

Mr & Mrs J Boodia

# Gables Care Home

## 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

We last carried out a comprehensive inspection of Gables Care Home in September 2017 where we found the registered provider was in breach of four regulations. These related to the safe care of people; staffing levels; the requirements of the Mental Capacity Act (2005) not being met; and the effectiveness of the provider's quality assurance systems and records. Following that inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question(s) to at least a good.

This inspection took place on 17 April 2018 and was unannounced. During this inspection we found that the concerns identified at our previous inspection had been dealt with.

Gables Care Home 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.

Gables Care Home is a privately owned and managed establishment accommodating a maximum of 16 older people and adults with learning disabilities and/or mental health issues. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our visit ten people lived at the service.

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. The registered manager was at the home during the time of our inspection.

There was positive feedback about the home and caring nature of staff from people who live here.

People knew how to make a complaint. Where complaints and comments had been received the staff had responded to try to put things right. We made a recommendation that the registered manager should review how they record what action had been taken to address people's concerns.

People had access to a range of activities. These helped stimulate people's minds to prevent them from becoming bored or isolated. The provision of activities was under review by the registered manager to ensure people did things that were meaningful and of interest to them.

People were safe at Gables Care Home. Staff understood their duty should they suspect abuse was taking place. There was an ongoing safeguarding investigation at the time of our inspection and the provider was

working with the local authority safeguarding team.

Risks around people's health and safety had been identified and clear plans and guidelines were in place to minimise these risks. The home was clean and staff practiced good infection control measures, such as hand washing, hygienic cleaning of the environment and equipment and correct use of personal protective equipment.

There were sufficient staff deployed to meet the needs of the people who lived at the home. The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received an induction when they started at the home and ongoing training, tailored to the needs of the people they supported.

Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building. Accidents and incidents were reviewed to minimise the risk of them happening again.

Before people moved into the home, their needs were assessed to ensure staff could provide the care and support they needed. Adaptations had been made to the home to meet people's individual needs. These included the installation of ceiling hoists, large open communal areas and bathrooms to suit individual requirements.

People told us they enjoyed the food. They received a balanced diet and they were encouraged to keep hydrated. People had enough to eat and drink, and specialist diets either through medical requirements, or personal choices were provided.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. People's health was seen to improve because of the effective care and support given by staff.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. 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 received the care and support as detailed in their care plans. The staff knew the people they cared for as individuals, and were positive in their interactions with them. Staff treated people with kindness and respect. People were involved in their day to day care decisions. People would be supported at the end of their lives to have a dignified death.

The registered manager had a clear vision and set of values based on providing personalised care to people. Staff understood this and demonstrated these values during the inspection in their interactions with people. Quality assurance processes were used to make improvements to the home and the experience of people who live here.

People and staff were involved in improving the service. Feedback from meetings and annual surveys was reviewed and action taken to respond to ideas and suggestions. The management liaises with outside agencies to review and make improvements to the service.

## 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.

People felt safe living at the home. Staff understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety with them, and put guidelines in place for staff to minimise the risk.

There were enough staff to meet the needs of the people. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Infection control processes were robust.

### Is the service effective?

Good ●

The service was effective

People's needs had been assessed prior to coming to the home, to ensure those needs could be met.

Staff said they felt supported by the registered manager, and had access to training to enable them to support the people that lived there.

People had enough to eat and drink and had specialist diets where a need, or preference, had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Adaptations had been made around the home to meet people's needs.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important

decisions had been recorded in line with the Act. Where people's liberty may be being restricted, appropriate applications for DoLS authorisations had been completed.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals.

People could have visits from friends and family, or go out with them, whenever they wanted. People's right to practice their faith was respected and supported by staff.

### Is the service responsive?

Good ●

The service was responsive.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received. We recommend that the provider gives more detail in the actions taken to resolve complaints.

Staff offered activities that matched people's interests. The registered manager was keeping the activities provision under review to ensure people did not feel bored.

Care plans gave detail about the support needs of people. People were involved in their care plans, and their reviews.

People would be supported at the end of their lives.

### Is the service well-led?

Good ●

The service was well-led.

Quality assurance checks were effective at ensuring the home was following best practice. Records management had improved to ensure management oversight of the home was effective.

People and staff were involved in improving the service. Feedback was sought from people via meetings and annual surveys.

Staff felt supported and able to discuss any issues with the registered manager. The provider and registered manager

regularly spoke to people and staff to make sure they were happy.

The registered manager understood their responsibilities with regards to the regulations, such as when to notify CQC of events.

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# Gables Care Home

## Detailed findings

### Background to this inspection

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

Why we inspected - This was a routine comprehensive inspection, and we checked to see that the concerns found at the previous inspection had been addressed by the provider. This inspection took place on 17 April 2018 and was unannounced.

The inspection team consisted of two 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.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had 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. This information was reviewed to see if we would need to focus on any particular areas at the home.

We spoke with six people who lived at the home, and five staff which included the registered manager who was present on the day. We observed how staff cared for people, and worked together. We also reviewed care and other records within the home. These included four care plans and associated records, four medicine administration records, two staff recruitment files, and the records of quality assurance checks carried out by the staff.

We also contacted commissioners of the service to see if they had any information to share about the home.

# Is the service safe?

## Our findings

At our previous inspection in September 2017 we identified concerns with how the levels of staff were calculated to meet people's needs. We also found concerns with how risks to people's health and safety had been managed and how accidents and incidents were reviewed to prevent a reoccurrence. The provider sent us an action plan explaining how they would address the issues we raised. During this inspection we found that the concerns had been addressed.

People told us that they felt safe living at the Gables Care Home. The main reason they felt safe was due to the security of the home and the considerate staff. One person said, "I feel very safe here. The staff help me. Whatever goes wrong, they help me. My belongings are safe here." Another person said, "I feel safe, yes, because there's nice people, nice carers, and a nice manager."

People were protected from the risk of abuse. Staff had a clear understanding of their responsibilities in relation to safeguarding people. One staff member said, "If there were bruises I would report it because it may be that someone has hurt the person." Staff knew they could go directly to the social services safeguarding team if nothing was done to address their concerns. Posters with the details of the local authority safeguarding team and 'whistle-blowing' line were displayed around the home. These were a reminder to staff and people about who they could contact if they had concerns.

There was an ongoing safeguarding investigation at the time of our inspection and the provider was working with the local authority safeguarding team.

People did not feel restricted by staff trying to keep them safe. One person said, "I can choose more or less how I spend my time. I inform them (staff) and they accept."

People were kept safe because the risks of harm related to their health and support needs had been assessed. Hazards to people's health had been risk assessed for issues such as tissue viability (people prone to pressure wounds) falls and choking. When individual risks had been identified, the care plans contained clear guidance for staff on how to manage these. For example how to support someone with epilepsy, or to meet specific mental health needs, or to minimise the risk of harm when smoking. Staffs knowledge of how to support people to keep them safe matched the guidelines in the risk assessments, such as reminding people to use a safety apron when smoking. As people's needs changed the staff ensured that risk assessments were updated and appropriate equipment was used to support people.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, was clearly displayed around the home and people took part in fire drills. One person said, "'There's a fire alarm. We know what to do (pointing to which doors to use to exit from the lounge) Staff went through the route to follow if I'm in my bedroom.'" People also had personal evacuation plans, which were understood by staff, that detailed the support and equipment they would need if they had to be evacuated from the building.



Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. There was also a continuity plan in place to ensure people would be cared for if the home could not be used after an emergency.

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people living at the home. One person told us, "They treat me very well." Another person said, "I ring the [call] bell and they come quickly." People did not have to wait for staff support because staff were always available to help them if needed. We did not see many people sleeping during the morning or afternoon. This was due to people being stimulated by staff through conversations and their presence. People were served their lunch promptly and those requiring support received it so they were eating at the same time as others.

Staffing levels were based on the individual needs of people. The registered manager confirmed that since our last inspection they had reviewed how dependency needs were calculated. This was to ensure staffing numbers were adequate to be able to provide care without rushing people. Staffing rotas recorded that the number of staff on duty matched with the numbers specified by the registered manager. Staff said they felt there were enough of them to meet people's needs. One staff member said, "The residents don't need much support. They are quite independent." Our observations over the day of the inspection demonstrated a good level of staffing was in place to meet people's needs.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that potential staff were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed and given safely, and they were involved in the process as much as they were able to be. One person said, "Staff explain my medication to me, it's to keep me going and keep me well." When administering medicines care staff were calm and unrushed and ensured people received the support they required. For 'as required' medicine, such as pain killers, there were guidelines in place which told staff when and how to administer the pain relief in a safe way. One person said, "They give you a painkiller if you're bad. When you feel bad, they get a doctor in." Where people had allergies this was recorded on the medicine administration record (MAR), and staff who gave medicines knew about them. The registered manager was in the process of ensuring all the MARs had a picture of the person on them. This was not a major issue as all the medicine boxes had the photograph of the person on the label, so the risk of a mix up was minimal. Staff who administered medicines to people received appropriate training, which was regularly updated, including having their competency checked.

The ordering, storage, and disposal of medicines were safe. Medicines were stored safely and securely in a locked cabinet. The temperature that the medicines were stored at was monitored to check they were kept within the manufacturers recommended temperatures. There were no medicines that required storage in the refrigerator at the time of the inspection. There was guidance for staff on what to do if the temperature went out of the medicine manufacturers range. Used medicine was collected by a specialist contractor for safe disposal and a receipt given for records.

People were cared for in a clean and safe environment. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control. Staff understood their responsibilities around maintaining a safe environment for people. They ensured the floors and doors were kept clean. Equipment such as walking frames were regularly serviced and cleaned to make sure they were safe to use. Staff wore appropriate personal protective equipment when giving personal care,

or when serving food to minimise the risk of spreading infection. There was a deep cleaning schedule which covered all areas of the service to ensure cleanliness was maintained.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed. Appropriate action following incidents had been taken. For example as a result of a person rolling out of bed, changes had been made and no further incidents had taken place.

# Is the service effective?

## Our findings

At our previous inspection in September 2017 we identified concerns with people's rights under the Mental Capacity Act 2005 (MCA) not being met. The provider sent us an action plan explaining how they would address the issues we raised. During this inspection we found that the concerns had been addressed.

People's needs had been assessed before they moved into the service to ensure that their needs could be met. People were involved in this process. This involved meeting with people and those important to them. One person said, "We had several meetings and with my family." Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility, as well as personal preferences and histories. The assessments also reviewed people's psychiatric requirements or use of specialist medicines that may be required to see if there were any specific legislation or standards that needed to be met.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. One person, when asked about the skill level of staff said, "They always know what to do." Another person said, "Yes, they're skilled to a certain extent. They're supposed to be." The induction process for new staff was robust to ensure they would have the skills to support people effectively. One staff member said, "I have had moving and handling training which is important as [person's name] needs hoisting, and first aid in case someone falls down or is choking." Ongoing training and refresher training was well managed, and the registered manager ensured staff kept up to date with current best practice. Training was also provided so staff were able to understand people's specific support needs. One staff member said, "I am doing a mental health course at the moment so I can understand more about people's behaviours. It's very interesting to understand how their illness can affect them."

Staff were effectively supported. Staff told us that they felt supported in their work. Staff had regular one to one meetings which took place with their line manager. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. Staff told us they could approach management anytime with concerns, and that they would be listened to and the management would take action.

People had enough to eat and drink to keep them healthy. One person said, "The food is delicious. It's cooked from scratch." Another person said, "The food is excellent and plenty of it. I make a pig of myself. We have a choice every day." People were involved in the menu and selection of meals. One person said, "Every day the manager asks us what we prefer and what I like." People's food choices and preferences were respected by staff. One person who had a soft diet had chosen a particular meal for their lunch. When this was presented to them they said they had changed their mind. Staff immediately prepared them another meal of their choice. Some people had decided (with health care professional guidance) to lose weight to help with their mobility. Health options such as salads were available to help support them with this. One person had lost a stone in weight due to the care and support given by staff.

People were protected from malnutrition and dehydration. Drinks were offered to people throughout the

day and people were able to get drinks for themselves using a water dispenser. Care plans contained nutritional assessments and people's weight was recorded each month. When people had been assessed as being at risk of malnutrition or dehydration, care plans provided clear guidance for staff.

People's special dietary needs were met, such as soft diets for people who had difficulty swallowing. Food and supplements stored in the kitchen matched with people's preferences and dietary needs. These reflected what people had told us and the staff had a good knowledge of people's individual requirements. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy.

People received support to keep them healthy because staff worked effectively with other healthcare services. One person said, "Yes, I see the optician. I have my feet and fingernails done at the chiropodist. If I'm not well I tell the manager, then she organises a doctor for me." To ensure a good standard of care, staff sought support from health professionals including the GP, community psychiatric nurse, district nurse and occupational therapist. People's health was seen to improve due to the care and support of staff. A health care professional had commented in a 2017 survey response that, '[The person's] life has been transformed. Mobility improved tremendously, so impressed with staff.'

People lived in a home that had adaptations made to meet their individual needs. There was a lift available for people to reach the upper floor, ceiling hoists, specialised chairs and a pressure mattress for one person. The home was open and spacious with plenty of different communal areas which people could access. Clutter was kept to a minimum to reduce the risk of trips and falls.

The 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.

Where people lacked capacity to make certain decisions, appropriate assessments had been completed to ensure the requirements of the Act were met. Staff had an understanding of the Mental Capacity Act 2005 including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One staff member said, "People need to choose; make their own decisions. If they lack capacity we can choose for them in their best interests." Staff asked for people's consent before giving care and support throughout the inspection.

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). Where people's liberty was restricted to keep them safe, appropriate applications had been made to the DoLS Board. People were supported in accordance with these DoLS authorisations. Examples such as people not having the capacity to make a decision to live at the home had been addressed under the DoLS.

# Is the service caring?

## Our findings

At our previous inspection in September 2017 we identified concerns with how staff interacted with people, showing a lack of dignity and respect. The provider sent us an action plan explaining how they would address the issues we raised. During this inspection we found that the concerns had been addressed.

We had positive feedback about the caring nature of the staff. One person said, "I like them all. The way they talk to us is done in a caring way. Staff always listen to me. I just feel staff are doing a good job." Another person said, "Staff are very nice indeed. I love them very much."

Staff were caring and attentive with people. One person said, "They are excellent staff. Kind hearted people. All of them. They do a good job because they care." All the staff were seen to talk to people whilst carrying out their duties, or taking time away from their duties to talk with them. This caring attitude was seen from all the staff at the home on the day of the inspection, including the registered manager.

Staff were knowledgeable about people and their past histories. One person said, "Most of the staff know me now." Throughout the inspection it was evident the staff knew the people they supported. Staff were able to tell us a lot about the people they supported without access to the care notes, including their hobbies and interests, as well as medical support needs. Care records recorded personal histories, likes and dislikes, and matched with what staff had told us.

Staff communication with people was warm and friendly, showing caring attitudes during their conversations. A staff member came into the lounge and crouched down beside one person. They talked about the lunch the person would like. The whole time the staff member was patting the person's hand as they spoke to keep their attention. One person became upset regularly throughout the morning. Each time staff took time to show them attention and speak to them and reassure them. When providing support staff checked with the person to see what they wanted. One person said, "We always tell them what we prefer to do." Staff spoke to people in a manner and pace which was appropriate to their levels of understanding and communication needs.

People were given information about their care and support in a manner they could understand. Information was available to people around the home, such as the correct time and date to help people orientate themselves. Other information on notice boards covered topics such as upcoming events that people may be interested in, as well as photographs of past events that people had enjoyed.

People, where ever possible were involved in decision making about their care. One person said, "They ask us what we want to do." Another person said, "Staff always ask how we are when we get up in the morning. They talk to us about our care every now and then." Observations of people being involved in their care were seen when staff asked people if they needed help to get ready to go out, or checking if people were comfortable or needed any assistance. Staff respected people's decisions and choices. One person's care plan stated that they had, 'no set time for morning routine'. This was clearly respected by staff as the person was in bed/their room until mid-morning.

Staff treated people with dignity and respect. One person said, "Staff are very nice and treat me with respect." Another person said, "I have no complaints about respect [from staff]." Staff demonstrated respect for people's privacy and dignity during the inspection. One person had been accompanied to the toilet by staff and the staff member stood some distance from the toilet waiting for the person to finish. This gave them privacy and respected their independence while still being available to accompany them back to the lounge to reduce the risk of a fall.

People were supported to maintain their independence. We observed people coming and going into and out of the home throughout the day. Others moved around the home unaccompanied, returning to their rooms when they wished. One person was unable to sign their name due to a physical support need. To help them be involved in their care staff had arranged for the person to have a signature stamp so they could independently sign documents without staff help.

People's rooms were personalised which made it individual to the person that lived there. People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs, and how the person's care may be affected due to those beliefs. People had access to services inside and outside the home so they could practice their faith. Staff understood how important people's right to practice their faith was. People told us they could have relatives visit when they wanted, or go out on their own or with their relatives or friends when they wished.

# Is the service responsive?

## Our findings

At our previous inspection in September 2017 we identified concerns with the activities available to people. The provider sent us an action plan explaining how they would address the issues we raised. During this inspection we found that the concerns had been addressed.

People were supported by staff that listened to and would respond to complaints or comments. One person said, "I complained to the manager saying a patient just walked into my room. It got sorted." There was a complaints policy in place that was clearly displayed around the home. The policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Local Government Ombudsman.

Staff understood their responsibilities should they receive a complaint. One staff member said, "If someone wanted to complain I would listen to them or suggest they write it down. I could get the manager for them or I would support them to write to the manager. It is up to us to try and meet a person's requirements if they think we have failed them."

There had been four complaints since the last inspection. These related to financial concerns for one person, lack of appropriate care for another and one person not liking staff cleaning their room. Although we could see the majority had been resolved (there was one safeguarding issue ongoing at the time of the inspection) it was not always clear to see exactly what action had been taken and how the complaint had been resolved. For example, there was a note, 'passed to safeguarding' or, 'carrying out an investigation' but nothing else. The provider sent us an update after the inspection to confirm the complaints had been addressed.

It is recommended that the provider review recording of complaints so it is clear what action has been taken to address the issues raised.

People received care and support that was responsive to their needs. When asked if they received the right care and support at the time they needed it everyone told us, "Yes." People were involved in their care and support planning. When asked if they were involved in ongoing reviews of their care one person said, "I had to sign it and I'm happy with my care plan; it's just right." Another person said, "I've seen my care plan and I am happy with it. My family were there [when we did it]."

Care plans were based on what people wanted from their care and support. Reviews of the care plans were completed regularly by care staff so they reflected the person's current support needs.

People's choices and preferences were documented and were seen to be met. The files gave an overview of the person, their life, and support needs such as, health and physical well-being, personal care, spiritual and religious belief.

Care plans addressed areas such as how people communicated and how their conditions may appear and affect their behaviour. There were clear guidelines for staff that explained how particular mental health

conditions may manifest in a person, for example hallucinations, delusions and changes in behaviour (with details of what the individuals may be seeing or experiencing). They went into detail on how staff should respond, such as reassuring and talking to the person. Care given to people on the day of the inspection match with the guidance in the care plans.

People had access to some activities to keep them entertained and stimulate their minds. One person said, "I go to church every morning to pray. There are also trips organised." Many people were able to go out independently into the local community, with some people held part time jobs. Overall people told us they felt satisfied with the activities, but some would like to see more options for organised trips out. Activities were an area the registered manager was keeping under review to ensure people did not get bored. Due to the independent nature of many of the people who lived here, organised day to day activities were based around playing games, or watching the television. One person said, "We can play board games, chess, colouring, jigsaw puzzles. We go to a well-being centre, every Friday by bus. Staff come with us all the time. We go to play games there, do colouring. There's also a raffle." During our inspection people were active and entertained throughout the day. No one was seen to be dozing due to boredom.

The deputy manager was undergoing training in end of life care. This would enable them to improve the service with regards to supporting people at the end of their lives. At the time of our inspection no one was being supported at the end of their life. The registered manager said people's families would be involved and consulted and they planned to develop detailed plans for people as the need arose. There was hospice information available should it be required to ensure people received appropriate professional support.



# Is the service well-led?

## Our findings

At our previous inspection in September 2017 we identified concerns with quality assurance processes, and how records were managed and maintained. The provider sent us an action plan explaining how they would address the issues we raised. During this inspection we found that the concerns had been addressed.

There was a positive, person focussed culture within the home, which was reflected in our findings across all the five key questions that we asked. People stated that the service was well-led, and they were happy with the management. One person said, "It's good, we all have a laugh and a joke. I like the company. There's nothing to complain about. I don't want anything changed. It's nice as it is." Another person said, "I know the manager. I get a chance to talk to her." The registered manager and deputy were visible and polite throughout the inspection and were also approachable to clarify any issues we raised.

Regular weekly and monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. All of these audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion. For example a fire safety audit had identified that peoples personal emergency evacuation plans needed to be reviewed. This had been completed within the timescale set in the provider's action plan.

Staff were confident in their roles and had a clear understanding of the values and visions of the service. One staff member said, "The people are like a big family. I'd like to give them a good life, giving them a little joy, and a little happiness." Another member of staff said, "I can make a difference [in people's lives] in the way I provide care. I do it with my heart. I am here to try and understand everyone; their wishes and their dreams." Staffs kindness and compassion demonstrated over the course of the inspection matched with these values.

People experienced a level of care and support that promoted their wellbeing because staff understood their roles and were confident about their skills and the management. Staff told us the registered manager had an open door policy and they could approach the manager at any time. One staff member said, "We [staff] work together and everyone is supported and valued by the manager. The manager appreciates me for the time I've been here and helps me work around my home life." Staff felt supported and able to raise any concerns with the registered manager.

People, their relatives and health care professionals were asked for feedback about how the service was managed and if any improvements were needed. The survey carried out in 2017 had 15 responses. People were happy with the care they received. Some comments included, 'I feel loved and wanted. The staff are kind to me' and, 'I get plenty to eat'. Professional feedback included, '[person's name] has settled in very well and is happy here. She is provided with personalised care and support. Huge improvement in [person's name] life' and, 'staff are welcoming and supportive'. A relative had commented, 'Excellent care of [name]'.

Regular resident meetings took place to ensure people had a say in what was done at the home. These were used to share information, as well as seek feedback and ideas from people. Meetings were held monthly. People discussed how much they enjoyed attending the day centre on a Friday. They talked about activities and food choices and their suggestions were actioned by the registered manager. One person had mentioned growing cress at the most recent meeting and the staff had brought pots with cress seeds and people had grown their own cress and used it in their sandwiches and salads. People had also mentioned they liked a mixed grill, fish and chips and salads. All of these were on the menu at the time of the inspection.

One to one meetings were also held to ensure individuals had an opportunity to be involved in the home and how staff could support them. These discussions were recorded in the care files. They recorded how happy people were; was there anything they wanted to do; and what they had particularly enjoyed. Actions from these meetings had been completed to improve the person's life. For example at one meeting a person said they had wanted to lose weight. It was agreed they would have salads and there would be fruit for desert. We saw this offered to them on the day of the inspection. Another person was in the process of planning a trip to an overseas religious centre that was very important to their faith. Staff had supported the person to do this trip each year which meant a great deal to the person.

Staff were involved in how the service was run and improving it. The registered manager had regular meetings in addition to handover meetings. The last staff meeting had covered an update on people staff supported, and was used as a skills refresher around infection control, housekeeping, and the MCA/DoLS. Additional training that was available was also discussed such as Qualifications and Credit Framework (QCF) Level 2 qualifications and the Care Certificate. Staff well-being was also discussed to ensure staff were happy in their roles.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection. The management of records had improved since our last inspection. Completion of records was an ongoing improvement activity that the registered manager was monitoring at the time of our inspection.

Partnership working with other agencies was key for the registered manager and deputy. They used these partnerships to evolve and improve the home for people. At the time of the inspection the staff were working with the social services teams and the Surrey Skills Academy on a number of initiatives around the home.

The management were also keen to learn from past errors to improve and ensure the home was sustainable and met people needs. For example at the time of the last inspection the registered manager had recently accepted five people into the home all at once. They told us they had learnt a lesson from this as it had been difficult to get to know everyone and help settle them in all at the same time. This had resulted in staff being overstretched and people not getting the care and support to the level they should have.