A. Welcome House Limited

Kathryn's House

Inspection report

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Date of inspection visit:
07 June 2018

Date of publication:
24 July 2018

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

The inspection took place on 7 June 2018 and was unannounced.

Kathryn's House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Kathryn's House provides care for up to 29 older people, some of whom were living with dementia and some who were living with other mental health support needs. At the time of our inspection there were 20 people living at Kathryn's House.

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

There were sufficient skilled staff available to ensure that people's needs were met promptly and people were not waiting for their care. Safe recruitment practices were in place to help ensure that only suitable staff were employed. Staff received the induction, training and support they required to carry out their roles.

People lived in a safe, clean environment which was adapted to meet their needs. Staff were aware of safe infection control practices and systems were implemented to help reduce the risk of people developing infections. Health and safety checks were completed to ensure the environment remained safe for people. The provider had developed a contingency plan which meant people would continue to receive safe care in the event of an emergency or unforeseen event.

Staff treated people with dignity and respected their privacy. People were supported to maintain and develop their independence and where relevant other professionals were involved in supporting people to achieve their goals. People's legal rights were protected as the principles of the MCA were followed. People were offered choices and these were respected by staff. Visitors to the service were made to feel welcome.

Risks to people's safety were assessed and control measures implemented to keep people as safe as possible. Accidents and incidents were recorded and action taken to prevent them happening again. Staff were aware of their responsibilities in safeguarding people from abuse and any concerns were reported to the local authority. People received support to remain healthy and healthcare professionals were involved in people's care as required. Safe medicines systems were in place and regularly monitored to ensure people received their medicines in line with prescription guidelines. People were provided with a nutritious diet and choices were available. Specialist diets were catered for and staff were aware of people's dietary needs. Regular feedback on the food provided was sought.

People and their families were involved in the assessment process and developing care plans. Regular

reviews were completed of the care people received to ensure staff had the most up to date guidance when providing people's support. Care plans included personalised information regarding people's communication needs, life histories and how they preferred their care to be provided. Staff were knowledgeable about people's needs and preferences. The support people wanted when reaching the end of their life was recorded and staff understood the need to promote people's dignity at this time. People had access to a range of activities, many of which were personalised and provided on an individual basis. People's cultural and religious beliefs were respected.

People and staff spoke highly of the management of the service. Staff told us that they felt supported and knew that there was always someone available to help them when needed. We received positive feedback regarding the care staff from relatives and people living at Kathryn's House. A positive culture had developed and the values of the service were upheld by staff. The registered manager conducted a range of quality assurance audits and action was taken where shortfalls were identified. Complaints were addressed in line with the provider's policy and used to improve the service. People, relatives and staff were asked for feedback regarding their experiences and regular meetings were held to gain people's opinions and suggestions.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks to people's safety and well-being were effectively managed. Accidents and incidents were reported and action taken to minimise the risk of reoccurrence.

Safeguarding concerns were reported to the local authority and staff were aware of their responsibilities to protect people from potential abuse.

Safe medicines systems were in place.

Robust recruitment checks were completed to ensure staff were suitable for their roles. Sufficient staff were deployed to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received an induction into the service and on-going training and support.

Staff were able to demonstrate the principles of the Mental Capacity Act 2005 were followed and people's legal rights were protected.

People were provided with a choice of nutritious food.

Referrals to healthcare services were made promptly and on-going support was provided from community healthcare professionals.

Is the service caring?

Good

The service was caring.

People were treated with kindness by staff and their dignity was respected.

People were encouraged to maintain and develop their

independence.

Visitors were made to feel welcome.

Is the service responsive?

Good

The service was responsive.

Detailed care plans were in place which took into accounts people's needs and preferences.

Good relationships had developed between people and staff.

A range of person-centred activities were available to people.

People were provided with the support they wished for at the end of their life.

Complaints were responded to in line with the provider's policy.

Staff were aware of the needs of people living at the service and people were now placed at the centre of the service.

Is the service well-led?

Good

The service was well-led.

There was a positive culture within the service and staff felt supported.

Audits were completed and any concerns addressed promptly

Feedback on the quality of the service was gained from people, relatives and staff.

The registered manager and provider had developed links with external agencies and within the community.

Kathryn's House

Detailed findings

Background to this inspection

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

This inspection took place on 7 June 2018 and was unannounced.

The inspection was carried out by three 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.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider 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). The PIR 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.

During our inspection we observed the care people received and spoke with the registered manager, a representative from the provider and four members of staff. We spoke with 10 people living at Kathryn's House, and two relatives on the telephone.

We reviewed a range of documents about people's care and how the home was managed. We looked at seven care plans, medicines administration records, risk assessments, accident and incident records, complaints records, policies and procedures and internal audits.

Good

Is the service safe?

Our findings

People told us they felt safe living at Kathryn's House. One person told us, "I feel safe because there's workers here at night and I go to bed feeling quite safe. It's all quiet." Another person said, "I feel safe here. It feels like home." One relative told us, "Without a shadow of a doubt we felt safe leaving him there. Within two to three weeks we were saying exactly that." Another relative told us, "I feel safe with him there. If there is any problem at all they have always contacted me."

People were protected from the risk of abuse as staff understood their responsibilities in keeping them safe. Staff had received training in safeguarding procedures and were able to tell us what action they would take should they identify concerns. One staff member told us, "We have to ensure residents have the right care, no abuse, neglect, shouting. If there was an incident I would report it to the manager as it may be a safeguarding incident." A second staff member told us, "I would report a safeguarding to the manager or to social services." Information regarding the reporting of safeguarding concerns was clearly displayed. Records showed that any concerns had been reported to the appropriate authorities and that the service had been open and transparent when additional information had been requested.

Individual risk assessments were completed and plans were in place to minimise the risks to people's well-being. Risk assessments within people's care records were detailed and covered areas such as skin integrity, mobility, falls and nutrition. One person's records identified they were at high risk of falls due to an on-going health condition. Their risk management plan stated that they required a walking aid and support from one staff member to mobilise. In addition, a sensor mat was placed in the person's room which meant that staff would be alerted quickly that the person required assistance. We observed that this guidance was followed during our inspection. Systems were in place to ensure that risk assessments were regularly reviewed as a matter of course and following any changes. One staff member told us, "We do (review) risk assessments as needed; when something changes, we discuss at handover (so all staff are aware)."

Accidents and incidents were recorded and analysed to ensure that any trends were identified and learnt from. Records showed that individual risk assessments and care plans were reviewed following any accident or incident and any additional control measures to keep people safe were implemented. The registered manager and provider discussed accidents and incidents to ensure appropriate action had been taken and the risk of reoccurrence was reduced.

Sufficient, skilled staff were deployed and people's needs were responded to in a timely manner. We observed that any requests made of staff were responded to quickly. Although staff were busy, there was a relaxed and calm atmosphere and staff were not rushing to complete tasks. One relative told us, "It's never looked like they were understaffed." Staff members told us they felt there were enough staff to meet people's needs. One staff member told us, "I feel there are enough staff here and we can make people comfortable." Another staff member said, "If we need any help we can always ask the manager of deputy."

Recruitment checks were completed to ensure that staff employed were of good character. We viewed recruitment files for three staff. All contained application forms, two references, proof of identity and

Disclosure and Barring Service (DBS) checks. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care services. Prior to employment all staff completed a face to face interview to test their knowledge and suitability for their role.

People's medicines were managed, stored and administered safely. Staff had received training in medicines management and their competency had been assessed. Medicines were stored securely in locked cabinets and fridges. Temperatures of storage areas were monitored daily to ensure that medicines were stored within safe limits. Medicine administration records (MAR) were fully completed with no gaps in administration. Where people were prescribed PRN medicines (as and when required) guidance was available for staff regarding how and when this should be administered. Topical creams were correctly labelled and staff signed following administration. Assessments were completed for one person who wished to administer their own medicine to ensure this was safe and that the person understood the guidance in place. Staff showed kindness to people when supporting them with their medicines. They took time to explain what they were doing and waited for the person to take their medicines before signing to confirm it had been administered.

People lived in a safe and clean environment. Staff had received training in infection control and regular audits were completed to ensure guidance was being followed. The laundry area was organised and areas for clean, dirty and soiled linen were clearly defined to minimise the risk of cross-infection. Cleaning schedules were in place and followed and gloves and aprons were available to staff when supporting people with their personal care needs. Regular health and safety and maintenance checks were completed to ensure people continued to live in a safe environment.

Protocols were in place to ensure people would continue to receive their care in the event of an emergency. The provider had developed a continuity plan which highlighted the action staff should take to provide people's care should the building not be available for use. Fire records were up to date and evidenced that regular fire drills took place. Staff were able to tell us what action they should take in the event of the fire alarm sounding. Personal emergency evacuation plans had been completed to guide staff and emergency services on the support people would need to leave the building. A colour coded reference guide was also displayed which gave staff quick access to this information.

Good

Is the service effective?

Our findings

Staff received regular training to support them in their roles. The provider's PIR said, 'We have a clear Staff Training and Development plan and the manager reviews the staff training matrix monthly to identify which training courses require to be renewed or what additional training could benefit the team." We found this to be the case during our inspection. Staff received training from a variety of different methods including e-Learning, in-house trainers and Surrey Skills for Care training sessions. The registered manager told us there was a strong emphasis on staff mentoring within the service. Staff skills were identified in order that staff were able to work alongside colleagues to pass on their knowledge and experience.

The provider also offered staff the opportunity to undertake nationally recognised qualifications. A number of staff had been supported to achieve the Qualifications and Credit Framework levels 2, 3 and 5 (formally National Vocational Qualification). The registered manager told us that they believed staff progression was important in developing a positive staff team. They told us, "If staff progress and move on (from Kathryn's House) then that's good. In the end it all benefits people receiving good care and that's what we all want." Staff new to care were required to complete the Care Certificate, a set of agreed standards that health and social care staff should demonstrate in their daily working lives. Two staff had been trained as assessors in order that they could mentor and assess any new starters. In addition, staff shadowed more experienced colleagues during their induction period in order to get to know people's individual needs.

Staff performance was regularly reviewed during individual supervisions and appraisals. Each staff member took part in one to one supervision every two months, in line with the provider's policy. Supervisions were planned to cover the same areas looked at as part of the CQC inspection. Staff were asked for examples of the systems and processes in place to ensure people received a safe, effective, caring, responsive and well-led service and how staff contributed to that. Objectives were set for staff to achieve and any concerns regarding staff performance were discussed in a supportive manner.

People told us they enjoyed the food and had a choice regarding what they ate. One person told us, "The food's good. Always get a choice. I like chicken and beef." Another person said, "I like my porridge with sugar. This lady makes it for me." Another person told us they liked a bacon sandwich and the cook made them one every night.

People were offered a range of food options and drinks throughout the day. People were supported in making their choices and the catering staff were flexible in meeting people's requests. We saw a number of people request variations or alternatives to the planned menu and these were provided. The menu was discussed during residents' meetings and people were involved in tasting sessions to test new items for the menu. Staff were aware of people's dietary needs and specific menus were available for vegetarians and those requiring a gluten-free diet. Where people had been assessed as needing the texture of their food to be modified, such as pureed, this was provided. People's weight was regularly monitored and where significant variations were identified this was discussed with the person's GP or other relevant healthcare professionals. Where people had experienced weight loss, foods were fortified with calories and additional drinks such as high calories smoothies offered. This had led to most people living at Kathryn's House no

longer requiring food supplements.

People received the support they needed to eat their meals although the lunchtime experience could have been more organised for people. One person was showing signs of anxiety during this period and did not always receive support from consistent staff through this period. This also caused a degree of disruption to other people during the lunchtime period. Following the inspection, the registered manager provided details regarding how this was being addressed to ensure the person received the support they required. When staff were supporting people with their meals, they did so in a calm and kind manner, taking people's preferences into account.

People's needs were assessed prior to them moving to Kathryn's House. The assessment process ensured that the service was able to meet their needs. The registered manager told us that over the years Kathryn's House had developed positive relationships with the local authority, local hospitals and the community mental health team. This meant the registered manager was openly able to discuss people's needs and be clear of the reasons why they may not be able to support some people's needs. Assessments completed were detailed and clear links could be seen with people's risk assessments and care plans. The PIR submitted by the provider stated that where possible people were invited to spend a day at the service during the assessment process. This gave them the opportunity to meet others living at Kathryn's House and judge if they enjoyed being part of the day to day living at the service.

People were supported to maintain their health. People and relatives told us they had access to healthcare professionals when required. One person told us, "We can see a doctor when we need to." Another person said, "The foot people come on a regular basis. I had sores on my feet and an outside nurse (district nurse) came regularly to look at it." One relative told us, "Health was always dealt with and they kept us informed." Records showed a range of healthcare professionals were involved in people's care including GP, chiropodists, dentists, opticians and dieticians. Where referrals to healthcare professionals were required these were completed in a timely manner. The registered manager had developed a positive working relationship with the community mental health team who regularly visited the service.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Mental capacity assessments had been completed where there were concerns that someone may lack capacity to make specific decisions, such as consenting to their care, the locked front door and the use of sensor mats. Records of why decisions had been taken in the person's best interests were clear and gave details regarding who was involved in the decision-making process. Where more complex decisions were required, healthcare professionals were involved in supporting both the person and staff in reaching a decision which was the least restrictive for the person involved.

DoLS applications had been appropriately submitted to the local authority and contained sufficient details

regarding any restrictions in place. One person had informed staff that they were upset about the outcome of their DoLS assessment. The registered manager had supported the person to access an advocate to discuss the situation and appeal the decision. This demonstrated respect for the person's legal rights.

Staff were aware of the principles of the MCA and how this impacted on the way in which they provided care. One staff member told us, "I always ask people for their choice. I don't assume they can't make a decision." We observed staff offering people options and asking if they were ready for different activities. Where people refused, staff would wait for a while before returning to speak to the person or offer an alternative plan.

People lived in an environment which was suitable for their needs. Lifts were available to enable people to access communal areas of the home which were open plan. This enabled staff to discreetly monitor people's well-being. Furniture had been used to create smaller seating areas for those who wanted more privacy. Bars and hand rails were available to allow people as much independence with their mobility as possible. Signs and visual display boards such as activities and menu boards were clear and prominently displayed. The garden area had been redesigned to create a colourful environment with different textures and aromas. People's bedrooms were personalised with photographs, pictures, ornaments and small pieces of furniture.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were caring. One person told us, "The carers are very helpful. Whatever I need, I get." Another person said, "The staff are all fine." One relative told us, "Each staff member is different but they all act in a similar way and there was always a smile. You never walked in and they were grumpy. I would have known if (family member) wasn't happy." Another relative told us, "I have always felt they are more of a family than a home. All the people who work there create a family atmosphere. He's been there about 18 months and has seemed happy there from day one."

People were supported by staff who knew them well. During the inspection we observed staff chatting with people about their families and things they enjoyed doing. There was a relaxed and friendly atmosphere with people smiling and laughing with staff. Staff were able to tell us about people's preferences, things they enjoyed and their life histories. The registered manager told us that staff had developed a closeness with people. They said, "I want staff to provide people with very good day to day normal living. They provide it from the heart and for the individual." Staff were very attentive to people's needs, checking they were comfortable or if they needed anything. We observed staff sitting or kneeling beside people when speaking to them and using a gentle tone of voice.

People were able to exercise choice and control over their day to day lives. We observed one person sat in a quieter area of the lounge which had been divided from the main area using furniture. The person told us, "I like sitting here on my own. Not with the others." Another person told us, "We choose when we go to bed." We observed two other people were eating their breakfast later in the morning. They told us that they were able to choose what time they got up in the mornings and they were under no pressure from staff. Another person chose to go out regularly during the day and have their meals when they returned. We saw that staff had saved them their lunchtime meal which they ate at a later time as they preferred.

People's independence was encouraged. During our inspection one person told us they were looking to become more independent and hopefully move into their own flat with support. Staff were working alongside healthcare professionals to support the person with their goal. People were able to move freely around the building and where appropriate, go to the local town without support. Aids and adaptations were available to people to enable them to maintain their independence. Specialist crockery and cutlery was used to help people eat their meal without support. One staff member told us, "When they (people) have their lunch I will give them the first bit and then show them how to hold the fork so they can do it themselves."

People's cultural and religious needs were supported. Links with the local church had been established and regular services were held at Kathryn's House. In addition, people would regularly be supported to attend the Sunday church service with staff support. The PIR for the service gave the example of one person of a different faith was experiencing high anxiety levels. Staff had arranged for a local minister to visit the person which had made them feel less anxious. Support was available for one person with specific cultural and language needs for periods of respite care. When assessing the person's needs the registered manager had ensured that staff had the language skills and cultural experience required to care for the person. When

staying at the service rotas were designed to ensure that there was a staff member able to communicate with the person on each shift.

People's privacy and dignity were respected. Staff supported people with their personal care discreetly. Bedroom and bathroom doors were kept closed and when asking people if they required support staff did so quietly. One person who was cared for in bed had a privacy screen placed inside their door to protect their dignity. This meant the person was able to have their door open but people were unable to see them when walking past their room. Care was taken when supporting people with their personal appearance. Men had been supported to shave. Women's hair was nicely styled and where requested nails were painted. People wore co-ordinating clothes which were appropriate for the season. Staff understood people's different ways of communicating their needs and ensured their communication plans were followed. For example, one person would regularly tell staff to go away. Staff understood the person liked their privacy but took time to have short conversations with them throughout the day which they enjoyed.

Visitors told us they were made to feel welcome when visiting the service. One person told us, "My family can come whenever they want to, my son and daughter." One relative told us, "I can go at any time of the day and it varies. We tend to stay clear of lunch times as this is a bit busy. I find it really good." The provider told us in their PIR, 'Relatives, friends and families are welcome to come in at any time, no prior appointment is required. We do politely ask not to visit at night 10pm-6am unless individual would express a wish for family to visit then we would take a person-centred approach and try to accommodate that without disturbing others. If individual is at the end of life, family can stay with them 24-7 and staff will ensure they are made comfortable and are looked after'.

Good

Is the service responsive?

Our findings

People and their relatives told us there was a range of activities for them to be involved with. One person told us, "One staff member has a little dog. He comes here when he's working. I like it because I'm used to dogs." Another person told us, "There is more than enough to do here." One relative told us, "(Activities co-ordinator) is excellent with them. She talks with them, gets them doing things, brings in music from their era. She tries to get them to talk about other things."

There was a varied activities schedule in place which included exercises to music, games, quizzes, music sessions and gardening. The activities co-ordinator told us that due to people's needs they would often do individualised activities rather than large groups. We observed this during the morning and saw that people engaged well and enjoyed spending time with the two activity workers. Where opportunities to involve others arose the activities co-ordinator took advantage of this, such as people joining in board games or talking about music. In addition, visiting entertainers were invited to the service including music for health, musicians and pet therapy. Regular outings were planned throughout the year to places of interest such as the local garden centre, concerts at Guildford cathedral and pub lunches. Regular events were held and relatives invited such as a Mother's Day party, an Easter event and a Bollywood themed evening. Photographs of events and activities were displayed around the service and on a tablet device. This meant relatives were able to see what their family members had been involved in when they visited and create a talking point.

People and their relatives told us that their care was tailored to their needs. One person told us, "They do what I need. I don't want for anything, everyone is very well looked after." One relative told us, "They definitely got to know him as a person. They would talk with us and we would know to what degree they did get to know him."

Each person had a care plan in place which detailed the support they required in areas including mobility, personal care, food and nutrition, sleeping, emotion needs and daily activities. Care plans were detailed and gave staff guidance on how people liked their support to be provided. Information such as what gender of care staff people preferred, their normal daily routines and areas where they continued to be independent was recorded to guide staff. One person's care plan provided guidance for staff on how to support them when they were anxious. We observed staff following this guidance and distracting the person by taking them for a walk in the garden to pick fresh herbs. Another person's care plan stated they could become anxious when eating in front of others. The person had therefore asked to eat after other people and we saw that this was organised by staff. Care plans were regularly reviewed and evidence was available to demonstrate that people, and where appropriate their relative, had been involved in this process. The service operated a 'resident of the day' system where on a day each month a person's care plan was reviewed and key staff discussed any additional needs or requests they may have. In addition, people's care plans were reviewed following any changes to their care needs.

The majority of people had care plans in place regarding the care they wanted when reaching the end of their life. However, some people preferred not to discuss this and this was respected. The registered

manager told us that staff recognised the importance of making sure people were not alone at the end of their life and had received training on helping people to remain comfortable such as how to provide people with gentle mouthcare. One person had recently been moved to a larger room so they were able to have a view of the garden which was important to them. The service worked closely with the GP and district nursing team to ensure that people received the pain relief they required during this time. Further training for staff had been organised through the local hospice. One relative whose family member had recently passed away told us that staff had been a great support to both their loved one and to the family. They told us, "(Staff member) was there and they were so nice to us and made it so easy for us to come in. Everybody took great trouble to make things comfortable. Things like making sure there were fresh flowers in the room."

Relatives told us they would feel comfortable in raising a complaint and felt this would be addressed by the registered manager. One relative told us, "I haven't had any concerns but I think they would be listened to. They are very easy to talk to. If I want to ask something I am more than happy to and they seem very approachable." Another relative told us, "We could talk about any concerns or complaints if we'd had any. It was usually me pulling someone to one side giving them praise or just questions about things. We had no complaints." The registered manager maintained a complaints log which showed that all complaints had been responded to in line with the provider's policy. Where complaints identified that systems required review, this was completed. For example, as a result of one complaint a post-falls protocol was implemented to ensure staff monitored and recorded information which may be required by the paramedics. Details of how people and relatives could raise a concern were displayed prominently in the communal hall.

Good

Is the service well-led?

Our findings

People and their relatives told us they felt the home was managed well. One person told us, "The manager is quite nice. She joins in the dancing." Another person said, "The manager's approach is good. All the staff are good. They are approachable." One relative told us, "I find (the manager) fine. If I say to her have you got a minute she will spend time. I just find the home is like a family home than a 'home' home." Another relative said, "The manager is very hard working. The owners were really kind. (The manager) and (the assistant manager) and the owners would always come over and shake your hand. They all get stuck in."

There was a positive culture within the service and the values were clearly defined. Staff told us they felt supported by the registered manager and that all staff worked closely as a team. One staff member told us, "If I have any problems I know management will help me." Another staff member told us, "I feel supported, (registered manager) supports me a lot. It is very nice here. The team respects one another." A third staff member said, "All the team are very good." The staff team had worked together to develop the values of the service. The registered manager told us, "We worked together to create the values. We are very good at working as a team. When people create something together they remember it." Staff were able to describe the values of the service and demonstrated team work in the way they supported people and each other. We observed staff communicating well regarding what they were doing and offering support to colleagues when required. There was an atmosphere of joint responsibility to complete tasks and spend time with people. The registered manager told us that all staff undertook different shifts to minimise any divide in the staff team. This included the management team who also provided cover at weekends and some nights shifts.

Regular staff meetings were held and staff were encouraged to bring forward ideas. Staff told us they felt able to speak freely in meetings and their ideas were listened to. The registered manager had initially implemented a keyworker system. However, staff had requested to change to the resident of the day system as they felt they worked better when caring for people as part of a team. The registered manager told us they believed in utilising staff skills and strengths. One example of this was identifying a staff member had a very good rapport with people living at Kathryn's House. They were therefore encouraged to step into the role of activity worker. We observed the staff member interacted well with people and other staff in supporting people with individual activities. The service had recently been awarded the Investors in People Silver Award in recognition of the way in which staff were supported to develop in their roles. The registered manager and provider worked in partnership and held regular meetings to discuss actions and progress.

The provider and registered manager had created links with other relevant professionals and the local community. The registered manager told is in their PIR, 'Being an individual home and not part of a chain, our aim is to actively participate in the Surrey area care home events and get updated with all best care practices via care home forums and roadshows. We are members of Surrey Care Association and Registered Nursing Home Association.' The registered manager attended local registered managers forums and workshops in order to share ideas and be involved in new initiatives. These included a project to encourage people to use their walking aids more regularly to reduce the risk of falls, Pimp my Zimmer. The Hydrate Project designed to encourage both people and staff to recognise the importance of keeping hydrated and the Red Bag Scheme, an initiative where relevant information is shared between care homes and hospitals

to minimise the length of hospital stays. In addition, the service was involved with the local Rotary Club. The registered manager had delivered a talk to members regarding the experience of people living with dementia and further social events were planned. In addition, a monthly coffee morning was held at the service where members of the public, relatives, professionals and friends could come together.

A range of audits were completed in order to monitor the quality of the service people received. Audits were largely completed by the management team and covered areas including, medicines, meals, infection control, health and safety, care plans and moving and handling. Where shortfalls were identified theses were acted upon promptly to ensure that staff were aware of their responsibilities and systems adapted. Where gaps were noted in MAR charts prompt action was taken to speak with all staff and regular checks implemented to pick up any errors in a timely way. Our review of medicines management processes showed that these systems had been effective. Audits of moving and handling practices highlighted that staff were supporting one person by walking beside them rather than behind them. Staff had been reminded of the correct technique to support the person and were now following this guidance. A daily spot check of the environment was completed. Although the registered manager maintained overall responsibility for this staff were asked to complete it on a regular basis. The registered manager told us, "Staff should be involved in audits. It helps them to understand the quality process and different staff see things I might not when doing it every day."

People and relatives had opportunities through regular meetings to express their views and make suggestions about the care they received. Residents meetings encouraged feedback on staff, activities and any items people wished to raise. The February meeting showed people had requested a wider range of drinks be made available and we observed during the inspection that the drinks requested were available for people. Relatives meetings were held quarterly and the registered manager also ran a 'Meet the Manager' session each month. This gave people and their families the opportunity to raise any individual questions or concerns.

Feedback forms were available for people and their families to complete throughout the year. If individual comments or concerns were raised these were responded to both in person and in writing. The information gathered in feedback forms was collated annually and analysed for any trends. With the exception of parking availability being a concern, the feedback regarding the service provided was positive. Comments included, 'The atmosphere in the house is light, refreshing, loving, friendly but professional', 'I love how it has turned around from a rather sad home to a vibrant, happy one' and, 'The staff are lovely. Always happy and smiling'.

People's confidential records were stored securely. All care records were electronically stored and could only be accessed by the use of individual passwords. Paper records were stored securely in locked cupboards in the office. The CQC had been notified of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary.