

Barchester Healthcare Homes Limited

Corrina Lodge

Inspection report

79 The Avenue
Camberley
Surrey
GU15 3NQ

Tel: 01276686202
Website: www.barchester.com

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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

About the service

Corrina Lodge is a care home providing accommodation with nursing and personal care for up to 58 people. Peoples' needs were varied and included people with nursing needs and people living with dementia. At the time of our inspection there were 53 people using the service.

Corrina Lodge is a purpose-built care home which has two floors. Each floor has its own dining and lounge areas.

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

People were happy living at Corrina Lodge. They told us staff were kind towards them and knew their needs well. People were encouraged to make their own choices and retain their independence and people's care plans were individualised and person-centred.

People felt safe living at Corrina Lodge and where risks to people had been identified there was good guidance in place for staff. Staff were able to tell us how they kept people safe and had a good knowledge of how to identify and report a potential safeguarding concern.

People lived in an environment that was checked for its safety and suitable for their needs. The environment was spacious and well laid out and was kept clean and tidy by a team of housekeeping staff.

People were cared for by a sufficient number of staff who had been trained and demonstrated competence in their roles. Staff received the support they required through continual learning and development and regular supervision with their line manager.

The registered manager was involved in initiatives to help assist with the pre-assessment stage for people and also the ordering of people's medicines. Medicines practices were good and people received the medicines they required in line with their prescription.

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 provided with sufficient food and drink prepared in a way that met their needs. There was also a range of activities available and links had been made to the outside community to enable people to go out more.

People were shown respect and dignity by staff and where care did not go to plan, or people had concerns, these were taken seriously and apologies were given.

The registered manager had a clear drive to improve the service for the benefit of people. They had developed strong links with external providers and had plans in place for future further development. They kept themselves updated with news and guidance through the Surrey Care Association and also gave people and relatives the opportunity to provide their views and feedback on any improvements that could be made.

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

Rating at last inspection

The last rating for this service was Good (report published 27 June 2019).

Why we inspected

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is the subject of a safeguarding investigation.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe, Effective and Well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Corrina Lodge

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors, a nurse specialist 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

Corrina Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Corrina Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make.

We reviewed the information we held about the service since our last inspection. This included accidents, incidents and safeguarding concerns. We also sought feedback from health and social care professionals.

During the inspection

We spoke with the registered manager during the inspection, as well as 8 staff which included both clinical and non-clinical staff. We spoke with 6 people and 2 relatives to obtain their feedback about the care they received.

As part of the inspection we reviewed the care records for 9 people in varying depth, numerous medicines records, 5 staff recruitment files, governance systems and processes and other documentation relevant to the running of the service.

Following our visit, we received further information from the registered manager, which included training details, compliments and survey results. We also received written feedback from 3 relatives.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were trained in how to recognise potential signs of abuse and put this training into practice. They were able to describe to us what they would look out for or what may trigger them to raise a concern. A staff member said, "Safeguarding is about neglect and includes so many things. I always report and would not hesitate to report all the way up to CQC."
- Any incidents of potential abuse had been reported appropriately to the local authority safeguarding team as well as CQC and there was evidence of the registered manager carrying out full investigations into these.
- Where people had accidents and incidents, these were recorded in detail. Records showed what had happened, what action was taken and the outcome of the incident. The registered manager reviewed and logged these incidents to look for themes and trends.
- When there were lessons to be learnt from an incident, the registered manager shared the learning with all staff. A document, displayed in the staff room, told of learning from a recent event where a person had got their legs trapped in their bed rails.

Assessing risk, safety monitoring and management

- We had received information that suggested some people may be at risk of harm due to poor processes and systems in place to assess risk. In addition, there was concern that people at risk of their skin breaking down may not receive appropriate care and therefore be at higher risk of developing a wound. We found no such concerns during our inspection.
- Clinical staff were very knowledgeable in wound care and care staff knew the importance of regular repositioning of people. We also found people who spent the majority of their time in bed were on pressure relieving equipment that automatically adjusted according to the person's weight.
- Other risks related to people were well documented with clear guidance in place for staff. This included those people who were at risk of malnutrition and required prompting and support to eat, people who did not always like to receive care and could be angry towards staff, or other people who were at high risk of falls. A relative said, "When in bed, he has the sides up which keeps him safe."
- Staff were able to describe to us how they responded to people and their individual risks. Staff told us, "If he becomes anxious and angry, we will leave him to calm down and return in 10 minutes to try again" and, "I talk them through everything I do. I am talking to them all the time. It helps them to understand what is going to happen next and that helps to reduce their anxiety."
- Environmental risks were managed including fire safety, hot water, windows, electrics and maintenance of equipment. Staff had been trained in fire safety and knew how to move people safely if the alarm sounded. A staff member said, "Safety is paramount, everybody deserves to feel safe here."

Staffing and recruitment

- People and staff felt there were sufficient staff on duty and our observations on the day supported this view. We did not see people having to wait for care and there were always staff about on the floor. People told us, "Everyone's around all the time. If you ring your bell, they're (staff) here" and, "There is sufficient, I have two carers every day." Relative's said, "There's always somebody around, very rarely don't you see anybody" and. "We pretty much see the same staff."
- The registered manager told us he reviewed people's dependencies on a weekly basis to determine the staffing levels required. He said this helped him ensure there were sufficient staff available.
- We were told by housekeeping staff however that they felt under pressure due to a current reduction in their team. Although we had no concerns about the cleanliness of the service, we fed this back to the registered manager to follow up on. Following our inspection, the registered manager informed us they had recruited a bank cleaning employee.
- Staff were recruited through a robust system. Potential staff had to provide evidence of their right to work in the UK, performance in their previous role, a full employment history and their fitness to carry out the job. Each staff member went through a Disclosure and Barring Service (DBS) check prior to commencing work at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Nurses were registered with the Nursing and Midwifery Council and the provider had made checks on their Personal Identification Number to confirm their registration status. Nurses were required to update their registration annually.

Using medicines safely

- There were good medicines practices within the service, which meant people received the medicines their required in line with their prescription. One person said, "My medicines are as regular as clockwork, I don't have to worry." Relatives told us their family member's medicines were managed well. We heard, "What he is on is managed perfectly."
- Medicines were managed by staff who had received the relevant training and who underwent annual assessments of their competency.
- Medicines were kept securely in locked trolleys and people's medicines administration records contained sufficient information such as photographs and allergies to ensure safe administration.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The registered manager was following latest government guidance in relation to visiting in care homes. We saw several visitors on the day of our inspection either with people in their rooms, or in communal areas.

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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained 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

- People's needs were assessed prior to them moving into the service and the registered manager was involved in an initiative to assist with people's assessments. This helped ensure that Corrina Lodge was the most appropriate place for a person to live. One person told us, "What's been nice here is that I was welcomed and shown to my room and given time to acclimatise."
- The assessment formed the basis of the person's care plan and the care plan was built on as staff got to know people. People told us they had a care plan with one person saying, "Yes, and I contribute to it."
- Nationally recognised tools were used to measure a person's weight or their risk of their skin breaking down. Additional relevant further assessments were also used. For example, to assess a person's risk of developing depression due to living with dementia or their health condition.

Staff support: induction, training, skills and experience

- Staff were well trained for their role, with staff telling us, "The training here is very, very good" and, "We get face to face training here, the trainer is very good."
- The registered provider had an in-house trainer who could provide face to face training when required and this helped support staff with their confidence and development.
- Staff received induction and shadowed an experience staff member before providing care on their own. A staff member said, "On the first day I worked with a nurse and senior carer."
- We noticed that care staff had not received training in epilepsy, despite people living at the service with this condition. We spoke with the registered manager about this who provided us with evidence, following our inspection, that this had been arranged.
- Staff were given the opportunity to meet with their line manager on a regular basis to discuss their role, performance, concerns and any training requirements. A staff member said, "I feel I am well supported in my development. I can discuss this at my supervision."

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

- People were provided with adequate food and drink. Those people who were at risk of choking had their meals prepared to the correct consistency and they were supported by staff to eat. Other people had food in line with their specific dietary requirements. For example, a vegetarian diet.
- We received mixed reviews about the food. People told us, "The choice is fairly limited" and, "Could be better. It would be nice to have more choice." Other people said they were happy with the food and the choice provided. Relatives also gave differing views with one telling us, "Always looks quite nice (the food). They offer something different if he doesn't like it" and another saying, "Acceptable, adequate."

- Menus were displayed outside each dining area so people could see what choices were on offer. Support and choices in relation to people's food and drink were clearly recorded in their care plans and catering staff knew people's needs well.
- Based on some feedback we received, we spoke with the registered manager about people's involvement in the menu and they said they spoke with people to help develop menus in line with their likes and dislikes. This was also discussed at the residents meetings.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked as a team internally as well as with external healthcare professionals to help prevent people being admitted to hospital. A person told us, "I'm prone to sores, but they (staff) look after that and are getting rid of it."
- The service had weekly visits from the local pharmacist to review people's medicines and the registered provider's dietician visited the service monthly. A person told us, "When I came here I was on too many tablets, but they were able to cut it right down and I feel a lot better."
- There was evidence in people's care records of healthcare professional input which included the GP, speech and language therapy team and community mental health team. We also saw that people had received eye checks and dental checks. People told us, "I see the dentist and the eye specialist" and, "I've seen a dentist in here, a chiropodist in here. What more could you want."

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

- People lived in an environment that was suitable for their needs. Corridors were wide and clutter free and each room had its own en-suite. There was a lift between floors, and we saw several people using this throughout the day.
- People's rooms were personalised to their individual tastes and communal areas were well presented and homely. People said staff kept their rooms clean. We were told, "The little lady who cleans my room, cleans my table down" and, "Cleaners come in and empty the bins, Hoover, dust around and clean the bathroom."
- Where people required specialist equipment such as a wheelchair, hospital bed or mobility aid, we saw these had been provided for them.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. Capacity assessments had been carried out where it was determined that a person may not be able to understand the need for a particular intervention or restriction, for example, bed rails or a sensor mat. Best interests' decisions were made to include all those

involved in the person's care.

- When needed, appropriate legal authorisations were in place to deprive a person of their liberty. The manager had made DoLS applications and reviewed these regularly to check they were still relevant.
- Staff had a good knowledge of the MCA and its meaning. Staff told us, "We always assume capacity and we need to use the least restrictive intervention with people" and, "It is always a resident's choice and decision; being respectful and responsive. They are able to change their mind."

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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained 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

- People were happy living at Corrina Lodge. People told us, "I'm very well treated", "They are always very helpful" and, "They're wonderful."
- Staff looked for different ways to support people in their day to day life. One person said, "They told me they even do a Christmas wrapping service if you need it." A second told us, "They (staff) went out and got me a hamburger from McDonalds." Other people had been supported to attend a West End show and a family member's wedding.
- Relatives gave positive feedback on how caring and attentive staff were. They told us, "Staff do everything for him. He is checked every hour. Staff are very kind", "Anybody here is extremely friendly and pleasant and responds to any request" and, "As a family, we feel lucky that we found Corrina Lodge. She is well cared for, always clean and enjoys her food. More importantly, she is happy."
- Mealtimes were a social affair with general chatter between people and with staff members. The registered manager came into one dining room and asked everyone what music they would like put on and as the music played, people sang or hummed to it.
- All staff members were heard being respectful and polite to people whilst they were having their lunch. Staff told us, "We have some wonderful residents living here" and, "Corrina Lodge feels like a community and that is how we want it to be. It is a lovely home."

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

- People were supported to make their own decisions around their care. People said, "As you can see in my room. I have all sorts. That's one good thing that's really special here. I can make my own decisions" and, "I've asked for a shelf to be put in the bathroom which they're going to do."
- Staff said they encouraged people to take a lead on their care, with one staff member telling us, "People have a lot of control over what goes into their care plans, even when they deteriorate. We give them plenty of time to give their views and try and stick to what they would like."

Respecting and promoting people's privacy, dignity and independence

- Staff showed people respect and dignity. One person said, "They cover me with a towel for a wash." A relative told us, "If somebody needs attention, doors are shut and curtains." A staff member said, "I talk to residents. I cover them over when carrying out personal care."
- People were encouraged to remain independent with one person telling us, "I've definitely got that (independence)." A second person said, "For me, time to enjoy my art and to enjoy talking to my friends on zoom. That's really important to me." A relative told us, "My wife is treated with care, respect and dignity by

carers and by other members of staff."

- People said they could have privacy when they wished it, with one person saying, "I can have my door closed and it's nice they understand."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained 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

- People received care in line with their individual needs and care was tailored to make it person-centred. Care plans were personalised, detailed people's background, family history and listed things that were important to them.
- Staff said they got to know people's needs when they first moved in by receiving handover from the nurse. This helped them quickly know the basics. When providing care, they talked to people and gradually found out more about them. A person said, "I think so (they know me) because of some of the banter. If there's someone (staff) new, they say (my name) likes it done like this." Relative's told us, "They know his name, talk to him about different things; what biscuit he likes with his coffee or tea" and, "I can only say how impressed I have been by the personal interest taken in the residents by so many members of staff."
- People told us staff took an interest in them. One person said, "I find they'll come in and ask me if I'm okay and do I need some help with anything. The biggest thing is keeping me supplied with tea." A second person said, "They know what I like. I love my jewellery. My individual carers get my make-up ready and open my eyeshadow for me."
- People's care plans were reviewed regularly and staff told us, "I have plenty of time to update if a resident's care plan changes, because I know them so well."
- People had clear information in their care records around their end of life and whether they would like to remain at Corrina Lodge or be hospitalised. Families were involved in these decisions. A family member had written to the registered manager, 'On the day of her passing, I couldn't believe how much kindness and compassion all of your amazing staff provided, not only in preserving my mum's dignity but the support you provided me.'

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Needs in relation to the way people communicated or needed communicating with were recorded in their pre-assessment and a care plan developed. Staff felt confident with communicating in different ways. A staff member said, "We need to adapt how we communicate."
- We read where people had sensory issues, such as their hearing or eyesight, specific guidance was in place for staff. For example, in the case of one person where staff were reminded to speak in short sentences in a

slow, clear way.

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

- There was a range of activities taking part in the service, although one or two people did mention that the activities did not always suit them and provision of activities for younger people were a bit vague. We fed this back to the registered manager at the end of our inspection.
- People said, "They keep bringing round an (activity) sheet every week, but I just want to watch the telly", "I do participate. A lot of it isn't really of interest as such as it's not targeted at my age group. I keep myself occupied. They take us out in the minibus", "They've started taking people out, but they can only take two at a time" and, "I see some of them (activities) but I don't do them. I loved it when we had the Christmas Fayre, dog show and a farm. I just love shopping and love it when we go."
- Relatives felt the activity provision was good, although some family members chose not to take part. We were told, "Dad's not interested. He has his big telly and can see out of the window. He chooses that" and, 'Each day is filled with so many different activities. Only yesterday we joined in with bingo, after their yoga session. The activities team work tirelessly with new ideas. They have some great visiting entertainment too, including singers, ukulele band, speakers, even visiting farm animals.'
- Several people were cared for in their rooms and staff said, "It is so important to engage with people cared for in their room." There was a planner for people cared for in their room which highlighted the levels of engagement with them.
- There were weekly wellbeing walks around the area, which relatives were invited to join and different religious festivals were celebrated with a relative telling us, "The activities team facilitate a monthly 'Songs of Praise' service when people from a local church lead hymn singing and prayers. It is such a good thing to see that the spiritual needs of residents are also considered to be important."

Improving care quality in response to complaints or concerns

- The service had a clear complaints procedure which was displayed in a way that people could understand it. People said they would feel comfortable raising a concern and knew who to speak with. People told us, "I'd speak to the manager or the staff" and, "I would tell the carers. I'm never too frightened to tell anyone."
- Complaints received were logged and, through the registered provider's electronic system, tracked, responded to and closed when a resolution had been reached.
- Evidence we looked at in relation to complaints showed that the registered manager took these seriously and spent time resolving them. They told us, "A service without a complaint would be suspicious. We should use complaints to help us learn."
- Compliments had been received by the service. These included, 'Please pass on my thanks to all the staff that made me feel welcomed and encouraged [person's name] to join in the singing in the morning', 'I am sure her long life was in major part due to the very diligent care she received and this is a result of the management of the team and the individual examples of professional care shown to her' and, 'In the short time of [person's name] being at Corrina Lodge, I am delighted that everyone knows her so well'.

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 our last inspection we rated this key question Good. At this inspection the rating has remained 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

- People and relatives were impressed with the registered manager. People told us, "He comes each morning looking around to check things. He sees my door open and will come in and speak to me" and, "He comes to say hello to me most days. He's a lovely man, he really is. You'd never be frightened to voice your opinions." A relative said, "He's always out and about; he's very good."
- People were content living at Corrina Lodge and had formed friendships. We were told, "Marvellous. I've recommended it to others", "Some of the other residents are good to talk to, especially [friend] and [friend]", "Having constant care because I need it. Life in here is so happy and so contented and you always get your independence. I can't say anything bad about it, they (staff) think about you constantly" and, "This place is amazing. I am so happy here. It has changed my life being here. Everyone is so kind and good."
- The registered manager looked for ways to continually provide good outcomes for people. People benefitted from the registered provider's in-house dietician who visited once a month. Where staff were concerned about someone's intake, or their weight, the dietician reviewed the person and worked with staff to give guidance.

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong.
- The registered manager understood their responsibilities as we saw letters of apology when care had not gone as planned.

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

- The registered manager was competent and knowledgeable and had assumed their responsibility as the registered person with confidence and a wish to drive the service forward.
- The registered manager had achieved their Level 5 management diploma in health and social care which had given them the skills and insight into running a successful service.
- The registered manager carried out monthly unannounced night visits and popped in over the weekend to check on staff.
- Regular monitoring took place to review the quality of service people received. This included auditing

people's medicines, care plans, infection control practice, health and safety and the quality of the food.

- The registered provider's senior manager also carried out quality monitoring visits to the service.

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

- Regular resident and relative's meeting were held, and people said they could air their views. One person told us, "(Through residents' meetings). I'm not sure of the frequency."
- The registered provider practices a 'you said/we did' comment system. We read action had been taken in response to people's comments about the bedding and staffing levels.
- Relative's had the opportunity to give feedback through annual surveys and also by leaving comments electronically. We read the overall percentage of satisfaction score had risen to 9.5 out of a possible 10 since the registered manager had been in post.
- The registered manager had achieved excellent stability in the workforce. Since joining Corrina Lodge, they had recruited a solid staff team and did not use agency. Staff told us, "We get the support we need and there is good teamwork. We have had more training since [registered manager] has been here and he tries to understand people's needs", "[Registered manager] is good at making everything okay" and, "The registered manager is a very good communicator and is supportive. He encourages the residents to be part of everything and is passionate about Corrina Lodge."

Continuous learning and improving care

- The registered manager had worked in collaboration with their local pharmacy and GP practice and now used an electronic medicine ordering system. This had resulted in more oversight of medicines stocks, ease for correcting shortfalls and an on-going review of medicines for people with a view to reducing them.
- The service paid for a weekly in-house physiotherapist to work with people. The physiotherapist checked equipment, moving and handling practices and provided staff training. For example, falls prevention
- The registered manager had signed up to the national patient safety alerts in relation to medicines and medical devices. This ensured they received up to date information about any medicine, or equipment that they may use in the service.
- Through the local clinical commissioning group (CCG), the registered manager had been invited to take part in a project called Connective Care. This enabled the registered manager to access a person's medical records, both from the hospital and their GP (with their consent). This meant prior to carrying out a pre-assessment, the registered manager could review the person's medical history. This helped shorten the assessment process and helped ensure that the right mix of people were living at the service. The registered manager said, "If we take someone in who we can't manage, it has a knock-on effect on other people and the staff."
- The CCG had also invited Corrina Lodge to be a pilot home for a digital remote patient monitoring and case management system. This 24-hour service would enable staff to access GP advice when a person was unwell, but not ill enough to require an ambulance. The service would be provided with a direct link to the GP practice. This initiative was to commence in March 2023.

Working in partnership with others

- The registered manager had developed strong relationships with their primary care network (integration of primary care with secondary and community services) through their previous role. They had used that existing link to benefit the people of Corrina Lodge.
- Two different GP practices worked with the home and people. This had resulted in people being able to see their GP more quickly and for the practitioners to get to know people better, as they had a smaller number of patients to tend to. One GP had commented, "It has always been a great pleasure working with you."

- Links had recently been made with a local day centre and toddler group and the Mayor of Surrey was now a part-time receptionist at the service.
- The registered manager was part of the Surrey Care Association and Skills for Care network and had contract monitoring meetings with funding authorities. One had commented, 'residents seemed very happy and well looked after. It is clear that [registered manager] is continuously trying to improve the home'.