since our previous inspections in March and September 2018, the registered manager had improved systems to ensure important information about people's needs were shared and acted on. They had implemented twice weekly clinical meetings, improved the structure of daily handover meetings, and implemented daily audits. Daily audits were carried out by the management team or clinical lead to check people were receiving appropriate care. Issues of poor performance were being dealt with during individual and group supervisions.

Supporting people to express their views and be involved in making decisions about their care
• Staff supported people to make choices about how they spent their day, what they had to eat and what to wear. One member of staff told us, "We offer choice with everything. Clothes, food, drinks." Another commented, "We promote choice, but sometimes it's difficult due to people's dementia, to know what they want, so we use visual things, such as show and tell plated meal options, to help people make a choice about what they want to eat."

• People were supported to express their views and be involved in making decisions about their care. This was confirmed in conversation with relatives. Comments included, "I have been involved in developing [Person's] care plan," and "I am involved in [Person's] care plan, and staff will phone me up at home with any issues."
• Peoples views about the service, the environment and activities were sought on a regular basis at residents' and relatives' meetings. Additionally, people, had the opportunity to discuss activities, outings and the food at regular Coffee mornings.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

RI: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Care records did not contain enough information for staff around supporting people's wellbeing or complex, long term specific needs, such as dementia.
• A significant amount of detail had been recorded in people's care plans about their past life, hobbies and interests, however this information had not been utilised to guide staff on how best to support people to lead fulfilled and meaningful lives, through activity, therapy and social inclusion. The provider and senior management had recognised this, and plans were in place to address this through consultation with Worcester University to support them in identifying activities for people with dementia, and how to engage effectively.
• The registered manager told us developing the dementia service was a high priority. They were currently raising funds to purchase new technology, in the form of a Tovertafel Magic Table. This is a where a device projects simple games onto a table to help people with dementia to connect and engage.
• People were able to maintain relationships that mattered to them, such as family members and others, and they were able to visit when they wanted.
• People's communication needs had been assessed and were meeting the requirements of the Accessible Information Standards. This set of standards sets out the specific, approach for providers of health and social care to identify, record, share and meet the communication needs of people with a disability, impairment or sensory loss.

End of life care and support
• People's care plans contained minimal information about their preferences around their end of life care, other than details about their funeral arrangements, and if they chose to remain at the service. This has been identified in the provider Service Improvement Plan. To address this, the registered manager had initiated discussions with people and their relatives using Preferred Priorities of Care (PPC) forms. These forms are for people to plan for their future end of life care.
• Where a person had recently passed away a detailed plan was in place to guide staff on how to support the person to manage the end of life so that they had a comfortable, dignified and pain free death.
• Where people were on an end of life care pathway, they had medicines already prescribed by the GP and dispensed to ensure, should their health deteriorate, there was no delay in providing required pain relief.
• People had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions in place, which set out their wishes or a decision made on their behalf by a medical doctor in discussion with relevant family members that in the event of a cardiac arrest they were not to be resuscitated.
• Two staff had been enrolled on end of life training at the local hospice. The registered manager told us, once these staff had completed the training, they were to become end of life champions. Champions are staff that have shown a specific interest in areas, and are essential in promoting best practice, by sharing their learning, and acting as a role model for other staff.

Improving care quality in response to complaints or concerns

• People and their relatives told us they would speak with the registered manager or a senior staff if they had any concerns.

• People told us where they had had cause to complain about poor care, their concerns had been addressed. Comments included, "I have complained to manager and things are slightly better now," and "When I did complain to manager about the length of time it took someone to assist my [Person] to the toilet, it has not happened again."

• Systems were in place to acknowledge and respond to formal complaints. A review of the complaints book showed there had been 14 complaints raised about the service in the last year. These had been investigated and responded to appropriately within the expected timeframe and used to improve the service.

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

• Since our last inspection the provider and registered manager had improved systems to identify and manage risks to the service. These consisted of corporate and service specific governance systems to check the quality of the service and if it is running safely. These systems fed into an ongoing Service Improvement Plan (SIP). However, further improvements were needed to ensure these systems were used robustly to complete the quality monitoring cycle and demonstrate how the quality of the service was continually improving and developing to provide good outcomes for people.

• The regional director and registered manager had a clear understanding of what was needed to ensure the service continued to develop, and ensure people received high-quality care.

• Issues we identified at this inspection, in relation to poor dining experience, lack leadership at meal times, insufficient information in end of life care plans and life story books not being used to plan person-centred activities, had already been identified in the SIP, and measures were in place to address these.

Continuous learning and improving care

• Registered managers from other Care UK services in the Essex region were sharing information via a monthly email about poor practice issues, and lessons learned. Whilst in theory this was a good initiative, these needed expanding to reflect how issues occurred in first place, the root cause of the issues and how changes in practice had improved outcomes for people.

• To encourage and promote best practice the registered manager had introduced 'Shine bright like a diamond awards', for people, their families and staff to post a 'thank you' note on a board in the entrance hall, thanking staff where they have gone the extra mile.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

• Staff were aware of the core principles set by the provider, to provide high-quality person-centred care to people.

• The registered manager in consultation with people, their relatives and staff had created a set of vision and values specific to Silversprings that puts people at the centre of the service. The values focused on being passionate, caring and developing good team work.

• The registered manager told us their biggest achievement since the last inspection had been improving staff morale in the service. Staff confirmed this, comments included, "Working here is good. I have the support of the team. The team pull together," and "Morale is good, It's a good team spirit."

• Staff told us, the registered manager was approachable and supportive. One member of staff told us, "I've seen a lot of changes. I think now we have the best set up. The manager has been brilliant, they really do listen. The deputy manager is great too, very supportive."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People using the service, their family and staff were involved in shaping the service and kept up to date on changes made. A monthly Newsletter was produced and shared with people and their families sharing information about to what had happened and what was planned to happen in the service.
• Regular residents, relative and staff' meetings, and coffee mornings provided people with an opportunity to feedback their views and suggestions for improvements to the service.
• Staff at all levels understood their roles and responsibilities, including the management team who were accountable for the staff. The staff team were held to account for their performance, where required.
• Staff received regular supervision and annual appraisal regarding their performance. Supervision is a formal meeting where staff can discuss their performance, training needs and any concerns they may have with a more senior member of staff.

Working in partnership with others
• The improvements made showed that there had been a willingness by the provider, the registered manager and staff to work in partnership with other agencies to improve the service. They had developed good relationships with local healthcare services and worked with them to achieve the best outcomes for people.
• Care UK has partnered with Worcester University research unit to develop dementia care across their services.
• A group of Santander employees were helping with a gardening project, planting shrubs to encourage wildlife and prepare an allotment for people to be involved in growing fruit and vegetables.