CHD Living Limited

Surbiton Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

People living at Surbiton Care Home receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 26 older people in one adapted building on both a permanent and temporary respite care basis. At the time of our inspection 18 people resided at the care home.

This new care home was registered by the CQC in January 2017 and this will be the first time they have been rated by the CQC. Following this inaugural inspection we have rated Surbiton Care Home 'Good' overall and for the five key questions 'Is the service safe, effective, caring, responsive and well-led?'

The service had a new registered manager who had been in post since August 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC). Registered managers like registered providers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also responsible for managing another of the provider's care homes for older people (known as 'The Summers') in Surrey.

People and their relatives told us they were happy with the standard of care provided at the home. We saw staff looked after people in a way which was kind and caring. Staff had built up caring and friendly relationships with people and their relatives. Our discussions with people living in the care home, their relatives and community health and social care professionals supported this.

There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs. There were enough staff to keep people safe. The premises and equipment were safe for people to use because managers and staff routinely carried out health and safety checks. Manager's ensured the environment continued to be hygienically clean for people and staff demonstrated good awareness of their role and responsibilities in relation to infection control and food hygiene. Medicines were managed safely and people received them as prescribed.

Staff received appropriate training to ensure they had the knowledge and skills needed to perform their

roles effectively. People were supported to eat and drink enough to meet their dietary needs and preferences. Managers and staff were aware of their duties under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff sought people's consent before providing any care and support and followed legal requirements when people did not have the capacity to do so. They also received the support they needed to stay healthy and to access health care services. People said the care home was a homely and comfortable place to live.

Staff were caring, treated people with dignity and respect, and ensured their privacy was maintained, particularly when being supported with their personal care needs. Staff communicated with people using their preferred methods of communication. This helped them to develop good awareness and understanding of people's needs, preferences and wishes. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. When people were nearing the end of their life, they received compassionate and supportive care.

People received person centred care and support that was tailored to their individual needs. Each person had an up to date and personalised care plan, which set out how their care and support needs should be met by staff. These were reviewed regularly. This meant people were supported by staff who knew them well and understood their needs, preferences and choices. Staff encouraged people to actively participate in meaningful leisure activities that reflected their social interests and to maintain relationships with people that mattered to them.

The registered manager had a positive impact at the care home in a relatively short period of time and was highly regarded by people and staff. Manager's used well-established quality assurance systems to ensure all aspects of the care home were regularly monitored. This helped them to check that people were consistently experiencing good quality care and support. Any shortfalls or gaps identified through these checks were addressed promptly. People felt comfortable raising any issues they might have about the home with manager's and staff. The service had arrangements in place to deal with people's concerns and complaints appropriately. The provider also routinely gathered feedback from people living in the home, their relatives and staff.

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. There were safeguarding and whistle-blowing procedures in place and staff had a clear understanding of these procedures.

Appropriate recruitment checks took place before staff started work. There were enough staff suitably deployed in the care home to keep people safe.

The provider had assessments and management plans in place to minimise possible risks to people, this included infection control and food handling measures. The care home was clean, free from odours and was appropriately maintained.

Medicines were managed safely and people received them as prescribed.

Is the service effective?

Good

The service was effective. People received support from a skilled, experienced and committed staff team. The team was able to meet people's assessed needs, preferences and choices. Staff received well-co-ordinated and comprehensive training which was monitored to ensure their knowledge was kept up to date.

The registered manager and staff were knowledgeable about and adhered to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough to meet their dietary needs. They also received the support they needed to stay healthy and to access health care services.

Is the service caring?

Good

The service was caring. People said staff were kind, caring and respectful.

Staff were thoughtful and considerate when delivering care to people. They ensured people's right to privacy and to be treated with dignity was maintained, particularly when receiving

personal care.

People were supported to do as much as they could and wanted to do for themselves to retain control and independence over their lives.

Is the service responsive?

Good

The service was responsive. People were involved in discussions and decisions about their care and support needs.

People had an up to date, personalised care plan, which set out how staff should meet their care and support needs. This meant people were supported by staff who knew them well and understood their individual needs, preferences and interests.

Staff encouraged people to actively participate in leisure activities, pursue their social interests and to maintain relationships with people that mattered to them.

People knew how to make a complaint if they were dissatisfied with the service they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

When people were nearing the end of their life, they received compassionate and supportive care from the service.

Is the service well-led?

Good

The service was well-led. The care home had an experienced suitably qualified registered manager in post.

The provider had effective systems in place to regularly assess and monitor the quality of service that people received.

The provider routinely gathered feedback from people living in the care home, their relatives and professional representatives. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

Surbiton Care Home

Detailed findings

Background to this inspection

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

This was an unannounced comprehensive inspection which took place on 9 and 11 January 2018. The inspection was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed all the information we held about this service. This included previous inspection reports and notifications the provider is required by law to send us about events that happen within the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During this two-day inspection we spoke with ten people who lived at the care home and six visiting relatives or friends. We also talked with various managers and staff including, the registered, regional and deputy managers, the Operations Director, a team leader, three health care workers, the activities coordinator, the chef and maintenance person.

We also observed the way staff interacted with people living in the home and performed their duties. During lunch on both days of the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Records we looked at included six people's care plans, 12 staff files and a range of other documents that related to the overall management of the service including, quality assurance audits, medicines administration sheets, complaints records, and accidents and incident reports.

Good

Our findings

The environment was well-maintained, which contributed to people's safety. Maintenance records showed service and equipment checks were regularly carried out at the care home by suitably qualified professionals in relation to fire extinguishers, fire alarms, emergency lighting, portable electrical equipment, water hygiene, and gas and heating systems.

However, we found various chemicals and substances hazardous to health had been left unattended in an unlocked storeroom on the top of the care home and in the garden shed. We also saw two radiators, one in an unoccupied bedroom and the other in a corridor, were unsafe because they had not been suitably covered. Both radiators were hot to touch which meant people living in the care home might have been placed at unnecessary risk of harm. We discussed these safety issues with the registered manager who acknowledged chemicals hazardous to health should always be kept safely stored away out of harms reach and hot radiators covered in accordance with the provider's health and safety procedures.

On the second day of our inspection we saw all chemicals and substances hazardous to health were securely stored away in locked cupboards, a suitable lock fitted to the garden shed door and the two exposed radiators safely covered. The registered manager also reminded staff about their responsibilities to keep people living at the care home safe and out of harm's way from chemical's and other substances hazardous to their health.

People told us they felt safe living at the care home. One person said, "I feel safe here." The provider had robust systems in place to identify report and act on signs or allegations of abuse or neglect. Staff had received up to date safeguarding adults at risk training and were familiar with the different signs of abuse and neglect, and the appropriate action they should take immediately to report its occurrence. Staff told us the registered manager continually encouraged and supported them to speak out if they were ever concerned about poor working practices or behaviours that could pose a risk to people. One member of staff told us, "I've never witnessed anyone who lives here being abused, but if I did I would tell the manager about it straight away."

We looked at documentation where there had been safeguarding concerns raised in respect of people living at the home in the last 12 months and were assured the provider had taken appropriate action to mitigate the risks associated with these incidents. We saw the registered manager had liaised with the relevant local authority about the concerns raised so they were aware of the outcome of the investigation and any learning to ensure people remained safe and to prevent similar incidents reoccurring.

Where there were known risk's to people's health, safety and welfare, the provider ensured measures were put in place to reduce them so that people could be appropriately protected. Managers assessed and regularly reviewed risk's to people due to their specific health care needs. Risk management plans were still in place for staff to follow to reduce these risks and keep people safe whilst allowing them as much freedom as possible. This included falls, moving and handling and nutrition. For example, staff ensured walking aids, such as a walking stick or Zimmer-frame, were always available to people whose falls prevention risk management plans clearly stated this. In our discussions with staff they were knowledgeable about the individual risks posed to people and able to explain clearly how these should be minimised to protect them. One member of staff told us, "We use a sensor mat at night which is placed just outside a persons' bedroom so we can hear if they wander in the night."

The provider had suitable arrangements in place to deal with foreseeable emergencies. Records showed the service had developed a range of contingency plans to help staff deal with such emergencies quickly. For example, people had personal emergency evacuation plans which explained the help people would need to safely leave the building. Staff demonstrated a good understanding of their fire safety role and responsibility.

The provider's recruitment process helped protect people from the risk of unsuitable staff. The provider maintained recruitment procedures that enabled them to check the suitability and fitness of staff they employed. This included checking staff's eligibility to work in the UK, obtaining references from previous employers and undertaking criminal records checks. Records also showed the provider carried out criminal records checks at three yearly intervals on all existing staff, to assess their on-going suitability.

The care home was adequately staffed. We saw there were enough care and auxiliary staff on duty on both days of our inspection to meet people's needs. People told us there were always plenty of staff working in the home. One person said, "As you can see there are plenty of people about in the lounge area today", while a relative told us, "There always seems to be lots of staff on duty every time I visit, which is quite often at the moment." Throughout our inspection we saw care staff were always visible in communal areas, which meant people could alert staff whenever they needed them. We also saw numerous examples of staff responding quickly when people used their call bells or verbally requested assistance to stand or have a drink.

The registered manager's approach to planning staffing levels was flexible and additional staff were arranged when needed. They confirmed they were gradually increasing the number of people they supported and as a result had increased the number of health care workers on duty during the day by one in the last six months. The registered manager also said they were undertaking continuous recruitment to ensure they had sufficient numbers of staff to meet the increase in workload due to the increased number of people living in the care home.

People were protected by the prevention and control of infection. People told us the home was always clean. One person said, "It's a very clean place to live." During tours of the premises throughout our inspection we saw the home looked clean and remained free from odours. We also saw staff always wore disposable gloves and aprons when providing personal care to people. The provider had an up to date infection control policy and procedures. Records showed staff had completed up to date infection prevention and control training.

Appropriate systems were in place to minimise any risks to people's health during food preparation. For example the use of colour coded chopping boards and the daily checking of fridge and freezer temperatures. This showed that there were measures in place to help protect people from the risk of

infection due to an unhygienic environment. Following a recent inspection the Food Standards Agency had rated the care homes food hygiene practices as being 'very good'.

Medicines were being managed safely. Care plans contained detailed information regarding people's prescribed medicines and how they needed and preferred these to be administered. We saw medicines administration records (MARs) and the Controlled Drugs register were being appropriately maintained by staff who managed medicines on behalf of the people living at the care home. For example, there were no gaps or omissions on these medicines records, which indicated people, received their medicines as prescribed. Staff received training in the safe management of medicines and their competency to do this was routinely assessed. A medicines audit undertaken by a community pharmacist in the last six months indicated they had no major concerns about the way the service managed medicines which they stated was safe.

Good

Our findings

Staff have the right knowledge, skills and experience to carry out their roles. People and their relatives were complimentary about the competency of staff who worked at the care home. Typical feedback we received included, "The staff are top notch…They seem very well-trained", "The staff know how to look after my [family member] and are lovely with it" and "No complaints about the staff…They know what they're doing."

The homes' entire staff team, which had been recruited over the last 12 months, had all completed a comprehensive induction to achieve the competencies required by the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life. New staff shadowed experienced carers for a number of calls until they were confident to provide support independently. New staff also received an employee handbook which made it clear what their roles and responsibilities were, including whistle blowing and conduct while at work.

Staff spoke positively about the training they had received. Typical comments we received included, "My induction was a week long and was very thorough", "You have to complete a lot of training working here, which includes practical hands on stuff, as well eLearning courses on the computer" and "The training I've received since working here has been fantastic… I've learnt so much." This ensured staffs knowledge and skills were up to date and reflected current best practice.

Staff had sufficient opportunities to review and develop their working practices. There was a well-established programme of regular supervision (one-to-one meetings), competency assessments and annual appraisals through which staff were supported to reflect on their work performance and training and development needs. Records indicated staff attended supervision meetings and had their competency assessed at least once a quarter and had their overall work performance appraised bi-annually by their line manager. Staff told us managers encouraged them to talk about any issues or concerns they had about their work and supported them to identify practical solutions for how these could be resolved.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. At the time of our inspection one Deprivation of Liberty

Safeguard (DoLS) authorisation was in place. We confirmed that the relevant paperwork was in place, the authorisations were up to date and any conditions were being met.

We saw staff prompted people to make decisions and choices and sought their permission and consent before providing any support. One person said, "They [staff] ask me where I would like my meals to be served and respect my decision to eat in the lounge." People had signed care plans to indicate they agreed to the support provided. Staff told us they asked people for their consent before delivering care or treatment and respected people's decision if they refused support.

People were supported to have enough to eat and drink. People said they enjoyed the meals they were offered at the care home and typically described the quality and choice of the food as "good". Comments included, "There is always a good choice of food", "The food is beautiful…Can't fault any of the meals" and "I often join my [family member] for dinner here and have always found the food to be exceptional." Meals appeared appetising and portion sizes looked good. Outside of meal times people were offered regular drinks and snacks. Care plans included detailed nutritional assessments which informed staff about people's food preferences and the risks associated with them eating and drinking. For example, if people needed a gluten free diet or did not like to eat spicy food. The chef was aware of people's individual dietary needs and able to cater for people with food allergies or special diets due to their health care needs. For example, the chef told us every morning they met with one person with specific dietary requirements to plan the meals they would like to eat that day because they were usually unable to choose any of the meal options displayed on the weekly menu.

The importance of nutrition and hydration was regularly discussed at staff team meetings so that staff knew how they should support people to eat and drink enough to stay healthy and well. Staff monitored the food and drink intake of people who had been assessed as being at risk of malnutrition or dehydration to ensure these individuals continued to eat and drink adequate amounts. If they had any concerns about this they sought appropriate support for people promptly.

People were supported to maintain their health and wellbeing. One person told us, "When I was unwell I was confined to my room and very well looked after by the staff." Care plans set out how staff should be meeting people's specific health care needs. Staff carried out regular health checks and observations about people's general health, which helped them, identify any underlying issues or concerns about people's wellbeing. When staff became concerned about a person's health they took prompt action to ensure they received appropriate support from the relevant healthcare professional. A staff member gave us an example where they had called an ambulance at night where they had concerns about one person's health. Staff also ensured people attended regular appointments with community health care professional's including GPs, district nurses, dentists, optician's and chiropodist's, and maintained appropriate records of these check-ups.

The provider was part of the local authority's integrated red bag pathway scheme. When people needed emergency support from healthcare professionals, staff made sure these professionals had access to the person's individual 'Red Bag' which contained current information about their general health, any existing medical conditions they had, the medication they took and any current health concerns. 'The Red Bag' was part of the Sutton Homes of Care vanguard initiative and aimed to provide ambulance and hospital staff with the information they needed in an emergency to help them determine the treatment the person needed more effectively.

People told us Surbiton Care Home was a "comfortable" place to live. One person said, "I don't know what the place looked like before I moved in, but from what I can see the builders seemed to have done a grand

job refurbishing the home." A relative remarked, "It feels like a very homely place to live. It's certainly well-maintained and furnished." We saw the premises were well-furnished and decorated. The environment was also kept free of obstacles and hazards which enabled people to move safely and freely around the home and garden.

Good

Our findings

People told us they were happy living at the care home which they typically described as "homely". People and their visiting relatives and friends were equally complimentary about the staff who worked at the care home. People frequently described the staff as "friendly" and "kind". Comments we received included, "I am very well treated by the staff here", "The carers are very good to me. It's a bit like staying in a really friendly hotel" and "Very good carers…they are very nice and I enjoy their company and get along with most of them." We also saw the service had received six written compliments in the last 12 months from people's relatives which indicated a high level of satisfaction with the standard of care their family member's had received at the home. One relative wrote, "Thank you for the wonderful care you have given my [family member] since she moved in", while another said, "Thank you for taking our [family member] to see their next of kin when they were in hospital."

We observed positive relationships had been built up between staff and the people living in the care home. Staff always greeted people warmly and by their preferred name. In the communal lounge, staff were friendly and chatty, and always encouraged people to join in conversations and with any group activities that were taking place. Staff also responded positively to people's questions and requests for assistance. For example, during lunch we saw staff frequently asked people if they were enjoying their meal or needed a drink. On one occasion we observed staff take their time to listen to what a person was saying about feeling anxious about where they were and what time of day it was. This approach had enabled staff to quickly understand what was upsetting this individual and to take appropriate action to reassure them, which they did by politely telling this person they were in the dining area because it was lunchtime and this was where they had chosen to eat their meal.

People's privacy and dignity was respected and maintained. People told us staff always treated them with dignity and respect. One person said, "Staff always knock on my bedroom door before they come in." A relative also remarked, "Staff call my [family member] by their preferred name." Personal care was attended to in the privacy of people's bedrooms, bathrooms or toilets, and staff were observed offering support discreetly in order to maintain people's dignity. The service had a designated 'Dignity Champion' who ensured staff remained up to date and implemented recognised best privacy and dignity practice. Staff gave us some good examples of how they respected people's dignity which included, ensuring bedroom and toilet and bathroom doors were kept closed when they were supporting people with their personal care and addressing people by their preferred name. Staff were aware of the importance of ensuring information about people was kept confidential. The registered manager confirmed everyone who lived at the care home had a single occupancy room and no one had to share a bedroom if they chose not to.

Care plans contained information about their personal communication styles and preferences and how people communicated choices and decisions about the care and support they received. For example, one care plan made it clear to staff they needed to always speak slowly and clearly when communicating with this individual, and allow them plenty of time to respond to questions. People's communication needs and preferences were well known by staff. This was evidenced through our conversations with staff who were able to explain how each person communicated and made choices about what they wanted. Some people preferred information to be presented in a format that was easy to understand and displayed in a visible and accessible way. For example in communal areas we saw information in easy to read formats to ensure people were made aware of upcoming social activities and events.

Visitors said there were not aware of any restrictions on times they could visit their relative or friend. They also said the managers and staff always made them feel welcome. One relative told us, "This is an extremely welcoming place…The manager and staff are so friendly", while another remarked, "The staff often ask me if I would like to join my [family member] for a meal, which I've done a few times recently...It was so nice having a meal with my [family member] again." We saw paintings and pottery created by people living at the care home and photographs of people, their families and staff enjoying various social activities and celebrations displayed throughout the communal areas and in people's rooms. The atmosphere in the main dining room during lunch felt congenial and relaxed. This all helped reinforce the homely and welcoming atmosphere of the home.

Staff understood and responded to people's diverse cultural and spiritual needs in an appropriate way. People told us religious leaders representing the Christian faith regularly visited the care home. Information about people's spiritual needs, ethnicity and sexual orientation were also included in their care plan.

Staff supported people to be as independent as possible. People told us staff knew them well and supported them to be as independent as they wanted to be. One person gave us an example of how staff helped them maintain their independence by respecting their decision to have a commode in their bedroom at night. A relative said their family member liked to attend appointments at their local GP surgery, which staff supported them to continue doing. Other relatives gave us examples of staff actively encouraging their family members to continue dressing and/or washing themselves or to go out shopping locally. Care plans reflected this approach and included detailed information about people's dependency levels and more specifically what they could do for themselves and what help they needed with tasks they couldn't undertake independently. For example, it was clear in several care plans we looked at that people who were willing and capable of looking after their own money were actively supported by staff to do so.

Good

Our findings

People received personalised care which was tailored to their needs and wishes. One person said, "They [staff] know what I like and what I don't." People said they had been involved in developing their care plan. These plans were written in a person centred way that focussed on their individual care needs, abilities and choices. They also included detailed information about how people preferred staff to deliver their personal care and who was important to them, such as close family members and friends. For example, people's daily routine set out for staff when people liked to wake up, how they wished to be supported with getting washed and dressed and when and where they would like to eat their meals. This gave staff good information about what was important to people so that they could tailor support to meet people's individual needs and wishes.

Care plans were reviewed at least monthly and updated as and when required if there had been changes to a person's needs and/or circumstances. Where changes were identified, people's care plans were updated quickly and information about this was shared with staff through shift handovers, each unit's communication book and various meetings.

Staff were knowledgeable about the people they were supporting, knew what was important to them and provided support in line with people's needs and expressed wishes. For example, staff were able to explain to us what aspects of their care people needed support with, such as moving and transferring or assistance at mealtimes, and what people were able to do independently. For example, in accordance with instructions set out in one care plan we looked at we saw staff ensured a magnify glass for reading and a walking stick were always easily accessible to this individual who liked to sit in a certain spot in the lounge. People also had a designated key-worker. This was a member of staff assigned to a person to make sure their care needs were met, and their choices about their care were known and respected. Staff demonstrated good knowledge about the places of birth, previous jobs and the food preferences of the people they key-worked for.

People were given choices about various aspects of their daily lives. Typical comments we received from people included, "Staff know I like to eat in the lounge and make sure that's where they serve me my meals", "Staff kindly show me a range of clothing from my wardrobe every morning so I can choose what I want to wear each day" and "My [friend] can choose to stay in bed as long as they want, which I'm pleased to say staff totally respect." During lunch we observed staff show people two different plates of food which contained the main meal choices that were available at lunchtime on both days of our inspection. One person told us, "I was going to have the stroganoff today, but as soon as I smelt the moussaka I decided that

was the lunch for me." Throughout our inspection we heard staff ask people what they would like to eat and drink and whether or not they wanted to join in any of the group activity taking place in the communal lounge. Care plans clearly stated people's preferences regarding the gender of the staff who provided their personal care, which visiting relatives confirmed staff always respected.

People had opportunities to participate in meaningful social activities both inside the care home and in the wider community. One person told us, "I choose not to join in most of the activities, but I must admit I really do enjoy the painting classes we have here." Another person said, "This Christmas we went out with staff to see a pantomime in Epsom, which I thought was marvellous." The service had appointed a full-time activities coordinator to provide a dedicated permanent resource at the service for identifying and delivering appropriate activities and events for people to take part in. The activities coordinator sought creative ways to stimulate and engage people and told us about a weekly activities timetable they had introduced, which included gentle exercise and yoga classes, painting and clay-work sessions provided by an external organisation, nettle craft and knitting, quizzes, and music and film nights. We saw the care home had its own minivan, which was frequently used to take people living in the care home on outings to local theatres, garden centres, restaurants and day trips to the coast. Staff told us they often went shopping or visited a local park with people living in the care home.

The activities coordinator told us they ensured people who liked to spend time on their own also had opportunities to engage socially with staff in their bedroom. They gave us a good example of how they tried to mitigate the risk of one person who liked to stay in their bedroom becoming socially isolated by ensuring they always took them their daily newspaper and spent some quality one-to-one time with them discussing current affairs.

The service had suitable arrangements in place to respond to people's concerns and complaints. People and their relatives said they knew how to make a complaint and told us they were confident that any concerns they had would be dealt with appropriately. One person said, "I complained about there not being any salt and pepper available at mealtimes, which the staff sorted out straight away." A relative told us, "No complaints about the home, but if I was unhappy about something I wouldn't hesitate to tell the manager who I'm sure would take any issues I raised seriously." People confirmed they had been given a copy of the provider's complaints procedure when they first moved into the care home. The complaints procedure was also readily available and on display in the care home.

We saw when a concern had been raised the registered manager had conducted a thorough investigation, provided feedback to the person and offered an apology where this was appropriate and checked that they were satisfied with the actions taken to resolve the issue raised. The registered manager ensured any issues or concerns people raised were discussed at staff team meetings to share learning and ways working practices could be improved to stop mistakes reoccurring unnecessarily.

When people were nearing the end of their life, they received compassionate and supportive care at the home. Care plans contained a section that people could complete if they wanted to record their wishes during illness or death. We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care plans we looked at. Records showed staff had completed up to date end of life care training.

Good

Our findings

The care home had a suitably qualified and experienced registered manager in post who knew the people who lived there well. They demonstrated a good understanding of their role and responsibilities particularly with regard to meeting CQC registration requirements and for submitting statutory notifications of incidents to us.

The provider had an effective management structure in place. People spoke positively about the way the care home was managed. One person told us, "The new manager is really friendly and easy to speak too." A relative said, "I've got a lot of time for the new manager who I think does a really good…Her office door is also always open." In addition to managing this care home the registered manager continued to run another of the provider's care homes for older people in Surrey, which they had done so for the last three years. The registered manager told us they were able to divide their time equally between the two care homes because they were supported by two experienced deputy managers who took over the running of the service's in her absence. Additional support came from the provider's Operations Director and a regional manager who regularly visited the care home. This meant the registered manager was able to effectively run two care homes simultaneously.

The provider valued and listened to the views of staff working in the care home. Staff told us managers and senior staff were supportive and approachable and they felt listened to and valued by them. Several staff frequently described the registered manager as "approachable" and "friendly". One staff member told us, "The manager is very hands-on and is always contactable in person or phone when you need her." Staff regularly attended team meetings where they could contribute their ideas to improve the care home. Records of these meetings showed discussions regularly took place which kept staff up to date about people's changing care and support needs, as well as developments in the care home. Staff also shared information through daily shift handovers and a communication book.

There was an open and inclusive culture at the care home in which people, relatives and professional representatives were encouraged to speak with managers and staff. People and staff had sufficient opportunities to share their views and experiences with managers. We observed numerous occasions where people, visitors and staff popped in to see the registered manager during our inspection. The provider used a range of methods to gather views from people living in the care home, their relative's and professional representatives. This included monthly meetings for people living in the home and quarterly meetings for their relatives, a suggestions box, and annual stakeholder satisfaction surveys. All the stakeholder satisfaction surveys that had been returned to the provider in the past 12 months were positive about the

standard of service they, their family member or client had received at the care home.

There were appropriate arrangements in place to monitor the quality and safety of the service people received. We saw the regional manager routinely carried out themed audits of the care home, which focused on a different aspect of service delivery every month. In addition to these audits the registered manager was responsible for carrying out their own monthly checks of care plans and risk assessments, medicines management, staff recruitment, training and supervision, fire safety, food hygiene and safeguarding incidents, complaints and accidents. The home's maintenance records also showed us equipment was routinely serviced and maintained to reduce possible risks to people.

Through the aforementioned governance systems improvement plans were developed to address any identified issues. The registered manager told us they regularly discussed the aforementioned improvement plans at regular meetings with the regional manager. They gave a good example of action they had taken to improve the homes medicines handling practices after the audits described above had identified a higher than expected number of medicines errors that had occurred in the first half of 2017. Records indicated staff had been retrained in the safe management of medicine's and no medicines handling or recording errors had occurred in the last six months, which the team leader in charge of overseeing medicines in the home confirmed.

The registered manager worked closely with various local authorities and community health and social care professionals to review joint working arrangements and to share best practice. For example, the registered manager told us they were in regular contact with GP's, district nurses and social workers and frequently discussed peoples changing needs and/or circumstances with the relevant professional bodies.