Barchester Healthcare Homes Limited

The Reigate Beaumont

Inspection report

Colley Lane
Reigate
Surrey
RH2 9JB

Tel: 01737225544
Website: www.barchester.com

Date of inspection visit:
20 March 2018

Date of publication:
02 July 2018

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

The Reigate Beaumont (Reigate Beaumont) is a care home with nursing that is registered to provide accommodation and nursing care for up to sixty people. 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. The home is an adapted building over two floors with easy access between floors via a lift. There are two communal lounge areas and two dining rooms, together with vast grounds and gardens.

The inspection took place on 20 March 2018 and was unannounced. At the time of our inspection 56 people were living in the home.

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

People's medicines were not always handled in a safe way by staff. Although we found administration of medicines was not an issue, dispensing and good medicines practices were lacking. We saw staff attending to people's needs on the day, however we found deployment of staff was not always organised in such a way that people received a staff member's full attention or received support when they needed it. We also found a lack of attention to detail for some people.

People were cared for by staff who were kind, caring, attentive and showed respect towards them. People could have privacy when they wished it and they were given the opportunity to contribute to their care plan. Information for people was provided in a way they would understand and where there were restrictions in place staff followed the principals of the Mental Capacity Act (2005).

People's care plans were person centred and where a person's needs changed staff responded to this. Staff ensured people had access to health care professionals when they needed it as well as to a range of nutritious food. Staff used national guidance to support them to provide effective care. Where people had accidents or incidents staff took appropriate action and as such reflected on incidents to aid their learning.

Risks to people had been identified and guidance was in place for staff. Before people moved into the home their needs were assessed to ensure staff could provide effective, safe and responsive care. The home was adapted to meet people's needs and staff ensured people were not at risk of infection or abuse because they understood their responsibilities in respect of these. This was aided by the registered provider's robust recruitment process.

Health and safety and quality assurance processes were in place to check the environment that people lived

in was safe and the service people received was of a good quality. In the event of a fire there was fire information available for staff and the emergency services.

People were cared for by a consistent staff team who felt supported by the registered manager and had access to the training and supervision they required in order to carry out their role. Staff worked together as a team and the culture within the service was good. Staff met on a regular basis to discuss all aspects of the service.

People were given the opportunity to give their feedback on the care they received. Although people had access to a range of activities evidence of people who stayed in their room receiving one to one time with staff was lacking. However, people were happy with the care they received from staff and told us they were confident if they had any concerns or complaints these would be addressed.

The registered manager had developed a positive culture within the home. One that was open and transparent. They had worked well with the local authority safeguarding team to investigate any concerns and had developed relationships with other external agencies in order to improve the care people received at the service.

During our inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's medicines were not always managed correctly.

Deployment of staff was such that at peak times people had to wait for their care.

Risk assessments were in place for people.

Good infection control processes were followed by staff.

Equipment in relation to fire safety was regularly checked and tested and there was a contingency plan in place for people.

Staff were knowledgeable in relation to their safeguarding responsibilities and when accidents and incidents occurred these were recorded and lessons were learnt.

Is the service effective?

Good

The service was effective.

Staff had access to appropriate support, supervision and training.

People's care was provided in line with the Mental Capacity Act 2005.

People's nutritional needs were assessed and individual dietary needs were met. People enjoyed the food provided and were consulted about the menu.

People's healthcare needs were monitored effectively. People were supported to obtain treatment when they needed it.

Before people moved into the home their needs were assessed and the environment offered appropriate facilities for people.

Is the service caring?

Good

The service was caring.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their privacy and dignity.

Staff supported people in a way that promoted their independence and people could make their own decisions about their care.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred and were regularly reviewed to ensure they continued to reflect people's needs. Where's people's needs changed staff responded to this.

Staff provided care in a way that reflected people's individual needs and preferences.

People had opportunities to take part in activities, outings and events.

Complaints were managed and investigated appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was a breach of regulation in relation to medicines which meant we cannot say the service is well-led.

There was an open culture in which feedback was encouraged and used to improve the service.

There was effective communication between staff at all levels.

The provider had implemented effective systems of quality monitoring and auditing.

The Reigate Beaumont

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 was 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 20 March 2018 and was unannounced. The inspection was carried out by three inspectors and a specialist nurse.

Before the inspection 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. The provider had returned a Provider Information Return (PIR) in 2015. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 12 people who lived at the home and four relatives and two visitors. 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 tell us about their experience directly. We spoke with seven staff, including the registered manager, activities and catering staff. We also spoke with the provider's regional clinical development manager and quality improvement lead.

We looked at the care records of eight people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at four staff recruitment files and other records relating to staff support and training. We also checked records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

The last inspection to this service was carried out in February 2016 where we identified no concerns.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at The Reigate Beaumont. Comments we received included, "Yes, because of the extensive care," "Yes, I feel I am in a place there are a great many people involved in looking after me" and, "Feel very safe, on the whole I can't complaint. Doors are locked and shut and always people in the corridor." A staff member said, "People feel safe with me. I try to adapt to people's personality."

Despite the feedback we received we found some concerns around medicines practices and that there was not always a suitable number of deployed staff available to meet people's needs in an uninterrupted way or when they needed it.

People's medicines were not always be handled safety. Although documentation and storage of medicines was safe we found staff carrying out some poor medicines administration processes. During a medicines round we found a staff member prepared two people's medicines and then they took it to them at the same time. We saw the staff member give one person their medicines and then walk back through the building, taking the lift, to give the other person theirs. This meant there was a high risk of confusing medicines and being interrupted and giving medicines to the wrong person. Three people told us their medicines were given to them and staff did not wait to check they had taken them. One person said, "I've been told to take this at 11 o'clock. I don't know what that's for. They (staff) bring them in. They leave it and I take it." Another person also told us, "They put the pot down and go and I have seen the tablet in there." During the medicines round the staff member was interrupted by their telephone. They were called away to assist the visiting GP and as such the round was delayed by an hour. When staff are dispensing and administering medicines they should do so uninterrupted to help ensure people receive their medicines when they require them. One person required a medicated cream on a sore and we saw the staff member apply this without gloves on, not washing their hands before or after.

The lack of robust medicines management processes was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Although people generally told us they did not have to wait for staff we found people may not always be cared for by staff who were appropriately deployed. One person told us, "We have a bell to ring and the staff come." Another person said, "They're staffed as well as they can be." However another said, "I think they are a bit short-staffed. They (staff) are very rushed at times." They told us they sometimes had to wait a long time when they used their call bell. Further comments we received included, "There could be more they have a lot to do" and, "We could do with more staff, staff a very good but the rooms have filled up and we could do with more."

During the morning we saw one person sitting with their breakfast beside them half-eaten. A staff member came into the person's room and we spoke with them about why the person had only half eaten their breakfast. The staff member told us their pager had gone off and they had been called away to assist another staff member to hoist someone. Another staff member told us this was common practice. They said that they could be in the middle of personal care for someone and be required elsewhere. They said they

would make sure the person was, "Decent" first and go to assist their colleague. We heard a person shout for staff as they wished to sit in their wheelchair. Although staff responded to them straight away they told the person, "I'll be back, I'll just wait for my colleagues." Staff told us they felt that generally there was enough staff but all of the staff we spoke with acknowledged that people's care was interrupted, especially in the morning, when it was a busy time. Staff told us, "We tell the resident I'm sorry I need to answer the bell. They are very understanding," "They (people) do understand if you just explain, tell them you will come straight back" and, "People are okay about it, they don't seem to mind." This meant that people were not always being provided with staff's undivided attention when they were receiving care because staff were not deployed in a way to provide this. In addition, during lunch time in the 'assisted' dining room (where most people required support to eat) we observed one person having to wait half an hour for their main meal at lunchtime. This was because staff were assisting other people. This meant this person sat and watched other people enjoy their meal whilst they waited for theirs.

The lack of appropriately deployed staff was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People were cared for by staff who had undergone appropriate checks before they began working at the service. Prospective staff were required to submit an application form with details of referees and to attend a face-to-face interview. Staff recruitment files contained evidence that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. The provider also checked that prospective staff were entitled to work in the UK. The registered manager recognised the importance of good continuity of care and as such did not use agency staff.

People were cared for by staff who understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. All staff attended safeguarding training in their induction and refresher training in this area was provided regularly. Two safeguarding concerns had occurred at the service during 2017. We found the registered manager had worked in conjunction with the local authority to investigate these and as such had notified CQC. As a result of investigating one of the safeguarding concerns the registered provider had taken action to help improve safety across the organisation as a training course had been delivered to all relevant staff. A staff member told us, "If we see something (abuse) we must not ignore it, we must report first to a nurse and if they do not respond we go to the manager." Another staff member reported, "We do have the whistle-blowing (process) too."

Risk assessments had been carried out to identify any risks involved in people's care, such as inadequate nutrition or hydration, pressure ulcers or choking. Where risks had been identified, staff had implemented measures to reduce the likelihood of them occurring. For example pressure relieving equipment had been obtained for people at risk of pressure ulcers and repositioning regimes had been implemented. Where people were starting to display behaviour that challenged staff and posed a potential risk to the safety of others the registered manager had involved appropriate professionals such as community mental health team in developing a support plan to meet the person's needs. One person self-propelled themselves in their wheelchair and we found a risk assessment in place for this. One person told us they were at high risk of falls and as such now had a call bell next to them. Another person had been identified as at risk of inadequate nutrition and as a result the person was now receiving supplements in their diet and staff checked their weight regularly to monitor for weight loss. We did find one person lacked a risk assessment in relation to their mental health needs. We raised this with the registered manager at the end of our inspection who told us they would address this. We are confident that this has now been put in place.

Accidents and incidents were recorded and reviewed by the registered manager to ensure appropriate action had been taken to prevent a recurrence. Records recorded the incident, precursors, what had happened, injuries sustained and time and place. Body maps had been completed to indicate the location of injuries. There was also a 'manager's investigation of incident' completed for each incident and an' actions to prevent recurrence' which had been completed in each case.

There was evidence that staff learnt from accidents and incidents. We noted a medicines error had occurred in February 2018. This had resulted in one person not receiving their second medicines dose each day for five days. There was evidence that a clinical incident analysis had been carried out and that learning had been identified following the incident to prevent a similar incident happening again.

Staff carried out regular health and safety checks on the premises and equipment used in the delivery of care. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire. The fire alarm system and firefighting equipment were checked and serviced regularly. The provider had developed a business continuity plan to ensure people's care would not be interrupted in the event of an emergency. Other checks included Legionella (water safety), gas safety and portable appliance checks.

People lived in an environment that was clean and hygienic and we did not have any concerns about the cleanliness of the service. One person told us, "The housekeeping is exceptional." Another person said, "They keep it beautifully clean." We observed staff wearing gloves and protective clothing when appropriate. Staff had a good understanding of the processes they should follow to reduce the risk of transmission of infections. We saw from records that mattresses, wheelchairs, sliding sheets and slings had a cleaning schedule in place. There was separate storage for soiled laundry and sluice rooms for cleaning dirty equipment. A staff member told us about the importance of washing hands, wearing gloves and aprons and putting rubbish into the right bags to, "Protect ourselves and everyone else from infection."

Good

Is the service effective?

Our findings

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 when this is in their best interests and legally authorised under the MCA. The application 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.

We found staff had a good understanding of the MCA and that where specific decisions were required for people staff followed the principals of the Act. People had mental capacity assessments in place. These related to their capacity to make the decision to live at Reigate Beaumont and to have bedrails. We did find two people who lacked mental capacity assessments and best interests decisions around their medicines and their bed rails. We raised this with the registered manager at the end of our inspection who said they would address this. They sent us evidence following our inspection to show us they had done so. Where people were subject to restrictions for their own safety, such as being subject to constant supervision by staff, applications for DoLS authorisations had been submitted to the local authority.

People were cared for by staff who had the knowledge and training they needed to provide effective support. One person told us, "The right knowledge and skills? Of yes, of course they do they are really very good." A relative said, "They are lovely staff. If we ask a question they answer well." Staff attended an induction when they started work, which included shadowing experienced colleagues before they provided people's care. Staff told us they had attended all elements of core training during their induction which included health and safety, moving and handling, infection control, fire safety and first aid. We read there was 91% compliance in relation to staff training and the registered manager told us that the training system identified and reminded staff when their training required refreshing. Staff told us they access to all the training they needed to provide people's care. One staff member said, "We have it (training) in a group. We update and refresh the training, such as duty of candour, safeguarding, whistle-blowing." Another staff member told us the face to face training had improved. They said, "I am really happy with my training. We have even more training than before. It is good to update my knowledge."

Staff told us they were well supported in their work by their colleagues and senior staff. Staff had regular one-to-one supervision sessions with their line manager, which gave them the opportunity to discuss any support or further training they needed. One staff member said that management were very supportive and that they had been told they could do a National Vocational Qualification in care. Two clinical staff said they received clinical and mandatory training to support their continued professional development. Their monthly supervisions reflected on practices and they had both recently had annual appraisals. A staff member told us, "I had mine last month. It was very useful." Another staff member said they had regular supervision either with the registered manager or a nurse. They said, "[Registered manager] does listen. If we

notice something she gives us feedback."

People told us they enjoyed the food provided and that staff knew their likes and dislikes. People commented, "The food is pretty good. We get soup, a main course and pudding. We get a choice," "The food is very good and we have plenty of variety. The dining room is very nice," "The food is good on the whole. I enjoy the breakfast best. I have it in my room," "I had the fish; it was lovely" and, "I like good meat and their choice of meat is good – good quality."

We observed that the home had two dining rooms. One was for people who could eat independently and the other for people who required assistance. We noted that both dining rooms were nicely laid out. The service had kitchen 'hosts' who visited people individually during the morning to record people's lunch choices. We noticed at lunch time that people in the independent dining room were being served by the hosts and they had been given the lunch menu as a reminder of what was being served. However in the 'assisted' dining room this did not happen and furthermore we did not see staff offering people plated up choices of food which is important to assist people who may be living with dementia to make a choice. We spoke with the registered manager about this during our inspection who said they would address this as this should have happened.

People's nutritional needs had been assessed and risk assessments had been carried out to identify any risks to people in eating and drinking. Referrals had been made to healthcare professionals, such as a speech and language therapist and a dietician, if people developed needs that required specialist input. We saw at lunch time some people were given their soup in a cup to make it easier for them. Staff were heard to ask if people wanted support to cut their food and some people accepted this help. There was effective communication between the care staff and the kitchen and the chef was knowledgeable in relation to people's needs. A relative told us the chef knew their family member's dietary preferences and there were some foods their family member did not like. They said the chef always provided alternatives that their family member enjoyed. The chef told us there was also a 'Something different' menu which included options such as sandwiches and omelettes for people who did not wish anything from the main menu. There was a small café area in the service which had fresh fruit available for people. In addition, during the morning we observed staff offering fresh fruit to people. People had access to regular drinks and jugs of juice were available for people to help themselves

People's needs were assessed before they moved into the service to help ensure that their individual care needs could be met by staff. We noted that information in pre-assessments was detailed and covered all aspects of a person's care needs. They included a person's medical history, medicines, communication, mobility and nutrition as well as other aspects. The information recorded in people's pre-assessments formed the basis of a person's care plan.

Staff used national guidance to provide effective care. We asked clinical staff how they kept themselves up to date on best practice and they told us, "The internet and journals on line." As part of the NHS CQUIN (Commissioning for Quality and Innovation) programme staff had held a nutrition and hydration week in the home. These made staff and people more aware of the risks of both. As such one day was 'smoothie' day, another involved afternoon tea and a third people were served with snacks and various finger foods. The anticipated outcome was that people would have a reduction in nutritional supplements and optimum hydration.

People were supported by staff to access healthcare professionals if there were concerns about their health or well-being. One person told us, "They have very nice doctors who talk to us and makes sure we have everything." A relative said, "Have seen the doctor when needed, the opticians come in and a dentist came

in." We saw evidence that people had seen the GP, chiropodist, optician and other external healthcare agencies. Where one person's mobility was deteriorating we saw evidence they had been referred to a specialist nurse for support. Another person had deteriorated and we noted they had seen the GP every week for a month during this period. In addition, they had been referred to a dietician. One person told us their pain and symptoms were managed well by staff.

The service was suitable for people's needs. We saw it was homely and communal areas were welcoming and well-furnished. There were lifts available for people to use to assist them in moving around the building. There was a room which people could use to spend time with family privately. The registered manager told us this was regularly used for family celebrations. Each room had its own ensuite facilities and bathrooms had adapted baths for ease.

Good

Is the service caring?

Our findings

People told us staff were kind and that they enjoyed their company. One person said of staff, "The staff are wonderful. They look after you." Another person told us, "The staff are very nice and some of the staff in particular are very good." A third person told us, "I am very happy here." A visitor commented, "Some staff are outstanding. The atmosphere is very caring." Another visitor said, "I can only say for one thing he's very happy."

The atmosphere in the home was relaxed and inclusive and staff spoke to people in a respectful yet friendly manner. One person said, "Here everybody talks to each other very kind and caring. The domestics always talk to you." It was clear that people had developed positive relationships with the staff who supported them. Staff were proactive in their interactions with people, making conversation and paying them compliments.

Staff supported people in a kind and caring way. One person told us, "They (staff) try very hard to please." They were attentive to people's needs and took time to ensure they were comfortable. One person commented at lunch time they were unable to see what they were eating and we saw a staff member offer to help them. One person told us, "The staff are very caring and I receive lots of attention." A relative said, "They (staff) are lovely, they are all very caring." Another relative, "There are so many lovely staff doing an amazing job. One's who make a fuss of dad and genuinely care."

People were cared for by a consistent staff team. The registered manager told us they did not use agency staff and only directly employed staff worked at the service. One person told us, "I see regular, consistent staff." A relative said the stability of the staff team was one of the best things about the home. They said, "Some of them have been here for years. It's good for mum because she knows them." Another relative told us, "So far very, very thrilled there is a continuity of staff that he knows. The staff is very beneficial to dad who likes routine and knows what is happening."

People were able to make their own decisions about their care and could have privacy when they wished it. One person told us, "They have a few men (staff) here and I have a choice that I only have women (staff)." Another person said, "They say, what time do you want to go to bed? I say ten o'clock so it's my choice." A staff member told us, "We put the residents first. We ask them what they like. We give them choice." Another said, "We do our best for the residents - whatever they say, they are the boss." We saw people returning to their rooms when they wished. One person told us they chose to eat their meals in their room because of mobility issues. They said they felt more comfortable eating in their room and staff were seen supporting this person back to their room at lunch time.

People had independence and needs in relation to their religious beliefs were met. One person told us, "They ask if I want my face washed or wish to do it myself." We saw people moving around the service throughout the day, accessing the lift to move between floors or sitting in different areas of the home. Two people spent the day together and staff supported them to ensure they could spend as much time as possible in each other's company. Another person went out independently and this was respected by staff.

One person told us, "I'm Church of England. I go to one (service) when he (vicar) comes into the lounge and does a service once a month." Another person said, "I go to the service here. I do enjoy (it)."

People were treated with respect and dignity. One person told us, "I don't think I could do any better. I get on with everybody." People were gradually coming into the lounge area during the morning after having their personal care and breakfast. We heard the staff member present greet each person in turn and tell them what was going on, inviting them to participate in the activity. A relative told us, "She is very well looked after." Another relative said, "This is as good as you're going to get."

People's rooms were very personalised with articles and furnishings that meant something to them. We saw family photographs and ornaments from people's homes. One person told us, "My room is very comfortable." Another person said, "We have a lovely outlook from the room."

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. Information relating to activities or other events taking place were displayed on the notice boards in the service. These were easily accessible to people. People were enabled to maintain relationships with people close to them. We saw family members visit throughout the day. We saw evidence in people's care plans of family being invited to care plan reviews in order to contribute towards their family member's care which took place every six months. A relative told us, "Staff have come and chatted when I have needed it." Another relative said, "I'm like family now."

Good

Is the service responsive?

Our findings

People's care plans were detailed and written in a person-centred way. Care plans included background information about the person together with their needs in relation to mobility, nutrition, continence, sleep and communication. We did find one person did not have a care plan directly relating to their mental health and another person did not receive the adapted cutlery they required which was detailed in their care plan and we asked the registered manager to address this. However, the other records we looked at demonstrated that staff took time to ensure they held relevant information about people and that information was reviewed regularly. For example, where a person needed to be repositioned in bed to prevent pressure ulcers the care plan contained details of how many staff needed to be involved in this aspect of the person's care and which equipment to use. One person was recorded as, 'closes her mouth and eyes if she does not want to communicate'. Another person who could not communicate had recorded in their care plan, 'look for facial impressions which may indicate signs of pain'. This person needed to drink 1.5 litres of fluid a day and we noted there was a fluid chart in place in which staff were recording and totalling the amounts they had drunk.

Where people's needs changed staff provided responsive care. We read that one person had lost weight and as such required supplements. We observed them being given a mid-morning mousse and smoothies between meals as per their care plan guidance. One person told us staff understood their needs and how to provide their care. A relative told us how their family member had deteriorated and as such staff had responded to their needs. They said, "We have been visiting every day and they give me an update on his progress. They are very efficient – they have provided a lovely chair which is appropriate for his height and needs. The difference today from when he was admitted last week has been amazing." A staff member told us they were always updated about any changes in people's needs. They said, "Anything that is changing, the nurse will update us at handover and will update the care plan."

People and their relatives were involved in their plan of care. One person told us, "Done it (care plan) on a timely basis a year ago." Another person said, "I've got one somewhere." A relative said, "Yes, she had a care plan because I am involved in it."

There was evidence in people's care plans of advanced care plans/wishes. A relative told us that another family member had been in the home and they praised the care given by staff when the family member was receiving end of life care. They said there was always a member of staff sitting by their side holding their hand when they visited.

People had access to a range of activities and their spiritual needs were met. One person told us, "They try to entertain us with the activities. I went to watch the pianist yesterday and we joined in the singing. It was lovely." Another said, "If there are some quizzes, if someone is playing good music on the piano. I like classical music, I like jazz. There are things we go to, like indoor bowling – you meet other people and I like being competitive." During the morning we heard a classical music radio channel was on. A third person told us, "I sat with a man with an accordion and sang a bit. I used to sing at the Royal Albert Hall." We read from the records of events having taken place that external entertainers came into the service such as a pianist or

singer. Other activities included trips to the local garden centre, films, quizzes, food tasting and bar 'nite'. Records held by the activities lead showed a good participation in most of the activities. They told us, "I always try to find out what people like." During the morning we saw people in the lounge playing a bat and ball game with a balloon. Following that a game of skittles started. People clapped and congratulated people as they took their turn and it was clear people were enjoying the activity. The activities lead ensured everyone was included in the game and chatted about all sorts of different topics whilst it was going on. People's interests were recorded in their care records. We read that one person liked to talk about past travel. We read that a multi-congregational service was held at the service and noted one person had received a blessing.

However, we did note from the records that there was little evidence of people receiving one to one time in their rooms. This was particularly important for those people who were being cared for in bed. One person told us, "The activity lady comes and says what they are doing today – not really comes and talks to me, stands by the door. I'm on my own a lot – left by myself most of the day." However a relative did tell us they had seen staff spend time with their family member in their room which was important to the person. We spoke with the registered manager about this during our inspection. They told us that the activities lead did spend time with people on an individual basis and as such we reminded the registered manager of the importance of recording this.

We asked people if they knew what to do if they were unhappy about anything. One person told us, "Lovely lady called [name] – one in charge. I can talk to her about anything." Another person said, "Go to the manager, she's a good listener." A relative told us if they had any concerns they were addressed. They said, "If I have ever had a problem, they have sorted it straightaway." A visitor told us, "The lady at the reception desk is very helpful I would go to her straightaway." The provider had a written complaints procedure, which detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. We checked the complaints record and found that any complaints received had been investigated and responded to appropriately. Staff acted on concerns raised by people in the same way they would address a complaint. One person told us they had commented on the cleanliness of their room and as such staff had taken action. They told us, "If I ask, they do it." Another person told us they had concerns about the person in the room next to them and as such had spoken with staff. We spoke with a staff member about this who told us this was in the process of being resolved. A third person had commented on some issues in relation to night staff during their care plan review. We spoke with the registered manager about how they had responded to this and they told us, "I addressed this with night staff in supervision." They provided us with evidence to show that they had followed this up as stated.

Requires Improvement

Is the service well-led?

Our findings

People and staff felt the home was well led. One person told us, "I can talk to the manager and I feel she listens and acts. She's approachable." Another person said, "Well run because they allow individuals to do what they like." A third commented, "She's (the registered manager) straight forward, welcoming, listening and willing to act." A relative said the registered manager was accessible if they wished to speak with them. A staff member said, "She (the registered manager) gives us good support. She is a very good manager. She is kind, she is fair."

Although we received positive feedback from people, relatives and staff about how well led the service was we are unable to give the service a Good rating in Well-Led. Providers should be meeting the standards set out in the regulations and display the characteristics of good care. The auditing and governance systems at the service were not sufficiently robust to have identified shortfalls in practice. The internal medicines audits had not identified poor administration practices of staff. There was also an absence of some attention to detail for people, such as a lack of adapted cutlery for one person who required this to enable them to eat independently.

Staff enjoyed working in the home and it reflected in their attitude towards people and the culture within the staff team. One staff member said, "It's like working with and caring for your family." Another told us, "I love my job. I love to help people." They said staff supported one another well, they said, "We work as a team, teamwork is good." Another staff member told us, "We enjoy the teamwork and we get good support from management." We heard nursing and care staff had a good working relationship. A staff member said, "We just give a hand wherever it is needed. We treat each other like sisters." The registered manager valued their staff team and told us they ensured staff knew they were appreciated. This was confirmed by one staff member who told us, "We have a staff fund; the registered manager gives us things to cheer us, like to enjoy a meal."

The registered manager had a clear vision for the service. They told us, "I feel I have achieved so much since I have been here. There is lots of new equipment, furniture and new carpets. The food is fantastic. We've had no agency staff now for three years and I am not short of nurses. We won garden of the year and we have links with Age Concern. Once a month we have a 'Don't dine alone Sunday' where we invite people from the surrounding area in to share a dinner with people. This year there is going to be more refurbishment and more of activities. We have more male residents now so we are going to start a walking club."

The registered manager had acted in an open and transparent way with people, their families and professionals in relation to the care and treatment people had been provided with. They promote a culture that encouraged candour and honesty. Where accidents and incidents occurred the registered manager demonstrated the principles of duty of candour by acknowledging and addressing the shortfalls of the service.

The registered manager carried out 'rounds' with the clinical manager of the service which involved them meeting with each person to check if they had any issues. Where people had fed back to the registered

manager we noted this had been followed up. For example, one person said their water was not in reach during the night and it was recorded the registered manager had spoken with the nurses and care staff immediately. Another person had asked for a chair to be removed from their room and for a new table and we read this had been done.

People had opportunities to contribute their views at residents meetings. One person told us, "There are residents meetings once a month." We read that topics discussed covered all aspects of the service from food to maintenance. People had requested an additional mirror in a bathroom upstairs and this had been done. People were informed of important information about staffing and other aspects of the service and people had been asked to put forward ideas on how to spend the resident's funds. The chef told us they asked people for feedback about their meals and we observed the chef doing this during the inspection. They said they had included several dishes on the menu at the request of people. There was a comments book in the dining room in which people could leave feedback. We noted all the comments recorded were positive. People also told us they had been asked to fill in a resident's survey.

Each quarter a newsletter was produced and circulated to residents and relatives. This gave news to everyone on past activities and up and coming events, important information about the organisation and how people could feed back any comments about the care they received.

There was structure to each shift which had increased accountability within the staff team. A staff member said they had a team leader who was also a senior carer. They said this staff member kept everything running well because they checked that key tasks were getting done, such as recording, repositioning and reporting anything of concern.

Quality and clinical governance meetings were held with clinical staff and covered nutrition, tissue viability, choking risks, infection control and a falls analysis. Actions were identified and we saw these were followed up or addressed. For example, it was noted the chef was notified of people who were at risk of weight loss. Information provided to the chef included people's individual needs and what food required fortifying.

All staff groups met on a regular basis to discuss the needs of the people they cared for. A staff member told us, "We talk about the new people who come and discuss any changes in people's needs. The manager is responsive to any concerns we raised. If we don't have enough equipment we report it and the manager will sort it out." Another member of staff said, "You can talk about anything. We can be open." Reflective practice was demonstrated with staff holding a meeting following an outbreak of diarrhoea and vomiting within the service.

The provider had effective systems of quality monitoring and improvement. The registered manager carried out regular audits, such as health and safety, documentation, medicines and nutrition and dining. Where shortfalls were identified the registered manager met with staff to discuss. Such a meeting was held with clinical staff in relation to medicines, infection control and documentation. We noted in the health and safety audits it was identified that there were no first aid boxes and the fire alarm was due a service. We saw that these had been addressed. An external pharmacy audit was carried out in June 2017. This made recommendations in relation to covert medicines (medicines disguised in food) and pain patches. We checked and actions had been completed. During our inspection the provider's quality improvement lead was carrying out an audit on care plans, policies and safety as well as other aspects of the service. At present the home was without a deputy manager and as such the provider's regional clinical development manager visited the home each week for support. They told us they supported the home with governance and they monitored clinical issues that arose.

The registered manager had developed effective working relationships with other professionals, which included the local authority safeguarding team and the Clinical Commissioning Group. People benefitted from these relationships in that the registered manager developed new practices within the service. We noted there were very few accidents and incidents, particularly falls resulting in injury occurring in the home. The registered manager told us, "We have been involved in a Commissioning for Quality and Innovation (CQUIN) programme. This involves working with Surrey Down's clinical commissioning group to look at events taking place and how we can embed practice and make changes." They added, "Through this work our falls have reduced significantly." A healthcare professional told us, "All in all I would say that we have had excellent engagement from the home and I hope to see that they have maintained and built on the standards they set."

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provided had failed to ensure robust medicines management processes were followed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provided had failed to ensure they always had a sufficient number of suitably deployed staff.