

## Caring Homes Healthcare Group Limited

# Coppice Lea

### Inspection report

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Date of inspection visit:  
23 October 2019

Date of publication:  
14 November 2019

### 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?	Good ●

# Summary of findings

## Overall summary

### About the service

Coppice Lea is a residential home providing personal and nursing care for up to 53 people. The service is provided in one adapted building which is divided into four wings, but with a communal lounge, activity and dining area. At the time of our inspection 41 people were living at the service.

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

People said they were cared for by staff who were kind and caring. People told us they felt there was enough going on at the service to keep them busy and they enjoyed the entertainment. However, we found that people who remained in their rooms may not always receive social stimulation and have made a recommendation to the registered provider in respect of this.

People's care plans were detailed and staff used these to understand the care people required. However, we did find some areas of documentation that required improvement. We have made a recommendation to the registered provider in relation to this.

People lived in an environment that was maintained and cleaned to a good standard. People told us they could remain independent and the environment had some signage and communication aids for people living with dementia. People had access to healthcare professional involvement if they needed it and they received the medicines, food and hydration they required to help retain a good sense of wellness.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were given privacy when they wished it, but also enabled to move around freely and independently in a safe way.

People were helped to stay safe as staff understood their responsibility to report any concerns and staff followed guidance in place in relation to people's individual risks.

People were cared for by a sufficient number of staff on the day of inspection and staff told us they felt they were trained and supported in a way that enabled them to carry out their role competently.

Quality assurance checks were carried out to help ensure people lived in a service that was safe. Actions identified from these checks were addressed. People were asked for their feedback and this was used to help improve the service. Staff worked with other agencies to help improve the service people received.

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

### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 24 October 2018).

Following the last inspection, we asked the provider to complete an action plan to tell us how they planned to address the shortfalls. At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Coppice Lea

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Coppice Lea is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed information we had received from the service, such as statutory notifications of accidents and incidents and any safeguarding concerns. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and seven relatives and one visitor about their experience

of the care provided. We spoke with eight members of staff including the provider's regional manager, registered manager, assistant manager, senior care workers, care workers, the chef and a healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 9 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe here. I have always liked it here." Another said, "Yes, I've felt safe in here. I've not been scared."
- People were cared for by staff who understood their responsibility to report any concerns they may have that would constitute abuse. A staff member told us, "I would report to the manager or call the head office."
- We reviewed notifications we had received in conjunction with the incidents records held at the service and found incidents that may have been potential abuse had been reported to the appropriate authority as well as CQC.
- There was evidence of the service working with the safeguarding authority to investigate any concerns.

Assessing risk, safety monitoring and management

At our last inspection we issued a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered provider had not always ensured risks to people were appropriately managed. Since that inspection, people's risk assessments had been reviewed and updated.

- Risks to people had been identified and action taken to help keep people safe. Where people were at risk of pressure sores, repositioning guidance and charts were in place to guide staff in how often to reposition the person to protect their skin. We read guidance was being followed.
- Where people were at risk of choking, they received modified food in line with guidance from professionals, such as the speech and language therapy team or the dietician. We observed one person being provided with puree food in line with their care plan.
- People at risk of falls were provided with appropriate walking aids to give them support and steadiness. We observed people using walking sticks or zimmer frames. A staff member told us, "If someone is at risk of falling we make sure the corridors are clear."
- Staff were appropriately trained in fire safety to help ensure that in the event of a fire they would know what action to take. We also noted where one person was on oxygen suitable signage was displayed on their bedroom door. One staff member told us, "We have had training. If there was a fire we have to go to the main point."
- Each person had a personal evacuation plan in their care plan which outlined what support they would need to safely leave the premises. We also noted regular fire drills and fire checks took place, including one on the day of the inspection.

Staffing and recruitment

At our last inspection we issued a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as we had observed people not receiving the care they required in a timely manner. Since that inspection, staffing levels had been increased by one during the afternoon and people's dependency was consistently being reviewed.

- There were enough staff on duty during our inspection to meet people's needs. We did not observe anyone waiting for care and feedback we received about staffing levels was positive. One person told us, "I have a button to call staff when I need help and at once a carer will come." Another told us, "Seems to be enough staff. I get help when I need it." A third said, "I don't find any difficulty getting staff to help." A relative told us, "There is usually two of the care staff around." A second relative said, "She always gets the assistance she needs."
- During our inspection there was always a staff member near to hand in communal areas and we did not hear call bells ringing for long periods of time. Staff were regularly checking on people; this included people who remained in their rooms. One person told us, "Normally they come to help in a reasonable time."
- Staff also felt there were sufficient staff. One told us, "The way we work has improved. Staff levels had improved." A second staff member said, "It's better than it was. I can see the progress," with a third telling us, "It's a lot better. We have enough staff now." A healthcare professional said, "There is always someone around."
- New staff were recruited through a robust recruitment process. This included providing a full employment history, references, evidence of the right to work in the UK and identification. In addition, each prospective staff member underwent a Disclosure & Barring Service (DBS) check. This helped to ensure they were suitable to work at this type of service.

### Using medicines safely

At our last inspection, we issued a recommendation to the registered provider in relation to PRN (as required) medicines. Although protocols were in place these did not always include relevant information, such as signs to look out for of a person in pain, or dosage information. At this inspection, we saw that people's PRN protocols had been reviewed and updated.

- People received the medicines they required and staff used safe medicines management practices. One person told us, "They (staff) bring my tablets, I am good here." A second person said, "The nurse helps me with my medication daily. I know I take some tablets for diabetes." A staff member told us, "Medications are better."
- Each person had a medicine administration record (MAR) which held a photograph of them, details of the medicines they required, dosage and timings, together with information about any allergies they may have. We reviewed several MARs and found no gaps which told us people had been given their medicines correctly. One person told us, "I do get my medication twice a day."
- Medicines were stored in a locked trolley and the temperature was taken daily to check medicines were being stored in line with the manufacturers guidance. When boxes or bottles were opened, the opening date was recorded to help ensure medicines were used within the required timeframe. In addition, any handwritten entries on people's MARs were double-signed to check the information had been transcribed correctly.
- Where people used pain patches, these were accompanied by a body map showing the location of the pain patch so staff were able to identify where a new patch should be placed.
- We did identify some out of date items in one of the first aid boxes at the service and alerted the registered manager to this who addressed this.



### Preventing and controlling infection

- People lived in an environment that was cleaned to a good standard. We observed staff cleaning throughout the inspection and saw they wore gloves and aprons. People's rooms were tidy and free from odours. One person told us, "It is always clean in here."
- People gave us positive feedback on the cleanliness of the premises. One person said, "The place is clean and they do my room." Another told us, "Never any smells here." A relative told us, "It is always clean, bright and light here and there are never any unpleasant smells."
- A staff member told us, "We use PPE (personal protective equipment). We make sure that staff are wearing gloves, aprons and we give the home a deep clean." A second member of staff said, "We clean every room every day."

### Learning lessons when things go wrong

- Accidents and incidents were clearly recorded and each one was reviewed by the registered manager. In turn, a falls analysis was carried out and people's care plans were revisited and updated where necessary. Staff had moved one person to a room nearer the nurses station following a series of falls and another person had a sensor mat put in place. Where complaints were received, the registered manager discussed the complaint and outcome with staff, evaluating and learning. Following an incident with a fire door, a staff meeting had been held to discuss staff responsibility in relation to health and safety.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were recorded prior to them moving in to the service. This included their medical needs, preferences, likes and dislikes. One relative told us, "We are involved in his care plan and care plan reviews."
- Staff followed national guidance to help assess people's initial needs and on-going care. This included the universal malnutrition screening tool and a dependency assessment tool and the National Institute of Clinical Evidence mouth care guidance. The service was Gold Standard Framework (GSF) accredited. GSF is an evidence-based approach to those providing end of life care to ensure better lives for people.
- Staff worked closely with healthcare professionals in relation to people's needs. The GP visited each week and we observed a dietician reviewing people's care plans. They met with a nurse to discuss individual people. A healthcare professional told us, "They (the service) are very good. They refer appropriately and always follow advice."
- People had access to healthcare input when they required it. There was evidence of involvement from the tissue viability nurse, podiatrist, optician and dentist. One relative said, "They do get the physio, dentist, chiropodist and optician in to see the residents." A second relative told us, "We have raised a painful shoulder in the past and told she could see the GP straight away if she needs it."

Staff support: induction, training, skills and experience

At our last inspection we issued a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to our observations of staff not following best practice and staff telling us they did not feel supported through supervisions or appraisals. We found at this inspection staff appeared competent in their role and feedback from them was such that they felt supported.

- People were cared for by staff who received appropriate training. There was evidence during staff meetings, training was discussed and opportunities for refresher and new training was available. Regular audits were carried out to help ensure staff stayed up to date with their required training. A staff member told us, "We get updated clinical training. They are arranging more training for us and we have been encouraged to see what we want to do." A relative told us, "We do feel they are well trained."
- Staff had the opportunity to discuss their role, training requirements or any concerns through group and one to one supervision with their line manager. They also had annual appraisals to review their performance. A staff member said, "It's good to see how we are doing." A second told us, "I have them

(supervisions) with my manager. I find them useful."

- Staff told us they felt supported. A staff member told us, "I feel clinically supported by the manager. We have clinical discussions with staff on duty and the manager."

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

At our last inspection we issued a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because we did not find the environment met the needs of people living with dementia. We found some improvement at this inspection.

- There were some orientation signs present in the home for those people living with dementia. These included directional signs. There was also activity equipment suitable for people, such as an interactive table. We saw one person engaging with this during the day.
- Pictures were used to depict different foods, meals or drinks.
- However, we found one bathroom full of wheelchairs and as a result unusable. We spoke with the registered manager about this as we noted that some people were recorded as enjoying a bath. They told us this bathroom was being refurbished to make it more easily accessible to people but that a bathroom on the first floor was available to people's use. We will check at our next inspection that this has been done.

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

- People gave positive feedback about the food. One person said, "There is a choice of meals and I can say what I like to have. Food is good. I eat with others in the dining room." Another said, "Generally the food and the meals are okay." A third said, "Food's excellent and there's enough variety."
- People received regular drinks and snacks throughout the day, together with a choice of meal at lunchtime appropriate for their individual requirements. Staff had access to the kitchen at any time so could provide people with snacks or drinks whenever they wished it.
- Where people were at risk of malnutrition or dehydration daily records were kept of their intake. These were totalled to help ensure people were consuming sufficient of both. We read of one person who had lost weight and staff told us they had referred them to the speech and language therapy team as they had noted they were coughing when eating. A relative told us, "They (staff) are very good at making sure that residents have fluids, even in cooler weather."
- The kitchen staff knew people's individual needs which included those on a puree or fortified diet and those people who had allergens. We did identify one person who was not being provided with the diet they had been recommended and spoke with the registered manager about this. This was resolved immediately.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

At our last inspection we issued a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff were not following the requirements of the MCA. We found at this inspection improvements had been made as each person's paperwork had been reviewed to determine their capacity to make a decision.

- People's capacity had been checked where it was felt restrictions were needed to keep them safe. We read decision-specific capacity assessment had been undertaken to see if people had the capacity to know why they needed to live at the service, or required bed rails or medicines covertly (without their knowledge).
- Following a capacity assessment, a best interests discussion (BID) took place to check that action taken was the least restrictive and was appropriate to keep the person safe. DoLS applications had been made as a result of restrictive practices.
- We did however, identify one person lacked a capacity assessment and BID for their bed rails. Immediately following our inspection, the registered manager sent us evidence to show these had been completed.
- Where people had capacity we saw evidence of them signing to consent to their care.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection we issued a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff did not always treat people with kindness or respect. We observed at this inspection staff treating people in the way they should expect and there was evidence of staff having received dignity and respect training.

- People told us staff treated them with kindness and we observed kind and caring interactions between people and staff. One person told us they were happy with the staff and happy to be in the home as they were, "Helped with everything." A second told us, "I find [staff name] excellent and very caring." A relative told us, "Some staff are exceptionally caring."
- We heard staff greeting people in a warm manner and taking an interest in them, with one staff member saying to a person who came into the lounge, "Hello my lovely, how are you?" and another commenting on someone's hair. A person told us, "I enjoy being here because staff are nice." A second told us, "I get on well with the staff. I have a laugh with some of them."
- Where people became distressed staff were attentive. We saw staff regularly rubbing one person's back when they were coughing. A relative said, "Most staff are very good."
- People were given time by staff. One person was being encouraged to eat by a member of staff. The carer spent time slowly coaxing the person by chatting about the food, offering them drinks and making general conversation. As a result the person ate the majority of their meal. A relative told us, "Staff are very nice here and responsive to people."

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

- People told us they were involved in deciding how they liked to receive their care and what support they wished. One person told us they felt involved and that the service communicated well with them. A relative said, "The home does involve us in all decision that are needed to be taken."
- We received positive feedback about communication between people, staff, relatives and visitors. One person said, "They (staff) keep in touch with my daughter." A relative told us, "They ring me with news of [person's name]."
- People were asked where they would like to sit when coming into the lounge area during the morning.

Respecting and promoting people's privacy, dignity and independence

- People were respected by staff. One person told us, "Staff respect me." A second said, "I do feel I get

respect and dignity by staff." A staff member was seen knocking on one person's door before entering. They greeted the person warmly saying, "[Name] hello my dear, how are you?"

- One person sat in the activity room during the morning. They told us, "I like it here as it is quiet and staff understand that I may not always want to do something. I prefer to sit and have some quiet time." A second person said, "I feel I am allowed to have my independence."
- During the morning people were offered snacks and a drink and the staff member was conscious that they placed both of these within reach of people so they could help themselves.
- People's care plans included detail of tasks they could undertake themselves, for example, one person's read, 'can clean easy-to-reach places himself'. A person said, "I feel as independent as I want to be."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection we issued a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not always receiving appropriate care and care plans were misleading. There was evidence at this inspection of care plans having been reviewed and of staff providing appropriate care.

- People's care records contained information on their mobility, risks, nutrition, communication, sleeping and continence. There was also good background information on people around their history, social likes and interests. There was evidence that people had been asked to express any spiritual needs. One person told us, "I do get what I need, when I need it." Another said, "I get the care and attention I need."
- Where people had diabetes there was good information for staff on the response to take if the person had too much or too little sugar. Likewise if people suffered from epilepsy there was a seizure care plan in place.
- One person tended to go into other people's rooms and a care plan had been developed with 'distraction' guidance for staff to follow. With a consistent approach and a review of the person's medicines, the incidents had reduced.
- There was evidence of people receiving appropriate mouth care to help prevent a negative impact on their health. People had oral health care plans in place and staff recorded when people had been assisted to brush their teeth.
- Where people were recorded as requiring assistance to eat, we saw they got this from staff. In response to one person losing weight, following consultation with the GP and dietician, they were put on milk shakes and fortified foods which again we saw them receive.
- People had been asked for their thoughts and wishes around their end of life. There was evidence of people speaking to staff about this and others who chose not to discuss it. Some people had advanced care plans in place. A relative told us, "They (staff) did a great job with my mum caring for her before she passed away." A staff member told us, "I've done the St Catherine's (hospice) training and I did human rights in end of life."

Improving care quality in response to complaints or concerns

At our last inspection we issued a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people and relatives had told us they felt their complaints were not listened to. At this inspection we found evidence that complaints had been recorded, investigated

and resolved.

- People and relatives told us they would be comfortable making a complaint and complaints information was available to each person in the service folder in their room. One person told us, "I would talk to staff if I had any comments about care." A relative said, "I know I can go to the manager and voice any views. She will listen and I am happy that something will be done about them."
- There was a complaints protocol in place and the registered manager kept a log of complaints. 15 complaints had been received this year. It was clear from reading them and the responses that the registered manager had investigated and acted upon the complaint. There was no open or outstanding complaints.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was one person living at the service whose first language was not English. As a result staff were using a translation app on their phones to help them understand what the person wanted. The registered manager also told us, "We have an engineer coming in to put a booster in on this side of the building so the wi-fi is more reliable. Once this is done, we can purchase a suitable machine to make translation easier for both [name] and staff." Following our inspection, the registered manager sent us evidence supporting what they had told us.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People said the activities within the service were good. One person told us, "I get the activity information and can choose what I want to go to. There is a dog coming in and other things happening." Another person told us they were involved in the activities saying, "I organise bingo, raffles and the lottery." A third said, "I talk regularly with activities people if I want something." A staff member told us, "Better than it was."
- We heard people talking about a visit from local school children the day prior to our inspection and how much they had enjoyed it. One person said, "We have singers, children from school and other entertainers." In addition, regular outings took place. A relative told us, "Entertainment is laid on and there are trips out." A visitor said, "We come in regularly to take a service with readings and prayers, most residents seem to enjoy our visits."
- Although the registered manager told us they had recruited a volunteer to spend time with people individually in their rooms, there was lack of evidence that this happened regularly. We checked the records and found that this person had visited routinely in August and September, but only once so far this month. This meant a possible risk of social isolation for people who remained in their rooms, although we did see staff checking on them regularly.

We recommend the registered provider ensures people who are not able or do not wish to sit in communal areas are provided with enough stimulation.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was open and honest during our inspection. They told us during our introductory meeting that a member of staff had resigned that morning and as such they were one staff member short.
- Staff told us they felt supported by management. One staff member said, "[Registered manager] she is good. I do feel valued." This staff member felt the service had improved since the last inspection. A second staff member told us, "I feel supported by my manager."
- Staff were recognised through an employee of the month award scheme. People and other staff could nominate staff for an award. Staff were also encouraged to give their views on working at the service through regular surveys. We noted in the recent one staff had commented they felt there was a good atmosphere at the service and they worked as a team and had developed friendships. A relative said, "All staff seem very happy working hear."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to respond to accidents, incidents or complaints. There was evidence of meeting with or writing to relatives following a complaint and apologies given to people and their family member's following an accident.

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

- Although people's care plans were reviewed monthly, we found some records were incomplete or contradictory. This included a person whose notes in one place recorded they needed repositioning four-hourly, but in another two-hourly. A second person was recorded as needing to wear an alarm pendant but we found they did not have one on. Staff told us they were no longer able to use a call alarm.
- Some people were noted as enjoying a bath, however their daily records did not demonstrate they were being given the opportunity to have one.
- We spoke with the registered manager about the need to ensure records were robust. They sent us evidence following our inspection that shortfalls had been addressed.

We recommend the registered provider ensures that care records in relation to people are contemporaneous.

- The registered manager was clear about her role. One person told us, "The manager does well. It (the service) seems to be run well." A relative said, "The manager is on the ball, always approachable and available." The registered manager addressed concerns around staff performance in a professional manner, following the internal performance management process.
- Services registered with the Care Quality Commission are required to notify us of incidents, accidents or safeguarding concerns. The registered manager met their requirements of registration as statutory notifications had been submitted as per guidance.
- Quality assurances process were in place to monitor the service people received. A series of audits were completed which covered all aspects of people's care from care planning, social inclusion, environment and record keeping. Where shortfalls were identified from quality systems there was evidence of action or on-going work to resolve them. Such as one person's photograph on their MAR being updated and another requiring a BID for bed rails.
- Other monitoring included an analysis of call bell response times, weekly pressure sore reports, weekly and monthly weights, unannounced night time visits, kitchen and infection control audits.
- The provider completed their own audits of the service. We noted the last audit carried out in July 2019 some areas for action and read these had or were in the process of being addressed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives had the opportunity to give their views on the food that was provided. The chef told us they spoke with people and their family members to obtain their views and there was a book in the dining room for comments. These were used to develop and change the menu.
- A relative told us, "We get regular newsletters that keep us informed. There are resident and relatives meetings as well." Meetings were held monthly and people discussed all aspects of the service.
- People's feedback was listened to and addressed. A relative told us, "We have raised our worries around night time support following a fall and it was included in [name's] care plan that she needed night checks." We read in a recent resident meeting people had commented on chipped crockery and this had been replaced.
- Feedback surveys were carried out to obtain people's views anonymously. A relative told us, "We did a questionnaire recently." 20 responses had been received from the most recent relatives and friends survey and 35 from the residents survey. Feedback was positive.
- Staff met regularly to discuss a range of topics, including training, starters and leavers, end of life, infection control, meals and data protection.

Continuous learning and improving care

- There was a continuous drive to improve through obtaining stakeholders views, such as from health and social care professionals. We noted comments received about people's oral hygiene had been addressed. A relative told us, "Overall, we think this service is good. Dad wouldn't be here if it wasn't."

Working in partnership with others

- The service was a member of the Surrey Care Association where the registered manager could meet with peers to share knowledge and information.
- The service worked in conjunction with the local authority and we noted the quality team had carried out an unannounced visit to the service in September 2018 where some recommendations were made and a further visit in September 2019 when no actions were identified.
- The service had been selected to participate in a community hydration project. This involved training staff in good hydration and as such reduce hospital admissions.

