

Goldenage Healthcare Limited

Pilgrim Wood Residential Home

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 

Summary of findings

Overall summary

Pilgrim Wood Residential Home is a care home without nursing for a maximum of 35 older people, including people living with dementia. There were 28 people living at the home at the time of our inspection.

People's experience of using this service:

Although some aspects of the home's management had improved since our last inspection, we identified other areas which required improvement. Quality monitoring systems were not effective in ensuring action was taken when shortfalls were identified. Some records were disorganised and information was held in a number of places, which made it difficult to locate accurate, up-to-date information.

The provider had not acted to ensure that risks were managed effectively. A fire risk assessment carried out in April 2019 had identified actions required to improve fire safety. These actions had not been carried out at the time of our inspection. Following our inspection, the provider confirmed they had scheduled this work to be completed. Although accidents and incidents were recorded, these events were not reviewed by the management team to identify action that could be taken to prevent a similar incident happening again.

Other aspects of health and safety were managed safely. Regular checks were made on equipment used in people's care and the call bell system and staff carried out in-house fire checks. A personal emergency evacuation plan had been developed for each person and the provider had a business continuity plan to ensure people would continue to receive their care in the event of an emergency. Medicines were managed safely and staff maintained appropriate standards of hygiene and infection control.

People told us they felt safe at the home and when staff provided their care. They said staff were always available when they needed them. People were protected from the risk of abuse because staff understood their role in safeguarding people and knew how to recognise and report concerns. The provider's recruitment procedures helped ensure that only suitable staff were employed.

A new registered manager had joined the home since our last inspection. Relatives told us communication with them had improved since the new registered manager took up their post and staff said they received good support from the registered manager and senior staff. Residents' and relatives' meetings took place and team meetings were used to ensure staff provided people's care in a consistent way. Staff received appropriate training for their roles and shared information about people's needs effectively.

People received their care from staff who knew their needs and preferences about their support. Staff were kind and caring and treated people with respect. Friends and families could visit whenever they wished and were encouraged to be involved in the life of the home. Relatives told us the home had a friendly atmosphere which their family members enjoyed.

People were supported to maintain good health and to access healthcare services when they needed them. Staff monitored people's health effectively and reported any concerns promptly. Staff kept relatives well-

informed and up-to-date about their family members' health and well-being.

Care was provided in accordance with the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to a range of activities and staff had established links with groups within the local community. People enjoyed the food at the home and any specific dietary needs were recorded and known by catering staff.

People and relatives knew how to complain and told us they would feel confident in doing so. The provider or registered manager had responded to any complaints received.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 November 2018). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in some areas but the provider remained in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-led findings below.

Requires Improvement ●

Pilgrim Wood Residential Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

Three inspectors carried out the inspection.

Service and service type

Pilgrim Wood Residential 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.

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

Notice of inspection

This inspection was unannounced.

Before the inspection

We used the information the registered manager sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the evidence we had about the service. This included any notifications of significant events,

such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the inspection

We spoke with eight people who lived at the home and four visitors, including two relatives and two friends. We spoke with seven staff including the registered manager, the deputy manager, the chef, an activities co-ordinator, care staff and housekeeping staff.

We looked at care records for eight people, including their assessments, care plans and risk assessments. We read minutes of staff meetings, residents' and relatives' meetings and the results of surveys. We checked five staff files, medicines management and recording, accident and incident records and quality monitoring checks and audits.

After the inspection

The registered manager and registered provider sent us further information which was not available on the day of inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- We identified concerns regarding fire safety. A fire risk assessment for the home had been carried out in April 2019 which had identified a number of actions required to improve fire safety. Some of these actions had been categorised as 'urgent' and as requiring action within one month. For example, an internal door on an evacuation route was locked and required replacement with an automatic fire door. These actions had not been carried out at the time of our inspection. Following our inspection, the provider confirmed they had scheduled this work to be completed. We notified the local Fire and Rescue Service and the local authority of our concerns under our information sharing protocols.
- If accidents or incidents occurred, staff recorded the details of these events. However, accident and incident records were not reviewed by the management team to identify any learning that could be implemented to prevent a similar incident happening again. For example, one person had sustained a skin tear in a fall but no review of the incident had been carried out to identify actions to reduce the likelihood of the person falling again.

Failure to do all that is reasonably practicable to mitigate risks to people was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other aspects of health and safety were managed safely. Regular checks were made on equipment used in people's care, such as hoists, slings and wheelchairs. Staff also checked the call bell system and carried out in-house fire checks, including testing the fire alarm and emergency lighting. A personal emergency evacuation plan (PEEP) had been developed for each person which recorded the support they would need in the event of an emergency.
- The home had a business continuity plan to ensure that people would continue to receive their care in the event of an emergency. This included a reciprocal arrangement with another local care home for the provision of alternative accommodation if necessary.
- People told us they felt safe at the home and when staff provided their care. Relatives were confident their family members were cared for safely.
- Assessments had been carried out to identify any potential risks to people, including the risks associated with falls, skin integrity and eating and drinking. Where risks were identified, measures were put in place to mitigate these. For example, some people who were at risk of falling when on their own had lowered beds and floor mats in their bedrooms.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to adequately protect people from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff confirmed they had received safeguarding training and understood their responsibilities to report any concerns they had about people's safety or well-being. They were able to describe the signs of potential abuse and the action they would take if they observed these. Staff knew how to contact relevant external agencies if they felt their concerns were not satisfactorily addressed within the home. A previous visit by the local authority identified that the provider had not always reported potential safeguarding concerns, such as unexplained bruising. The local authority advised that the provider now notified them of any potential concerns, including any injuries sustained in unobserved falls.
- The induction checklist for new care staff included ensuring that staff understood whistle-blowing and how to report concerns. Safeguarding and whistle-blowing had been discussed at team meetings and staff reminded of their responsibilities in these areas. A team leader told us, "I encourage my team at every meeting to come to me if they have any concerns." A member of care staff said that if they had concerns, "I would say something to the team leader, for example if I noticed a bruise or if the resident said something of concern."

Using medicines safely

At our last inspection we recommended the provider consider current guidance on medicines management and update their practice. The provider had made improvements.

- People told us that staff helped them take their medicines safely. Staff administering medicines demonstrated good practice during our observations. They ensured people understood which medicines they were taking and for what purpose.
- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received relevant training and their practice was observed before they were signed off as competent. The sample of medicines administration records we checked was accurate and up-to-date. Body maps were used to record the administration of transdermal patches. The temperature at which medicines were stored was monitored. Individual protocols were in place for medicines prescribed 'as required' (PRN).

Staffing and recruitment

- People told us staff were available when people needed them. They said they did not have to wait for care when they needed it. One person told us, "If I need them [staff], I just ring the bell and they come." Relatives confirmed that there were enough staff to meet people's needs when they visited. We observed during our inspection that people did not have to wait for care when they needed it. Staff were prompt to respond if people needed care or support.
- Staff were recruited safely. Prospective staff had to submit an application form and to attend a face-to-face interview. The provider obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check in respect of staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Preventing and controlling infection

- People and relatives told us the home was kept clean and hygienic and our observations confirmed this. Staff maintained appropriate standards of infection control. Cleaning schedules were signed off by housekeeping staff when completed and checked by senior staff. Infection control audits were carried out to ensure people were protected from the risk of infection.
- Staff attended infection control training in their induction and regular refresher training. They had access to personal protective equipment, such as gloves and aprons, and used these when necessary.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. People's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure that people's care was provided in accordance with the Mental Capacity Act 2005 (MCA). This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's care was provided in line with the MCA. People told us that staff asked for their consent on a day-to-day basis and respected their decisions. Relatives' comments and our observations confirmed this.
- On the day of our inspection, documentation demonstrating that appropriate processes had been followed when assessing people's capacity to make decisions about their care was not available. Following the inspection, the provider supplied this documentation, which confirmed that assessments had been carried out where necessary to determine people's capacity to give consent to their care. If people lacked the capacity to give consent, families and relevant professionals had been consulted to ensure decisions were made in people's best interests. Where people were subject to restrictions for their own safety, such as being unable to leave the home unaccompanied, applications for DoLS authorisations had been submitted to the local authority.

Staff support: induction, training, skills and experience

- Staff had access to the training they needed to do their jobs. People told us staff had the skills they needed to provide their care. Relatives were confident in the competence of staff who cared for their family members.
- Staff had an induction when they started work, which included attending all elements of mandatory training. The induction also included shadowing colleagues to understand people's needs and how they preferred their care to be provided.
- Staff shared important information about people's needs effectively. Staff beginning their shift received a handover from staff finishing work to ensure they were up-to-date with any changes in people's needs.
- Although staff told us that management support was available when they needed it, some staff said they had not had one-to-one supervision for some time. We discussed this with the registered manager, who confirmed that supervisions for all staff had been scheduled for the remainder of the year.

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

- People told us they enjoyed the food at the home. They said staff knew their likes and dislikes and they could have alternatives to the menu if they wished. One person told us, "The food is good. You get two choices at lunchtime." Another person said, "If you don't like what's on the menu, they'll make you something you do like." During our inspection, one person did not want either of the choices on the menu. Staff offered the person a range of alternatives and asked the cook to prepare the person's choice.
- Relatives told us their family members enjoyed the food and were supported to maintain good nutrition. One relative said, "[Family member] is happy with the food." Another relative told us that their family member had lost weight prior to moving into the home as their ability to self-care had diminished. The relative said their family member's weight had increased to a healthy level since moving into the home and that their family member was now, "Eating very well."
- During our inspection, staff ensured people received the support they needed to eat and drink. One person told us, "My food is supposed to be cut up." We observed that staff cut the person's food into bite-sized pieces and offered the person support to eat their meal. Staff supported people to maintain adequate hydration by offering drinks throughout the day.
- People's nutritional needs were assessed as part of their initial needs assessment. If people had needs in relation to nutrition or hydration, these were recorded in their care plans. We checked the records of people identified as at risk of failing to maintain adequate nutrition and saw that their weights had remained stable. People's dietary needs and preferences were communicated by the care team to catering staff. This included information about food textures, allergies, portion sizes and fortified fluids.

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

- People were supported to maintain good health and to access healthcare services when they needed them. Relatives said staff monitored their family members' health effectively and highlighted any concerns promptly. One relative told us, "If [family member] is poorly, they get the doctor in straight away." Another relative said, "They have got [family member] well again."
- A GP visited the home every week and people told us staff arranged for them to see the doctor if they needed to. People were supported to visit the dentist or to see a dentist at the home. Referrals were made to other healthcare professionals if necessary. For example, one person had input from the community mental health team and district nurses visited the home if needed to provide nursing care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- People's needs were assessed before they moved to the home to ensure staff could provide their care. Pre-admission assessments addressed areas including mobility, communication, eating and drinking, oral health and medicines. People's needs were reviewed regularly to ensure they continued to receive

appropriate care and support.

- Care was delivered in line with relevant national guidance. The registered manager and senior staff kept up-to-date with developments in legislation and best practice. For example, the home's medicines procedures had been updated to reflect current guidance on medicines management issued by the Royal Pharmaceutical Society. Any changes that affected the way in which care was provided were shared with staff at team meetings.

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

- Communal rooms were comfortable and homely and people were able to personalise their bedrooms in the way they preferred with photographs, ornaments and small items of furniture. The home had a spacious lounge, separate dining room and a large garden, which people told us they enjoyed using when the weather allowed.
- Mobility aids had been installed and the home had a passenger lift which provided access to all floors. This enabled people with mobility issues to be able to move freely around the home.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People said the staff who supported them were kind and caring. One person told us, "The staff are all very kind." Relatives said the home had a homely atmosphere that their family members enjoyed. One relative told us, "It's an amazing place. I can't tell you how lovely it is and how happy I am that Mum is here." A person's friend who was visiting said, "She is well looked after. The staff all seem very nice and she always looks smart when we visit." Relatives said staff treated their family members with kindness and respect.
- Relatives told us their family members received good care from a consistent staff team. One relative said, "The care seems to be very good and the staff know her well." Another relative told us, "I am happy with the care [family member] is getting. The staff are all very kind." Staff knew the people they cared for well and were able to tell us about people's needs and preferences. Agency staff were used on some shifts to cover vacancies on the permanent staff team. The home aimed to use regular agency staff to maintain consistency of care.
- Relatives told us the care provided by staff had contributed to improvements in their family member's health and well-being. One relative said, "[Family member] was not coping at home, he was losing weight, and the social worker recommended moving here. His health has improved and he has put on weight."
- Relatives told us they could visit at any time and were made welcome when they visited. They said they were invited to events held at the home, such as garden parties and coffee mornings.
- Relatives told us the home kept them up-to-date about any changes in their family member's health or well-being. One relative said, "If there's anything I need to know, I will always get a phone call." Another relative told us, "They are very good at keeping in touch."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff treated people with respect and maintained their dignity. People told us staff were respectful when providing their care and said they could have privacy when they wanted it. We observed staff knocking on people's doors and waiting for a response before entering their room.
- During our inspection staff treated people in a way that was friendly yet respectful, engaging positively with them and sharing conversation. Staff were attentive to people's needs, frequently checking with them that they were comfortable and warm enough or whether they wanted a drink. If people became anxious or distressed, staff were quick to reassure them.
- People were encouraged to be independent and supported to manage aspects of their own care where possible. One person told us, "They support me to do things for myself."
- Staff encouraged people to make choices about their day-to-day care and support. One member of staff

told us, "Instead of giving them what I think they like, I offer them choices every day."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People told us they enjoyed the activities provided and relatives said the activities provision was good. One person told us, "The activities are wonderful. They took us to the seaside twice in the summer and we're going to Birdworld next week." A relative said, "The activities staff are amazing."
- In-house activities were scheduled each day and staff encouraged people to take part if they wished. The activity that took place during our inspection was well-attended and successful in engaging people. People were asked for their ideas about activities they would enjoy and these were implemented.
- Activities were arranged according to people's individual interests. For example, one person had been a violinist so the activities co-ordinator arranged a visit to a classical music concert, which the person enjoyed. Birthdays were celebrated and the home hired transport for trips to places of interest. Activities staff had established links with local schools and had planned intergenerational activities and events at the home.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support

- People told us they were involved in planning their care. Relatives said they were able to contribute to their family member's care plans and reviews. Care plans were individualised and in place for aspects of care such as medicines, mobility, continence, mental health and well-being.
- Staff knew the people they cared for well and we heard staff talking to people about their lives, including their interests and their families. Staff had begun to develop more detailed life history work for the people they supported. The registered manager told us this would enable new staff to learn about people's personal histories when they started work.
- The care and support provided by staff had led to positive outcomes for people. One person told us, "When I came here I couldn't walk and I wasn't eating. It's because of their care I am now walking again and I have put on weight." Another person had been withdrawn when they moved into the home. With support and encouragement from staff, the person gradually began to engage with others and to take part in activities. This social contact and engagement with others had improved the person's well-being.
- The home was not providing end-of-life care at the time of our inspection. The registered manager told us the deputy manager was leading on a project to develop individualised advance care plans to ensure that these reflected people's wishes about their end-of-life care.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who

use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider information return set out how the home identified and supported people's individual communication needs, stating, 'Specific means of communication are used for individual residents, for example, pictures, signing and family involvement.'

Communication support plans were in place where necessary and people who used communication aids such as spectacles and hearing aids were supported to wear these. The registered manager confirmed that information about the home, such as the complaints procedure and Statement of Purpose, was available in accessible formats if required.

Improving care quality in response to complaints or concerns

- The provider had a procedure which set out how complaints would be managed. None of the people we spoke with had complained but all said they would feel comfortable doing so and were confident their concerns would be addressed.
- The provider was able to demonstrate that any complaints received were responded to and managed according to the complaints procedure. Three complaints had been received in the previous 12 months. The concerns raised had been investigated and the issues resolved satisfactorily.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- It was difficult to locate some of the information we needed to check as records were disorganised and information was held in a number of places. Some records were out-of-date and no longer relevant, which made it difficult to locate accurate, up-to-date information. For example, the most up-to-date fire risk assessment could not be located when requested and information about accidents and incidents was recorded on two different formats. Some information about people's care was held electronically whilst other information was maintained in paper form, which created the potential for confusion.
- The provider's quality monitoring systems were not effective in ensuring action was taken when shortfalls were identified. For example, the fire risk assessment carried out in April 2019 identified recommendations to be implemented within one month but these recommendations remained outstanding at the time of our inspection.
- Although staff supervision sessions had been scheduled for the remainder of the year, some staff had not received one-to-one supervision for at least six months at the time of our inspection.
- We identified an instance in which the provider should have notified the CQC of an incident at the home but had failed to do so. This related to a person entering another person's bedroom without their consent. The provider had informed the local safeguarding authority of this event but had failed to notify CQC.

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

- Some elements of the home's management had improved since our last inspection. For example, at our last inspection some relatives told us communication from the provider and registered manager was not always effective. Staff reported that the registered manager was usually available in their office but did not spend much time 'on the floor'. The office used by the registered manager and the deputy manager was in the home's basement, which did not enable the management team to observe how staff delivered people's

care and how they interacted with the people they supported.

- At this inspection, relatives said the communication from the provider and registered manager had improved. Residents' and relatives' meetings took place and people and families had opportunities to give feedback through satisfaction surveys. The results of the most recent survey provided positive feedback about the care provided by staff, the food and the management. A new registered manager had been appointed since our last inspection, who had moved their office to the ground floor of the home to ensure they maintained an oversight of the care staff provided.
- Staff told us the registered manager and senior staff were approachable and available if they needed advice. One member of staff told us, "[Registered manager] has been really good, she wants to change things for the better." Another member of staff said of the registered manager and senior staff, "They are supportive. We can count on them."
- Staff told us team meetings took place and were useful opportunities to discuss any issues they had. They said communication amongst staff had improved and that, consequently, they worked better as a team. One member of staff told us, "Staff meetings are happening; everyone speaks up and we definitely resolve any issues." Another member of staff said, "Now we are working better together. We have a good team."

Continuous learning and improving care; Working in partnership with others

- Team meetings were used to ensure staff provided people's care in a consistent way that reflected their individual preferences. Meeting minutes demonstrated that staff were reminded of their responsibilities to share any concerns they had about people's safety or well-being.
- The registered manager attended Skills for Care registered manager meetings to share learning and best practice. The registered manager said the provider was a member of Surrey Care Association and attended provider forums. The registered manager and staff had access to updates from relevant bodies in the sector, such as the National Institute for Health and Care Excellence (NICE).
- The home had developed effective working relationships with other professionals involved in people's care, such as GPs and district nurses. The local authority monitored the service through visits by its Quality Assurance team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to do all that is reasonably practicable to mitigate risks to people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality and safety of the services provided.