Care Quality Commission

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Surrey Hills

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This was an unannounced inspection that took place on 12 November 2015.

Surrey Hills is registered to provide accommodation with nursing care for up to 45 people. At the time of our visit, there were 31 older people living at the home. The majority of the people who live at the home are living with dementia, some have complex needs. The home also provides end of life care. The accommodation is provided over two floors that were accessible by stairs and a lift.

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.

People were at risk because there were not effective systems and arrangements to protect people from the spread of infection. Appropriate standards of cleanliness were not being maintained and staff were not following the provider's Infection control policies and procedures.

Summary of findings

People were safe at Surrey Hills. Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from harm.

There was sufficient numbers of staff deployed who had the necessary skills and knowledge to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff started work. Staff worked within best practice guidelines to ensure people's care and support promoted well-being and independence.

Medicines were managed safely. Any changes to people's medicines were prescribed by the person's GP and administered appropriately.

Fire safety arrangements and risk assessments for the environment were in place to help keep people safe. The home had a business contingency plan that identified how the home would function in the event of an emergency such as fire, adverse weather conditions, flooding and power cuts.

Staff were up to date with current guidance to support people to make decisions. Where people had restrictions placed on them these were done in their best interests using appropriate safeguards. Staff had a clear understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) as well as their responsibilities in respect of this.

The registered manager ensured staff had the skills and experience which were necessary to carry out their role. Staff had received appropriate support that promoted their development. We found the staff team were knowledgeable about people's care needs. People told us they felt supported and staff knew what they were doing.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk. People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The provider worked effectively with healthcare professionals and was pro-active in referring people for assessment or treatment.

Staff involved and treated people with compassion, kindness, dignity and respect. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's privacy and dignity were respected and promoted when personal care was undertaken.

People's needs were assessed when they entered the home and on a continuous basis to reflect changings in their needs.

People were encouraged to voice their concerns or complaints about the home and there were different ways for their voice to be heard. Suggestions, concerns and complaints were used as an opportunity to learn and improve the home.

People had access to activities that were important and relevant to them. People were protected from social isolation through systems the home had in place. There were a range of activities available within the home and community.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

People's care and welfare was monitored regularly to ensure their needs were met within a safe environment. The provider had systems in place to regularly assess and monitor the quality of the care provided.

People told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the home. Staff told us they would report any concerns to their manager. Staff felt that management were very supportive.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

People were at risk because procedures to prevent and control the spread of infection were not being followed correctly.

Medicines were managed and stored in a safe way.

People had risk assessments based on their individual care and support needs.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Is the service effective?

Good

The service was effective.

People's care and support promoted a good quality of life based on good practice guidance. People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and respect. People's privacy were respected and promoted.

Staff were happy, cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's relatives and friends were able to visit when they wished.

Is the service responsive?

Good

The service was responsive.

Summary of findings

The home was organised to meet people's changingneeds.

People's needs were assessed when they entered the home and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly.

People had access to activities that were important and relevant to them. People were protected from social isolation and there were a range of activities available within the home and community.

People were encouraged to voice their concerns or complaints about the home and there were different ways for their voices to be heard.

Is the service well-led?

The service was not consistently well- led.

The provider had systems in place to regularly assess and monitor the quality of the home provided. However the systems in place to monitor cleaning standards were not effective.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

People told us the staff were friendly, supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the home and staff would report any concerns to their manager. The management and leadership of the home were described as good and very supportive.

Requires improvement

Surrey Hills

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.

We visited the home on 12 November 2015 and it was an unannounced inspection.

The inspection was conducted by three inspectors, a special advisor 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 service.

We spoke to 13 people living at the home, eight relatives, 10 staff including nurses, care workers, housekeeping staff, registered manager and operations director. We also spoke to two healthcare professionals visiting the home. We observed care and support in communal areas; looked at 10 bedrooms with the agreement of the relevant person.

We looked at 12 care records, risk assessments, medicines administration records, accident and incident records, minutes of meetings, complaints records, policies and procedures and external and internal audits.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern.

Before the inspection we gathered information about the home by contacting the local authority safeguarding and quality assurance team. We also reviewed records we held which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law.

At the last full inspection on 25 November 2013, we found concerns regarding supporting workers. However, this was rectified by the provider after a follow up by the commission.

Requires improvement

Is the service safe?

Our findings

People were safe and were provided with guidance about what to do if they suspected abuse was taking place. Relatives told us they felt their family members were very safe at the home and with the staff who provided care and support. People told us, "Lovely here, couldn't feel safer anywhere." Another person told us, "It is very safe here, no complaints at all." A relative told us, "The staff take good care of my relative and I am reassured because she is safe." Another relative told us, "This is a safe place to be."

Concerns were found about the systems in place to prevent and control infection. Although the provider had systems to ensure appropriate standards of cleanliness were maintained, not all of these were being followed. This had an effect on the standard of cleanliness in some areas of the home. For example, where there was urine soaked flooring, mattress and bed linen. Adequate cleaning practices including using appropriate cleaning products for the use of cleaning bodily fluids had not been followed.

People were at risk of harm from infection. Two shower rooms had an unpleasant smell emitting from the drains in the shower rooms. Limescale was found under the sinks, sealants were coming away from the flooring and black mould had started to form. This made it difficult to clean effectively to help reduce the risk of infection. People had access to continence pads which were stored in all of the communal toilet and shower rooms.

Infection control policies and procedures were in place which provided guidance to staff; however theses were not always followed. Where instructions about the use of colour coded equipment was provided these were not always used. During the inspection we observed mops stored were left wet in the buckets. There was a cleaning schedule for the home. These detailed the different activities that needed to be carried out and checked. Staff had signed when tasks had been completed. However there were gaps in the daily schedule where toilets had not been cleaned. There was also a smell of urine emitted from a storage cupboard which stored wheelchairs and slings, this demonstrated that equipment provided for people were not being effectively cleaned which could pose a risk to people.

Failure to have effective systems in place to prevent and control infection safely was a breach of Regulation 12 (1) (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were seen to be adhering to effective hand washing procedures. They were 'bare below the elbows', which ensured that staff providing care and support were not wearing anything to hinder washing their hands effectively. Antibacterial gel, hand washes and paper towels were available throughout the home for people and staff to use to help reduce the spread of infection.

The home had a copy of the most recent local authority safeguarding policy and company policy on safeguarding adults at risk. This provided staff with up to date guidance about what to do in the event of suspected or actual abuse. The provider had also obtained and followed external guidance from the Department of Health. Staff told us that they had received safeguarding adults training within the last year. We confirmed this when we looked at the staff training programme. A member of staff told us, "I would not hesitate to report anything I felt unhappy about to my manager". Staff knew what to look for and what to do if they suspected any abuse.

Staff had information on how to support people in the event of an evacuation. We observed information displayed regarding the Fire Evacuation plan. We saw in people's care plan a 'Personal Emergency Evacuation Plan' had been completed.

Fire safety arrangements and risk assessments for the environment were in place to keep people safe. There was a business contingency plan in place where staff had a clear understanding of what to do in the event of an emergency such as fire, adverse weather conditions, power cuts and flooding. The provider had identified alternative locations which would be used if the home was unable to be used and would help minimise the impact to people if emergencies took place.

Risk assessments and any healthcare issues that arose were discussed with the involvement of a relative, social or health care professionals such as psychiatrist, community psychiatric nurse, GP or speech and language therapist. Staff were knowledgeable about people's needs, and what techniques to use to when people were distressed or at risk of harm. Risk assessments clearly detailed the support needs, views, wishes, likes, dislikes and routines of people.

Requires improvement

Is the service safe?

Risk assessments and protocols identified the level of concern, risks and how to manage the risks. For example information was recorded where people required very low beds and crash mats to minimise falls or injuries.

Arrangements were in place to monitor and review people who had pressure ulcers. Information was recorded both in the care plan and on the computer, however there was inconsistencies in the way the information was recorded on paper records did not reflect what was recorded on the computer system or vice a versa. This demonstrated that new or agency staff might not be working to the most up to date information.

There was a staff recruitment and selection policy in place and was being followed. All applicants completed an application form which recorded their employment and training history. The provider ensured that the relevant checks were carried out as stated in the regulations to ensure staff were suitable to work with adults at risk. Staff were not allowed to commence employment until satisfactory criminal records checks and references had been obtained. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or are barred from working with vulnerable people.

There were sufficient numbers of staff deployed to keep people safe. One person told us, “No worries when I need someone there is always someone about. Never seem to have to wait long.” Another person told us, “Staff about at night to look in in you.” The consistent staff team were able to build up a rapport with people who lived at the home. This enabled staff to acquire an understanding of people’s care and support needs. The staffing rotas were based on the individual needs of people. We saw that additional staff has been recruited. We reviewed the staffing rota and saw that additional duties had been added. This included, supporting people to attend appointments and activities in the local community. We noted on the day of our visit, that people’s needs were met promptly and they were given one to one support when required.

Only staff who had attended training in the safe management of medicines were authorised to administer medicines to people. Staff attended regular refresher training in this area and after completing this training, the registered manager observed staff administering medicines to assess their competency before they were authorised to do this without supervision. When staff administered medicines to people, they explained the medicine to them and why they needed to take it. Staff waited patiently until the person had taken their medicines. We looked at the MAR sheets to see if they were used appropriately, there were no omissions and gaps on the MAR sheets.

A medicines profile had been completed for each person, and any allergies to medicines recorded so that staff knew which medicines people received. The medicines administration records (MAR) were accurate and contained no gaps or errors. A photograph of each person was on their MAR to ensure that staff were giving the medicine to the correct person. There was guidance for staff about the recording of medicines if a person was away from the home or if they refused to take their medicine. All medicines coming into the home were recorded and medicines returned for disposal were recorded in a register. Medicines were checked at each handover and these checks were recorded. Any changes to people’s medicines were verified and prescribed by the person’s GP.

The storage and administration of all drugs were in accordance with National Institute for Health and Care Excellence (NICE) guidelines and the requirements of the Misuse of drugs (Safe Custody) Regulations 1973. There were written individual PRN [medicines to be taken as required] protocols for each medicine that people took. These provided information to staff about the person taking the medicine, the type of medicine, maximum dose, the reason for taking the medicine and any possible side effects to be aware of. The procedures in place meant people should receive their medicines in a consistent way.

Good

Is the service effective?

Our findings

Relatives and residents spoke highly of the staff working at the home. They felt that they were well trained and had sufficient knowledge to keep people safe. A relative told us, "The nursing staff supported by the Doctor ensures that [person] is not in pain. All the staff have been good but one carer in particular has been so kind to us all. She gives that little bit extra. I can't tell you what that means to us."

There was sufficient qualified, skilled and experienced staff to meet people's needs. The registered manager ensured staff had the skills and experience which were necessary to carry out their responsibilities through regular training and supervision. All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role .The registered manager confirmed that they would use agency staff and would require the same agency staff to attend to ensure consistency and reduce the disruption to the home.

Conversations with staff confirmed that staff had received training and that they had sufficient knowledge to enable them to carry out their role safely and effectively. Staff provided us with information about people's care and support needs. We saw information recorded in people's care plans that corroborated what staff had told us.

The provider promoted good practice by developing the knowledge and skills staff required by the Care Certificate to meet people's needs. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All staff received mandatory training such as safeguarding adults; dementia awareness; health and safety and infection prevention and control and Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had received appropriate support that promoted their professional development. Staff told us they had regular meetings with their line manager to discuss their work and performance. A member of staff said, "I have regular supervision. I feel so supported in my role. If I needed any further training I would ask for it." The registered manager confirmed that monthly supervision and annual appraisals took place with staff to discuss issues and development needs. We reviewed the provider's records which reflected what staff had told us. Management observed staff in practice and any observations were discussed with staff, this was to review the quality of care delivered.

Staff obtained consent before carrying out any tasks for people. We heard staff ask people if they would like to come with them so they could help them. Staff had received training in what the MCA was about, and how they needed to put it into practice. The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. We saw assessments had been completed where people were unable to make decisions for themselves and who was able to make decisions on their behalf, made in their best interests.

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We noted that the registered manager had completed and submitted DoLS applications in line with the latest Supreme Court judgement to the local authority for people living at the home.

People had their needs assessed and care plans had been developed in relation to their individual needs. For example, where people had specific dietary needs relating to their condition, guidelines were in place to monitor and review their needs. Staff monitored people throughout the day to ensure that people's physical and mental health needs were supported.

People told us about the food at the home. One person told us, "I enjoy the food here. Very good and tasty. Plenty to eat." Another person told us, "I enjoy the food – all homemade. You can have more if you wanted but there is usually plenty to eat." A third person told us, "Everything here is fresh and homemade, ice-cream, bread, they even make their own spaghetti." The chef prepared and cooked all of the meals in the home. People were involved in the consultation about the choice of menu for breakfast, lunch and tea. There was a choice of nutritious food and drink available throughout the day; an alternative option was available if people did not like what was on offer. Staff confirmed that a dietician was involved with people who had special dietary requirements.

Good

Is the service effective?

Lunchtime was observed as a social occasion. People were able to choose who they sat with and some people enjoyed their lunch together in the dining room, communal lounges or in their room. People were supported to have their nutrition and hydration needs met. Detailed information about people's food likes and dislikes and preferences such as religious or cultural needs was available.

People had access to healthcare professionals such as GP, district nurse, occupational therapist, dietician, physiotherapist, speech and language therapist and social care professionals. Healthcare professionals visiting the home told us, "Staff call us if a resident requires it and they have not had any problems." They went onto say that they had no other issues with the home and that they thought the new manager and the staff were delivering good care. Another healthcare professional told us, "Staff ask them if they want residents reassessed for hoist use or other mobility aids." We saw from care records that if people's needs had changed, staff had obtained guidance or advice from the person's doctor or other healthcare professionals. People were supported by staff or relatives to attend their health appointments. Outcomes of people's visits to healthcare professionals were recorded in their care records. Staff were given clear guidance from healthcare professionals about people's care needs and what they needed to do to support them.

It was easy for people living with dementia to find their rooms or their way around the home. Staff used different visual aids to help people orientate around the home. Bedroom doors were painted different to other communal doors such as toilet, shower or the dining room. Some people had photographs of themselves when they were younger and older and personal memorabilia so they could recognise their room. Although the toilets walls were painted in white, the wall behind the toilet and sink was painted in a different colour so people could see them. One person had a statue of a dog outside their room so they were able to identify it. The registered manager told us, "[Person] loves that statue, I have lost count of the times we have had to repair it but it works wonders, as long as [person] sees the dog, he is home."

People's bedrooms were personalised with pictures, photographs and items of religious sentiment and personal interest. Communal areas of the home were painted in the same colour scheme, however people's rooms were painted in different pastel colours. The floorings throughout the communal areas enabled easy manoeuvrability for staff with people's wheelchairs. Large windows provided natural daylight and provided people living at the home with natural views across to the Surrey Hills.

Good

Is the service caring?

Our findings

Staff were kind and caring. The atmosphere in the home was calm and relaxed during our inspection. Staff showed kindness to people and interacted with them in a positive and proactive way. People were happy and laughing whilst enjoying being in the company of staff. A person told us, "The girls are very kind and I am so pleased that they look after me well." Another person told us, "They are all marvellous. People look after me very well here. A relative told us, "The human face of care."

A person told us, "I can get up early or late – when you want to. I like to get up early to get breakfast." People are able to make choices about when to get up in the morning, what to eat, what to wear and activities they would like to participate in, so they could maintain their independence. People were able to personalise their room with their own furniture and personal items so that they were surrounded by things that were familiar to them. People had the right to refuse treatment or care and this information was recorded in their care plans. Guidance was also given to staff about what to do in these situations.

Staff knew about the people they supported. A relative told us "Before [person] came in here they could not walk they had muscle loss. The staff spent time getting them mobile now they can walk short distances." They were able to talk about people, their likes, dislikes and interests and the care and support they needed. There was detailed information in care records that highlighted people's personal preferences, and also what constituted as a good or bad day for people, so that staff would know what people needed from them. Information was recorded in people's plans about the way they would like to be spoken to and how they would react to questions or situations. We saw good examples of person centred care. During the inspection we observed people's behaviour and how staff responded to help them calm down. Staff knew people's personal and social needs and preferences from reading their care records and getting to know them. Care records were reviewed on a regular basis or when care needs changed.

Information about people's care and support was also provided if a person require hospitalisation. This enabled hospital staff to know important things about people's medicines, allergies, medical history, mental and physical needs and how to keep them safe.

Staff approached people with kindness and compassion. A relative told us, "Excellent care here. Carers sit and talk to [person]. She is very musical and they talk to her about music. We have a keyboard and the carers will take her to play on it," Another relative told us, "I am glad with the level of care here and my relative is always well cared for," We saw that staff treated people with dignity and respect. Personal care was provided in private and staff place a sign on people's doors stating 'not to be disturbed as personal care being given.' Staff called people by their preferred names. Staff interacted with people throughout the day. For example when attending activities in the home, helping them eat and drink, listening to music and watching television, at each stage they checked that the person was happy with what was being done. Staff spoke to people in a respectful and friendly manner.

People were involved in making decisions about their care. A person told us, I've been to a meeting about my care. I am quite happy and it's what I like." A relative told us, "They ask me about [person] care. I know what [person] wants and what [person] likes." We observed that when staff asked people questions, they were given time to respond. For example, when being offered drinks. Staff did not rush people for a response, nor did they make the choice for the person. Relatives, health and social care professionals were involved in individual's care planning. Staff were knowledgeable about how to support each person in ways that were right for them and how they were involved in their care.

People were protected from social isolation with the activities, interests and hobbies they were involved with. Relatives and friends were encouraged to visit and maintain relationships with people. People confirmed that they were able to practice their religious beliefs, because the provider offered support to attend the local religious centres. We also saw that religious services were held in the home and these were open to those who wished to attend. This demonstrated that care and support was provided with due regard for people's religious persuasion.

People could be confident that their personal details were protected by staff. There was a confidentiality policy in place. Care records and other confidential information about people were kept in a secure office. This ensured that visitors and other people who were involved in people's care could not gain access to their private information without staff being present.

Good

Is the service responsive?

Our findings

There were positive examples of how staff knew and responded to people's needs. For example, one person liked to play the piano and the manager brought a piano into the home which the person plays every day. We observed them playing the piano and they enjoyed this. People were also able to have their pets living with them.

A member of staff told us how they adapted to people's needs, "[Person] did not get up until late and had a late breakfast. If I keep lunch warm until [person] wants to eat that way they will enjoy it and gets proper nutrition. I understand [person] and know their routine." This was noted during the inspection.

There were detailed care records which outlined individual's care and support. For example, personal hygiene, medicine, health, dietary needs, sleep patterns, safety and environmental issues, emotional and behavioural issues and mobility. Any changes to people's care was updated in their care record and ensured that staff had up to date information.

Care given was based on individual's care and support needs. Pre-admission and admission assessments provided information about people's needs and support. Where people displayed behaviour that was challenging, guidelines were provided to staff to minimise risk, whilst ensuring the person was safe. Staff were quick to respond to people's needs. They told us by having a consistent staff team they were able to build up a rapport with people and staff knew people well and understood their needs.

Needs assessments recorded individual's personal details and whether they had capacity to make decisions for themselves were reviewed on a regular basis. Details of health and social care professionals, information about any medical history, medicines, allergies, physical and mental health, identified needs and any potential risks were documented. This information was reviewed before a care plan was developed and care and support given. Staff were able to build a picture of the person's support needs based on the information provided.

Staff told us that they completed a handover sheet after each shift which outlined changes to people's needs. We looked at these sheets and saw that the information related to a change in people's medicine, healthcare appointments and messages to staff. Daily records were also completed to record each person's daily activities, personal care given, what went well and what did not and any action taken. The staff had up to date information relating to peoples care needs.

We saw there was a call bell system in place; the system was easy to use. We saw that the information displayed on the call unit indicated in which room the call button had been activated. We observed there were call bells in communal areas as well as in people's bedrooms. We observed that the call bells or requests for help were responded to quickly.

People confirmed that they took part in the activities in the home and outside in their community. Activities included going for walks with staff, old time cinema, music workshops, skittles, games for health, and 'Pets for therapy'. We saw photographs of outings or events people had attended. Items were placed throughout the home which created sensations that could assist relaxation, or stimulate people's senses. For example, objects for people to handle such as hats, books, magazines, soft stuffed animals, and a large pram with dolls or percussion instruments. A member of staff told us, "You see people playing the items around the home especially the toys and instruments; some people even have their favourites that they like to play with."

Those who cared for in bed were offered one to one time with the activities co-ordinator. There was an activities programme which was displayed throughout the home and each person received a copy of the activity programme, in a format which supported their needs to identify relevant activities they were interested in.

People were provided with the necessary equipment, care and support to assist with their care and support needs. For example, different types of wheelchairs for use inside and outside of the home, specialist baths and bathrooms adapted to people's needs. Information regarding people's individual needs and treatment was recorded in their care records; and staff were knowledgeable about their needs.

People were made aware of the complaints system. A person told us, "I would tell them if something wasn't right but never had anything to complain about." A relative told us, "I had an issue with [person]'s clothes. They were very crumpled. The manager is dealing with the problem and improved press/ironing facilities are being put in to the laundry." There was various ways that someone could voice

Good

Is the service responsive?

their opinion about the home. For example completing a form, discuss the issue with staff, the manager or at the relatives or residents meetings. People had their comments and complaints listened to and acted upon. We looked at the provider's complaints policy and procedure which was displayed at key points around the home. When people first moved in there was a copy provided in the resident's guide which people kept in their rooms.

Staff told us that they were aware of the complaints policy and procedure as well as the whistle blowing policy. Staff we spoke with knew what to do if someone approached them with a concern or complaint and had confidence that the manager would take any complaint seriously. The home maintained a complaints log and these were dealt with in a timely manner, in accordance to their complaint policy. There were six complaints made in the last twelve months. We noted that responses to the complaints contained action to be taken and offers of apology. We saw information about the complaint procedure displayed in the home, which provided people with the information about the process, contact details for the registered provider, CQC, and Local Government Ombudsman. We also saw lots of compliments received by the home.

Requires improvement

Is the service well-led?

Our findings

A person told us, "I can say that they look after me pretty well." Another person told us, "The Manager is a lovely person." A relative told us, The manager is very responsive and friendly."

Policies and procedures were in place for staff to follow to help ensure safe and appropriate care was provided to people. However, we identified concerns regarding the systems to monitor and review cleaning tasks and standards were not effective. There were gaps in the daily cleaning schedules which demonstrated that effective cleaning had not taken place and that people were not protected from the risk of infection.

We recommend that the provider reviews the Department of Health guidance for care homes on infection control. The Health and Social care Act 2008 – Code of Practice on the prevention and control of infection and related guidance.

Although care plans were completed there were inconsistencies in the way the information was recorded as it did not reflect what was recorded on the computer system or vice a versa. This showed us that new or agency staff who did not know people might not be working to the most up to date information.

People confirmed they attend the residents and relatives meetings. A relative told us, "I wasn't able to attend the last meeting but they sent me the minutes to read." People were involved in how the home was run in a number of ways. There were also 'residents' and relatives meetings for people to provide feedback about the care provided. We saw minutes of the meeting where people discussed issues regarding the menu, activities and anything the home could improve on. For example issues with the laundry, people's clothes were often creased or went missing. It was noted that improved ironing facilities has been implemented and the registered manager continued to monitor progress. Another example was changing the pictures in the home, previous ones were found to be unsuitable so replacements were found which people were happy with.

Staff had the opportunity to help the home improve and to ensure they were meeting people's needs. A member of staff told us, "We are very lucky to have a manager who cares." Staff told us they had good management and leadership from the management team. Staff suggested changes to the layout of the tables for breakfast as some people liked to have breakfast in their rooms instead of the dining room. Staff were able to contribute through a variety of methods such as staff meetings and supervisions. Staff told us that they were able to discuss the home and quality of care provided, best practices and people's care needs.

The provider had a system to manage and report incidents, accidents and safeguarding. Members of staff told us they would report concerns to the registered manager. We saw incidents and safeguarding had been raised and dealt with where relevant notifications had been received by the Care Quality Commission in a timely manner. Incidents were reviewed which enabled staff to take immediate action to minimise or prevent further incidents occurring in the future. We saw accident records were kept. Each accident had an accident form completed, which included immediate action taken.

People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. There were a number of systems in place to make sure the home assessed and monitored its delivery of care. Various audits were carried out such as health and safety, room maintenance, housekeeping, care plans, and an external medicines audit conducted where no concerns were identified.

Staff told us they conducted a weekly spot check on rooms to check on the condition of the room in relation to health and safety needs. We noted that fire, electrical, and safety equipment was inspected on a regular basis. Equipment such as wheelchairs and baths were also checked on a weekly or monthly basis ensuring they were safe and effective to use

A relative told us, "The staff and manager are approachable; they make sure we are told of any concerns." The registered manager had an open door policy, and actively encouraged people to voice any concerns. They engaged with people and had a vast amount of knowledge about the people living at the home. They were polite, caring towards them and encouraging them. People felt the registered manager was approachable and would discuss issues with them.

We looked at a number of policies and procedures such as environmental, complaints, consent, disciplinary, quality assurance, safeguarding and whistleblowing. The policies and procedures gave guidance to staff in a number of key

Requires improvement

Is the service well-led?

areas. Staff demonstrated their knowledge regarding these policies and procedures. The policies and procedures were reviewed on a regular basis. This ensured that people continued to receive care and support safely.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 (1) (2) (h) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.** **The registered provider failed to have effective systems in place to assess risk, prevent and control the spread of infections, including those that are health care associated.**