Queen Elizabeth's Foundation

Queen Elizabeth's Foundation Dorincourt

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

orin Court is a residential home. It offers a range of living services for people with physical disabilities, learning disabilities and autism. There are 14 self-contained flats, two group homes for five and six people and a larger home for 20 people, with overall capacity for 45 people. At the time of the inspection 43 people were receiving care and support.

Some people had significant communication needs and used body language, gestures or sounds to communicate. Some people could use a few key words to communicate their needs, whilst others were able to talk or use technology to communicate.

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

There were sufficient staff to keep people safe. There were recruitment practises in place to ensure that staff were safe to work with vulnerable people. People were involved in the recruitment and selection of the new manager.

People were protected from avoidable harm and people told us that they felt safe. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

People's medicines were administered, stored and disposed of safely. Staff were trained in the safe administration of medicines and kept relevant and accurate records. However where some people had an as required medicine, there were no guidelines in place to tell staff when and how people should have them. We have made a recommendation.

Staff had written information about risks to people and how to manage these. Risk assessments were in place for a variety of tasks such as personal care, use of equipment, health, and the environment and they were updated frequently. The registered manager ensured that actions had been taken after incidents and accidents occurred.

People's human rights were protected as the registered manager ensured that the requirements of the Mental Capacity Act 2005 were followed. Where people were assessed to lack capacity to make some decisions, mental capacity assessment and best interest meetings had been undertaken, however they lacked details. We have made a recommendation. Staff were heard to ask peoples consent before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of

the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had sufficient to eat and drink. People were offered a choice of what they would like to eat and drink. People's weights were monitored on a regular basis to ensure that people remained healthy.

People were supported to maintain their health and well-being. People had regular access to health and social care professionals.

Staff were trained and had sufficient skills and knowledge to support people effectively. There was a training programme in place to meet people's needs.

Although some improvement could be made in staffs knowledge on autism and the Mental Capacity Act. People were involved in delivering safe guarding training. There was an induction programme in place which included staff undertaking the Care Certificate. Staff received regular supervision.

People were well cared for and positive relationships had been established between people and staff. Staff interacted with people in a kind and caring manner.

Relatives and health professionals were involved in planning peoples care. People's choices and views were respected by staff. Staff and the registered manager knew people's choices and preferences. People's privacy and dignity was respected.

People received a personalised service. People's care needs were reviewed on a regular basis. Peoples care plans were detailed and promoted people's independence but they were not always accessible for people.

There were activities in place which people enjoyed. However, people told us that they wanted more opportunity for activities in the community. People were supported to develop independent living skills.

The home listened to people, staffs and relative's views. There was a complaints procedure in place. Complains had been responded to in line with the organisations policy.

The management promoted an open and person centred culture. Staff told us they felt supported by the manager. People, staff and relatives told us they felt that the management was approachable and responsive.

There were robust procedures in place to monitor, evaluate and improve the quality of care provided. Staff were motivated and aware of their responsibilities. The manager understood the requirements of CQC and sent in appropriate notifications.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to people were identified and managed appropriately. Staff were aware of individual risks and how to keep people safe.

Staff understood and recognised what abuse was and knew how to report it if this was required.

There were enough staff to meet the needs of people. All staff underwent safer recruitment checks to make sure that they were suitable before they started work.

Medicines were administered, stored and disposed of safely. However, there were not always guidelines in place for 'as required' medicines.

Is the service effective?

Good

The service was effective.

Mental Capacity Assessments had been completed for people where they lacked capacity, however they lacked relevant detail. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had the knowledge and skills to support people. Some people were involved in delivering safe guarding training. Staff received regular supervision.

People had a choice of healthy and balanced food and drink. People's weight was monitored and effectively managed for any changes.

Staff supported people to attend healthcare and social care appointments to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were well cared for. They were treated with care and kindness. People's dignity and privacy was respected.

Staff interacted with people in a respectful, caring and positive way and used individual communication methods to interact with people.

People, relatives and appropriate health professionals were involved in their plan of care.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred. Care needs and plans were reviewed regularly. People were involved in planning their care.

There were activities offered, which people told us they enjoyed. However, people told us that they wanted more activities in the community.

People and their relatives told us they felt listened to. Complaints had been responded to in line with the organisations policy. People were involved in the running of the home.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture.

There were robust procedures in place to monitor the quality of the service. Where issues were identified, actions plans were in place these had been addressed.

People, staff and relatives said that they felt supported and that the management was approachable.

Queen Elizabeth's Foundation Dorincourt

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.

This inspection took place on 24 November 2016 and was unannounced. It was conducted by two inspectors and an expert by experience (Ex by Ex). An Ex by Ex is a person who has experience for caring for people with disabilities.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. We contacted the local authority quality assurance and safeguarding team to ask them for their views on the service and if they had any concerns, no concerns were raised.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with eight people, six staff members, the registered manager and three relatives.

We spent time observing care and support provided throughout the day of inspection, at lunch time and in the communal areas. We reviewed a variety of documents which included four people's support plans, risk assessments, and peoples medicine administration records (MAR). We also reviewed four weeks of duty rotas, five staff recruitment files, some health and safety records and quality assurance records. We also

looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

We last inspected the service on 30 December 2014 and there were no concerns were identified.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person said 'I feel safe with the staff." Another said "I feel safe. There are people here to help."

People's medicines were, ordered, stored and disposed of safely. People required staff support to enable them to take their medicines. We looked at people's medication administration records (MAR) and their packs that contain the medicine. The records were signed by staff and without gaps, indicating that people received their medicines.

Medicines were administered safely to people. One person told us ''Medication is always administered by senior staff and on time." We observed medicine being given to one person; it was done in a dignified way and with the persons consent. The person was offered a choice of when they wanted the medicine by staff, they asked the person "Would you like your medication now or shall I wait until breakfast is finished?"

Staff that administered medicines to people received appropriate training, which was regularly updated. Staff were able to describe what the medicine was for, to ensure people were safe when taking it. For people that needed emergency medicines, staff were trained by the nurse specialist to administer these safely.

For people that were prescribed an as required medicine (PRN), such as some pain relief or medicine to manage anxiety, there were not always guidelines in place telling staff how and when the person should take the medicine for all people. This meant there was a risk that people would not always receive their medicines when they needed it.

We recommend that the registered manager ensures that there are PRN guidelines in place for people as per the current guidance.

People were protected from avoidable harm because staff had a good understanding of what types of abuse there were, how to identify abuse and who to report it to. One person told us "I feel absolutely 100% safe. I would know who to go to and they would trust what we would say." Staff told us that they had training in safeguarding and this was confirmed by the training records we saw. One staff member told us "There is verbal, physical and emotional abuse. I would report any concerns to the management or to CQC."

There was a whistleblowing policy and safeguarding policy in place with contact details of CQC and the local authority. Staff knew that there were telephone numbers of the local safeguarding team and CQC to contact if required. Safeguarding information was displayed in the staff office. The registered manager had notified us when safeguarding concerns were identified and ensured that plans were in place to reduce the risks of harm to people.

Risks to people were managed to ensure that their freedom was protected. Staff had individualised guidance so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Staff were able to describe individual risks to people and how to address these to keep

people safe. Care plans contained risk assessments in relation to bathing, skin integrity, travelling in vehicles and fire.

People told us that staff discuss risks with them. Some people said that staff say when there is a wet floor, or talk about fire risks. One person confirmed "Staff talk about risks to me. They make sure I am safe in my wheelchair."

Where people required equipment to help people mobilise, transfer or the use of bed rails to keep them safe. There were risk assessments in place to reduce the harm from entrapment and risk of injury to people and staff when supporting people to move safely. One staff member told us "When we support someone to move with a hoist and sling, we check the labels and I know that the hoists have been serviced." This meant that the slings and hoists were safe for people to use.

Staff had guidance to tell staff how to keep people, others and themselves safe when people displayed signs of anxiety of distress. People had individual guidance that told staff what the signs of the person becoming distressed were and how staff should support the person to reduce the symptoms. We saw staff support people when they were distressed and staff reassured people in line with their guidance.

Where needed, there were risk assessments in place for people with individually identified risks and an action plan on how to manage them. For example, some people were at risk of choking due to swallowing problems. People told is that they knew about the risk of swallowing and how to keep safe when eating and drinking. They told us that the Speech and Language Therapist (SaLT) who worked at the service had trained people in keeping safe. The SaLT had completed individual thorough assessments and put a detailed plan in place to reduce the risks. Staff knew about how to keep people safe when supporting people to eat and drink. We saw that the staff provided people with the correct food and drinks as the SaLT had requested.

There were enough staff to meet people's needs. One person said "I've never felt they were very low on staff." A relative and staff confirmed that they thought there was enough staff. The registered manager told us that there should be 24 care staff on in the morning and 19 in the afternoon, with four waking night staff. Some people have 1:1 staff support to meet their needs. She told us that extra staff will be scheduled when there is a day out or a person has a hospital appointment. The rotas and our observations on the day confirmed that these staffing levels were consistently maintained. We saw that people did not wait for care or support when it was required and staff were always available in communal areas.

In addition to the care staff, there was a compliment of additional therapy staff undertaking therapies such as physiotherapy, speech and language therapy and occupational therapy. Onsite, there were also activity staff supporting people with 1:1 and/or group activities.

The registered manager had ensured that there staff were recruited safely. Appropriate checks had been carried out to help ensure only suitable staff were employed to work at the home. Before staff could support people, a disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

People would be kept safe in the event of an emergency and their care needs would be met. The registered manager told us the service had a plan in place should events stop the running of the service. We saw a copy of this plan which detailed what staff should go and where people could stay if an emergency occurred. Each person had a sheet which included personal information about them such as their diagnosis, GP, medicines and allergies.

People had personal evacuation and emergency plans (PEEPs) which told staff how to support people in an emergency or in the event of fire. Staff confirmed to us what they were to do in an emergency.

The registered manager had oversight of incidents and accidents. Incidents and accidents were recorded with details of the incident and what action had occurred to minimise the risks of it occurring again. Staff knew what to do if someone had an accident, for example a fall. One staff member told us that they were first aid trained. They would check the person for injuries, think about what caused the fall, just the hoist if the person is safe to sit them up and to call 999 and complete an incident form.

Good

Is the service effective?

Our findings

People's human rights were protected as the registered manager had ensured that the requirements of the Mental Capacity Act were followed. 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.

There was an inconsistency of understanding about the MCA. The registered manager told us "People have an informed choice. For example, one person chooses to visit their family every weekend, whilst another person doesn't." However, another staff member told us "A person is able to make decisions about their own well being. If they are unable to consent, the next of kin can make a decision."

Where people lacked capacity to make decisions about their care, some mental capacity assessments had been completed, however some details were missing. Where people had their next of kin controlling their finances, the registered manager had not always ensured that they had the legal right to do this. We saw staff throughout the day asking people's consent before supporting them with needs. People had signed consent to care forms where they could.

We recommend that the registered manager reviews its internal mental capacity policy and practice to ensure that it is in line with the legislation.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. For example, some people were unable to consent to their care and required staff support when out in the community. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

People were supported to eat and drink; there was a good choice of food for a healthy, balanced diet. We observed a meal time. Meals were cooked for people. The menu was a four week rolling menu. The meal was served canteen style, staff asked people what they wanted to eat from the menu and staff got the meal for people, some people got this themselves. The meal was sociable and people were not rushed to eat their meals.

Where people needed support with their eating and drinking this was given in a dignified way. Staff ensured that where necessary people had their food cut up and liquid thickened in line with their SaLT guidance to reduce the risks of choking. A staff member supported a person to eat, they checked that they liked the meal, checked that they were ready for the next mouth full and waited for the person to swallow their food. People were supported to use adapted cutlery, plates and cups to promote their independence; this was in

line with their guidance. One relative told us how their loved one's eating had improved since they had moved in to Dorin Court. The relative said "They were on a mashed food diet, but the carers have been working with the SaLT and now [name of loved one] is beginning to eat small pieces of food."

People had a choice of hot and cold drinks and snacks throughout the day. This was available in the dining room and staff prepared the drinks and snacks for people. People were given a choice about what they would like. Water stations were dotted around the home, for people to help themselves to water. People's weights were monitored regularly and weight for people was remaining stable. Where people's weight was a concern, referrals to dieticians were made.

For people that required the use of a percutaneous endoscopic gastrostomy (PEG) for their fluid and nutrition, (these are used when people have significant swallowing problems to receive their food directly into their stomachs) there were guidelines which detailed how to support the person how to use the PEG safely. People and staff received external support from the Dietician's in managing these to ensure that their health was maintained.

People were supported to maintain their health and wellbeing. When there was an identified need, people had access to a range of health professionals such a dietician, psychiatrist, dentists and optician. Relatives told us that they were kept up to date with their loved one's health needs and if a GP has been involved. Relatives also told us that staff attended health appointments outside of Dorin Court; this was confirmed by people's care records.

On site, people had access to a speech and language therapist, physiotherapy and occupational therapy. One person said "The physiotherapist puts posters of exercises for me up in my room." Therapists provided regular 1:1 treatment for people. There was also a physiotherapy gym on site for use by people who received physiotherapy. The registered manager told us that the GP visited weekly and was responsive if people needed to see the GP sooner. People's care plans contained information from the health and social care professionals involved in their care. A relative told us that their loved one's health had improved since they had moved in which had a positive impact on the person's life.

People received care from staff that had the skills and knowledge to care and support them effectively. Although, we found that staff's knowledge could be improved in areas such as the Mental Capacity Act and Autism. Relatives told us that they thought that staff had the right skills to support their loved ones. Staff training consisted of mandatory training such as moving and handling, accident reporting and managing risks. A staff member told us "Training is good. I have had additional training in nutrition and hydration and my supervision training is due." The training matrix confirmed this.

People were involved in delivering safe guarding training to all staff in the home. The provider told us that people had asked to improve their knowledge of safe guarding and wanted to become safe guarding experts. People told us that they felt that people living in the home had a greater understanding of safe guarding and were more confident in talking to staff about it. The registered manager told us that a group of people had been trained to do this. Staff told us that it was very effective. The provider told us that the safe guarding training has been rolled out to local authority staff.

The registered manager told us that new staff undertaken an induction. The first week is class room based where topics such as the Mental Capacity Act, pressure management and food and fluid intake is discussed. We saw that new staff had an induction checklist in place that was being completed with the registered manager. New staff were also supported to undertake the Care Certificate. This is a certificate that sets out standards and competencies for care workers. Induction also consisted of attending mandatory training

and new staff shadowing other staff members, to observe the care and support given to people prior to them caring for people on their own.

Staff told us that they received regular supervision. The registered manager ensured that staff had regular supervision which looked at their individual training and development needs. This was confirmed by staff and the records held.

Good

Is the service caring?

Our findings

People told us that they were well cared for. One person said "'The staff are nice and friendly. " Another said "Staff are really approachable and treat me with respect. There has never been a time this has been in question."

Staff had developed positive and caring relationships with people. Companionable, relaxed relationships were evident during the day of our inspection. We saw staff using humour and touch when engaging with people. There was a family atmosphere, with staff chatting and interacting with people. Staff stopped and talked to people in the corridor, asked how they were and what they were doing for the day.

People appeared relaxed and content around staff. The overall atmosphere was relaxed. People told us that they liked the 'banter' with staff. Some people used communicate aids or gesture and body language to communicate with people. When staff talked to people, they allowed time for the person to process the information and time to respond.

Staff had time to help and care for people. A staff member told us "I like supporting the resident. We have nice contact with them." One person asked a staff member where a copy of activity time table was. The staff member looked for it and asked the person where it could be. Once the staff member realised it had been lost, they got a new one and placed it on the persons table where they knew they liked to have it to read. Staff took time for people to support them when they became distressed. A person became anxious and the staff member talked to them in a calm and reassuring manner. The person responded well and became calmer. The staff member was able to explain why the person had become anxious and how to support them to calm.

People told us that they wanted to get more involved in making decisions about their care. One person said "Staff read the care plan to me. What I'd like, I'll tell them and they change my care plan." Another person said "I have been involved in my care plan as far as I have been able to get involved. I get support from staff with this. "Another told us that they did not always make decision regarding their care. Staff offered people choice throughout the day. Staff asked people what they would like to do and where they would like to go.

Staff supported people to maintain their relationships with loved ones, relatives confirmed this. Some people go to their relatives' house for weekends. Staff support people to keep in touch with their relatives. One relative told us that the staff support their loved one but asking the person what information they would like inputted into their electronic communication device that spoke so they could tell their relative what they had been doing that week. Relatives told us that there were no restrictions on visiting their loved ones. Relatives told us that staff were kind and caring towards them when they visited.

Staff treated people with dignity and respect. Throughout the day staff supported people to the toilet. Staff discreetly prompted and supported people with this. We observed staff knocking on people's bedroom doors before entering. A person said "They [staff] wash me in a respectful helpful way. Staff always knock first before they come in. "

People's bedrooms were individually decorated and contain pictures and photographs of things that people were interested in and had chosen themselves. Relatives told us peoples bedrooms were clean, tidy and could display their personal items. We saw staff talk to people using their preferred names.

People were well dressed and their appearance was maintained by staff. People wore appropriate clothes that fitted and nicely combed and styled hair which demonstrated staff had taken time to assist people with their personal care needs.

Good

Is the service responsive?

Our findings

People received a personalised service. People had care plans in place. The information recorded in the plans was detailed; however it was typed up and not accessible to the majority of people living in the home. People told us that they wanted to be more involved in developing their care plans and making decisions about their care. The registered manager told us that they would look into this and support people to do this.

People's care plans provided staff with information from people's communication, personal care, nutrition and mobility needs. People's preferences, such as food likes, and preferred names were clearly recorded. We saw that care was given in accordance with these preferences. Care plans also contained information on people's routines, what time people want to get up and go to bed.

People's needs were assessed prior to admission and there was on going assessment of people's needs. The registered manager told us that people were offered an opportunity to live at the home for one week so the home could assess their needs and the person could decide if they wanted to live there or not. Relatives and health professionals were involved and this was evidenced in people's care plans.

Peoples care needs were reviewed regularly. People, their relatives and health and social care professionals were involved in people's care plans. The provider told us that people had weekly meetings with their life coaches to review their goals and wishes. People who wished to move on to other accommodation were supported to move on to a different setting.

To promote people's independence, people's care plans contained information on what people could do and what they needed support with. One care plan stated that the person could take their own top off, but needed staff support with their bottom half. People told us that the care was given in line with their preferences. Some care plans had been signed by people, indicating that they had been involved in their care plan.

There were inconsistent views about staff's knowledge of people, their needs, likes and dislikes. One relative told us that staff knew their loved one very well. They told us that the staff were able to pick up on their body language when the person was unwell, unhappy or enjoying something. Some people and relatives told us that agency workers don't always know their needs and people had to often tell new agency workers about themselves and their needs. A person told us "'Sometimes, some of the agency workers don't understand my needs." Another person said "The staff know my needs but not all the time." The registered manager confirmed that agency staff were used, but they tried to use the same staff for consistency. This was confirmed by the rotas.

People were supported to develop independent living skills. There were regular sessions for people in money management, cooking and shopping. The home uses 'life coaches' who supported people to identify goals and plan how they will achieve them. For example, one person wished to DJ on the radio, staff supported them to do this. Staff have supported people to participate in work experience in local charity

shops.

People have a range of activities to do in the home. People told us that they enjoyed the activities but would like to do more out in the community. Each person has an individualised programme to attend four sessions during the day. These sessions were supported by 'life coaches' staff, sports and drama staff. There were some external leisure activities on offer that people choose such as meals out and bowling. However, only two people at a time could attend. The registered manager told us that there were plans to refurbish the IT suite with technology to enable people to use the computers who are unable to type.

The service also has external entertainers visit such as musicians and pet therapies visiting frequently. We were told that the service is producing a theatrical production of 'The Christmas Carol 'in which tickets will be sold for relatives and visitors to attend.

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People were involved in the running of the home. Some people were actively involved in staff recruitment. The registered manager had met with people who were interested, people had drawn up a list of questions and characteristics they would like to see in staff. People were involved in the meet and greet of candidates and with asking potential new staff questions. The registered manager had ensured that people were involved in the formal feedback to the chair.

People were involved in the running of the quarterly Dorin Court newsletter 'rocket'. Weekly meetings occurred where people decided what they wanted in their newsletter and who was giving to be involved in putting the article together. People told us that they were proud of the newsletter. Articles such as recent and up and coming events, parties and profiles of people are written.

People were listened to. There was a monthly food forum where people formally feedback to the chef and the SaLT about choice, likes and dislikes and ideas. The registered manager told us that there were regular residents meetings. There were also regular leisure and timetable forums were people met with respective staff members responsible for leisure and timetables, to discuss changes and ideas.

People were involved in regular 'Residents safeguarding voice group'. In these meetings people discussed how to keep people safe, who should be responsible and involved in keeping people safe and improvement ideas. People told us that they were very proud of this group as it had made them feel empowered to speak up and ask things to be changed.

People and their relatives told us that they felt confident to complain. One person said "'If I were unhappy I would go to the seniors or care manager but I didn't really need to. If I needed to complain I would report it to a member of staff responsible for safeguarding." There are posters all around the home with photographs on telling people who to complain and who to speak too. A relative said "We have raised a concern and has been addressed. I'm not frightened about raising concerns." Where a complaint had been received, the registered manager had responded and made sure that actions were taken to make it right for the person.

The home had a complaints policy in place which detailed how a complaint should be responded too. Staff had a clear understanding of the complaints procedure and understood that they had a duty of care to report any complaints to the registered manager so they could put things right.

Good

Is the service well-led?

Our findings

There was a positive culture within the home between the people that lived here, the staff and the registered manager. When we arrived at the home, the staff ensured that we were introduced to the people who were at home; because they understood it was the people's home, and not just a place they stayed to get support.

The registered manager interacted with people with kindness and care. We observed people and staff approach the registered manager during our inspection and observed an open and supportive culture. The registered manager had an open door policy; we saw people and staff regularly approach her for a chat or advice. We saw the registered manager walk around the home at certain parts of the day to talk with people and staff.

The registered manager said that they had supported the staff in approaching the CQC inspection and told them "Every day is a CQC day. Meaning that the care and quality should always be the same." The registered manager told us that the nominated trustee for the home undertook a mock inspection to orientate people and staff to what to expect. The registered manager and staff said that this went well and has made staff feel more comfortable.

The home celebrated staff's commitment to supporting people. The registered manager said "It's the commitment of the staff team. We work as a team; we are a solid and happy team." The registered manager won the manager of the year award in 2014 at Surrey Care Awards. This year staff were nominated by relatives and other staff. A relative nominated a staff member for being 'polite, helpful and approachable'. Another staff member was nominated by a relative for 'kindness, compassion and respect.'

The registered manager told us that the annual residents and relatives survey was due to go out in January 2017. A staff survey had been completed in the Autumn and a 'you said, we did' news letter came out. This confirmed that the home had listened to what staff had said. For example, staff said they wanted more information about what was happening in the organisation, and a monthly newsletter is now published.

People, relatives and staff told us that the management was approachable, supportive and listened to what they had to say. One staff member said "Whatever I need, the manager is always understanding." A relative told us that the registered manager has regular contact with them to tell them how their loved one is getting on.
Staff told us that they felt involved in the running of the home. The registered manager told us that there was a monthly staff newsletter 'team talk'. Information was fed down from the senior management to the teams and then staff could ask questions up to the board and answers would come directly down.

Staff told us they had staff meetings regularly. We saw minutes of staff meetings, items on the agenda included care practise issues, updates on people and training. Staff were clear about their roles and responsibilities. One staff member said "We try our best to protect people's dignity, rights and promote

independence."

There were robust systems in place to ensure that quality care was provided and improved where identified. There were various audits including health and safety, infection control and medicine audits. The registered manager had complied an action plan, which detailed what needed to be completed, who was responsible, date action to be completed which was signed off by the manager. Staff told us that they had individual responsibility for certain areas, for example first aid boxes. This was to ensure that items were replaced frequently; we checked the audits which confirmed that this was the case.

The registered manager was aware of their responsibilities with regards to reporting significant events, such as notifications to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. The registered manager told us she was the chair of the area's registered manager network. This forum provided her with peer support, problem solving and discussion topics of best practice. The information that the registered manager provided on the Provider Information Report (PIR) matched with what we found and saw on the day of our inspection. For example, people involved in delivering safe guarding training.