Golden Manor Healthcare (Ealing) Limited

Charlton Grange Care Home

Inspection report

Charlton Lane
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Near Shepperton
Middlesex
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Date of inspection visit:
11 December 2019

Date of publication:
23 January 2020

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

Charlton Grange Care Home is a care home without nursing for a maximum of 62 older people, including people living with dementia. There were 39 people living at the home at the time of our inspection. The home is purpose-built and provides accommodation across two floors. The ground and first floors have communal lounge and dining areas and the home has a garden to the rear.

People's experience of using this service:
The consistency of care people received had improved since our last inspection. The reliance on agency staff had reduced as the provider had successfully recruited permanent care and nursing staff. As a result, people received their care from staff who were familiar to them and who understood their needs well.

There were enough staff on each shift to meet people's needs and keep them safe. People did not have to wait for care when they needed it. Staff had access to training relevant to for their roles and shared information about people's needs effectively. A new manager had been appointed since our last inspection who had improved the support provided to staff, including clinical supervision for nurses.

People were supported to maintain good health and to obtain medical treatment when they needed it. Staff were observant of any changes in people's health and ensured any concerns were reported. Staff kept relatives well-informed about their family members' health and well-being.

People enjoyed the food at the home and any specific dietary needs were recorded and known by catering staff. People had access to a range of activities. Two activities co-ordinators had been recruited since our last inspection and this had increased the availability of activities for people. Relatives were made welcome when they visited and were encouraged to be involved in the life of the home.

Risks were assessed and managed effectively. Medicines were managed safely. Staff maintained appropriate standards of hygiene and infection control. People were protected by the provider's recruitment procedures, which helped ensure that only suitable staff were employed. Staff understood their role in safeguarding people and knew how to recognise and report potential abuse.

People, families and staff had opportunities to give their views about the home at regular meetings and through surveys. Any suggestions people made were listened to and acted upon. People and relatives knew how to complain and told us they would feel confident in doing so.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People and their relatives were involved in planning their care. Staff encouraged people to make choices and respected their decisions.

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

Rating at last inspection and update
The last rating for this service was Requires Improvement (published 29 March 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-led findings below.

Charlton Grange Care Home

Detailed findings

Background to this inspection

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

Inspection team
Four inspectors carried out the inspection.

Service and service type
Charlton Grange Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The home's manager had recently applied for registration with the CQC and their application was being processed at the time of this inspection. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

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

We reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the inspection
We spoke with eight people who lived at the home and four visiting relatives. We spoke with nine staff including the manager and nursing, care, activities and catering staff. We also spoke with the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

After the inspection
The registered manager sent us further information via email, including the minutes of residents', relatives' and staff meetings and the results of satisfaction surveys.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

At the last inspection we recommended that the provider establish and maintain systems to ensure safety checks and servicing were carried out in line with relevant guidance and legislation. The provider had made improvements.

Assessing risk, safety monitoring and management

- People told us they felt safe at the home and when staff provided their care. One person said, "I feel safe living here and with the support I get from the staff." Another person told us, "They always support me to walk with my frame. It is all done very carefully."
- Assessments had been carried out to identify any potential risks to people, including the risks associated with falls, mobility, skin integrity and eating and drinking. Where risks were identified, measures were put in place to minimise them. For example, pressure-relieving equipment such as air mattresses and cushions had been obtained for people at risk of pressure damage.
- Testing and servicing of facilities and any equipment used in people's care was up-to-date. This included gas, electrical and water safety, hoists, slings and adapted baths.
- The provider had carried out a fire risk assessment for the home and regular checks were made on the fire alarm system, emergency lighting and fire-fighting equipment. A personal emergency evacuation plan (PEEP) had been developed for each person which detailed the support they would need in the event of a fire.
- The home had a business continuity plan which detailed the actions the provider would take plan to ensure people received their care in the event of an emergency.

Staffing and recruitment

- People told us staff were available when people needed them. They said staff responded promptly when they needed support, including when they used their call bells. One person told us, "Their response [to the call bell] is fine. You don't have to wait long." Another person said, "I have a bell but I would shout out if I needed help, [staff] are always around."
- Relatives told us there were enough staff available to provide their family members' care. They told us staffing levels had increased, which enabled staff to spend more time with people. One relative said, "There seems to be more staff around. They have time to stop and have a chat with people now. [Family member's] thing is to say good morning. He says it to everyone who passes [his room] and now they have time to say good morning and stop for a chat."
- Staff confirmed that there were enough care and nursing staff on each shift to keep people safe and provide their care. They said staffing levels enabled them to spend time getting to know the people they cared for. One member of staff told us, "You have got time to get to know the residents; what they like, what they don't like. You get to know them and their personalities." Another member of staff said, "There are

enough staff. If we are struggling, we speak to the manager to let them know that more staff are needed. They do listen to us and I never feel like we are short-staffed."

● The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to submit an application form and to attend a face-to-face interview. The provider obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check in respect of staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

● Staff received safeguarding training and understood their responsibilities in protecting people from abuse. Staff said they were encouraged to report any concerns they had about people's safety and that they would feel confident doing so. One member of staff told us, "I am comfortable to report any abuse I see." Another member of staff said, "I would report [any concerns] to the nurse or the manager and, if needed, I would report to the local authority."

● If concerns had been raised about people's care, the provider had notified relevant agencies, such as CQC and the local authority. For example, the home had notified CQC and the local authority when people suffered skin tears or bruising. The provider had investigated incidents when requested to do so and provided reports of their investigations and learning outcomes.

Learning lessons when things go wrong

● If accidents or incidents occurred, these were recorded by staff and reviewed by the manager to identify any actions that could be taken to prevent a similar incident happening again. This included considering factors such as the location of the incident and any equipment involved in people's care. The manager's review also assessed whether notifications to other agencies were required and whether any action was needed under the duty of candour. The duty of candour is a legal responsibility to be open and honest with service users and their families when something goes wrong that has caused harm.

Using medicines safely

● Medicines were managed safely. We found that there had been periods since our last inspection during which a significant number of medicines errors had occurred. Permanent staff told us that the high use of agency staff had contributed to the frequency of errors. However, this issue had been addressed by the time of this inspection.

● The reliance on agency staff had reduced and the manager had improved medicines monitoring systems, which had reduced recording and administration errors. The home's arrangements for medicines management had been recently audited by an independent pharmacist and the manager carried out regular in-house audits.

● Staff attended medicines training and the manager carried out competency assessments, including observed practice, before staff were authorised to administer medicines. Staff who administered medicines during our inspection demonstrated good practice. They ensured people understood which medicines they were taking and for what purpose. One person told us, "They always explain the medicines I am taking and what they are for." Staff made sure people had taken their medicine before recording that they had done so.

● The medicines administration records we checked at this inspection were accurate and complete. Any hand-written entries on medicine administration records had been double-signed in accordance with good practice guidelines. There were appropriate arrangements for the ordering, storage and disposal of medicines.

● An individual medicines profile had been developed for each person which recorded information about the medicines they took and any risks associated with their medicines. There was guidance in place for staff about the administration of medicines prescribed 'as required'.

Preventing and controlling infection

● Staff kept the home clean and hygienic and maintained appropriate standards of infection control. One person told us that the home was, "Always clean and tidy." All staff attended infection control training in their induction and regular refresher training. We observed that staff wore personal protective equipment (PPE), such as gloves and aprons, when necessary. Infection control audits were carried out to ensure people were protected from the risk of infection.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us they enjoyed the food at the home. They said staff knew their likes and dislikes and they could have alternatives to the menu if they wished. One person told us, "The food is good overall. I get to have what I like." Another person said, "The food is better now. Sometimes I choose to have my lunch here [in the person's bedroom] and they respect that. The other day I just wanted to have a sandwich and they did that for me."
- At lunchtime during our inspection, some people were disappointed that a dish which appeared on the menu was not available. We discussed this with the manager, who agreed to ensure that the published menu reflected the food available each day.
- The catering arrangements had changed since our last inspection. Previously, meals had been ordered pre-prepared from a large catering supplier. The home now employed a chef and catering staff to prepare people's food. This had improved the home's ability to respond to people's feedback about the dishes they wanted to see on the menu.
- The manager had introduced measures to improve people's dining experience. This included staff showing people the available meals plated up so they could make a visual choice of which they preferred.
- People's nutritional needs were assessed and kept under review. If people were at risk of failing to maintain adequate nutrition or hydration, staff monitored their weight and recorded their food and fluids. Referrals had been made to healthcare professionals such as a GP or dietitian where necessary, for example, if people were consistently losing weight.
- People's dietary needs and preferences were communicated by the care team to catering staff. This included information about food textures, allergies, portion sizes and fortified fluids.

Staff support: induction, training, skills and experience

- People told us staff had the skills they needed to provide their care. One person said, "Staff know what they are doing. I have full faith in them."
- All staff had an induction when they started working at the home, which included mandatory training and shadowing colleagues. Staff told us the induction process had equipped them well for their roles at the home. One member of staff said, I had induction training for one week. I shadowed someone to see how they care for residents, use equipment and also some classroom training."
- Staff told us the training they received was appropriate for their roles. They said they could request additional training if necessary to meet people's needs. One member of staff told us, "We have yearly training that we do online and face-to-face [training]. I feel like we are given the appropriate training to do the job." Another member of staff said of the management team, "They have said, if you need more training, come to us and let us know."

● Staff met with their managers for one-to-one supervision. Staff told us that supervision sessions were useful opportunities to discuss their training needs and to raise any issues or concerns they had.
● Staff shared important information about people's needs effectively. Staff told us that responsibility for people's care was allocated at the beginning of a shift to ensure everyone received the support they needed. A member of staff said, "During the morning meeting we are told the people we are responsible for that day."
● Staff had a handover at the beginning of their shift to ensure they were up-to-date with any changes in people's needs. A member of staff told us, "We work well as a team. We share information about people during handovers and meetings." Another member of staff said handovers were important as, "We need to know people's needs, what their condition or diagnosis is and how we need to support them."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
● People's needs were assessed before they moved to the home to ensure staff could provide their care. People's needs were reviewed regularly to ensure they continued to receive appropriate care and support.
● Care was delivered in line with relevant national guidance. The manager and senior staff kept up-to-date with developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff at handovers and team meetings.
● Staff used nationally-recognised tools to assess and monitor people's wellbeing and any risks involved in their care. For example, Waterlow assessments were carried out to identify any risk of developing pressure ulcers and people's nutritional health was measured using a Malnutrition Universal Screening Tool (MUST).

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to maintain good health and to access healthcare services when they needed them. People told us staff helped them arrange medical appointments if necessary. Care plans demonstrated that people had been supported to see healthcare professionals including GPs, dentists, chiropodists and the community mental health team.
● Relatives said staff monitored their family members' health effectively and were quick to highlight any concerns they observed. One relative told us, "They are on the ball with [family member's] health. If he has been ill, they have called the doctor out."

Adapting service, design, decoration to meet people's needs
● The home had spacious lounge and dining areas and people had access to a well-maintained garden. One of the ground floor lounges had been redecorated and turned into a café, which was well used on the day of our inspection. A cinema room had been created in a first-floor lounge. Adaptations and equipment were in place where necessary to meet people's needs, including adapted bathroom facilities.
● People were able to personalise their bedrooms if they wished. One person told us, "I can decorate my room how I want. I was even moved into a room with more wall space for all my pictures." A relative said of their family member, "He was able to bring everything he wanted from home when he moved in, his personal things."

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In

care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● People's care was provided in line with the MCA. People told us that staff asked for their consent on a day-to-day basis and respected their decisions. One person said, "Staff seem to ask my permission for everything." Relatives' comments and our observations confirmed this.
● Where necessary, assessments had been carried out to determine people's capacity to give consent to their care. If people lacked the capacity to give consent, the provider communicated with professionals and representatives legally authorised to act on people's behalf to ensure that decisions were made in people's best interests. Where people were subject to restrictions for their own safety, such as being unable to leave the home unaccompanied, applications for DoLS authorisations had been submitted to the local authority.
● Staff attended training on the MCA and understood how the principles of the Act applied in their work. One member of staff told us, "For mental capacity, we check the care plan to see if their capacity has been assessed recently or any changes have been made. I always make sure that I ask people about what they want do and let them make their own choices where possible."

Good

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- People and their relatives told us staff were kind and friendly. One person said, "I am happy here. They look after me very well. I couldn't wish for any better." Another person told us, "I can't fault the staff here. They are very nice and they help me when I need it." A relative said of staff, "They are all nice. [Family member] has a laugh and a joke with them."
- People told us that staff spent time talking to them and said they enjoyed the company of staff. One person said, "Staff come in and see me and talk to me about my family. I really enjoy it when they stop for a chat." Another person told us, "I have happy days here. I miss my flat but they try their best with me. They are very kind. When I ask for something, they always do their best to help me."
- The consistency of care people received had improved since our last inspection. The home had successfully recruited permanent nursing and care staff, which had reduced the use of agency staff to provide people's care. All the staff on duty at the time of our inspection were permanent staff. They knew the people they cared for well and were able to tell us about people's needs, interests and preferences.
- Relatives told us the recruitment of permanent staff had improved the care their family members received. They said agency staff had not known their family members well, which had affected their family members' experience of care. One relative told us, "We had a few problems when it was mostly agency [staff]. They were sending [family member] to the day centre with sandwiches that he wasn't eating as he didn't like what they were putting in them. The staff who are here now try really hard. They all know [family member] by name and they speak to him in a really lovely way. They are all very friendly. He has a laugh and a joke with them."
- Staff demonstrated a caring approach and spoke positively about their roles in supporting people. One member of staff told us, "For me [the role] is about how you care for people every day. How would I want my family treated? This is how I think when I am supporting people." Another member of staff said, "I like to engage with the people living here. Just a small chat with someone can make their mood change. Making people smile is the best feeling."
- People were supported to maintain relationships with their friends and families. One person told us, "They welcome your friends" and another person said, "My family can visit whenever they want." Relatives confirmed that they could visit whenever they wished and said they were made welcome when they visited.

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

- Staff treated people with respect and maintained their dignity. People told us staff were respectful when providing their care and said they could have privacy when they wanted it. One person said, "They always

knock on my door and tell me what they are going to do when they support me."

● During our inspection staff treated people in a way that was friendly yet respectful. They engaged positively with people, sharing conversation and humour. Staff were quick to respond and to offer reassurance if people became anxious or upset.

● People were supported to express their views and their rights were respected. People told us staff respected their choices and decisions about their care. One person said, "The staff do listen to me; I feel my choices are respected."

● People were encouraged to be independent and to manage aspects of their own care where this was important to them. One person told us staff supported them to mobilise safely as they preferred to do this rather than use a wheelchair. The person said, "It's nice to know they will support me and not just put me in a wheelchair, that way I can still walk."

Good

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were consulted about and involved in planning their care. Relatives said their input was encouraged when their family member's care was reviewed.
- Care plans were individualised and person-centred. They contained information about people's needs and preferences about their care. Staff had begun developing life histories for people by collating information about people's families, education, employment, hobbies and interests.
- Care plans addressed all the areas in people's lives in which they needed support. For example, people who were at risk of developing pressure ulcers had plans which described the care they needed from staff to prevent these occurring. People who had specific dietary needs had plans in place which outlined the support they required to maintain adequate nutrition.
- We saw evidence that care plans were reviewed regularly to ensure they continued to reflect people's needs.

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

- Activities provision had improved since our last inspection. The provider had employed two activities co-ordinators, who had developed a varied programme of activities and events.
- People told us they enjoyed the activities provided. One person said, "I am happy with the amount of activities and things I can do. If there is anything special on I will go down and get involved."
- Relatives told us their family members had benefited from the improvement in activities provision. One relative said, "There is more going on now, more for people to do. It has been really good for [family member]."
- Staff said they had observed that people were more engaged as a result of the activities available. One member of staff told us, "There are more people awake now. They used to fall asleep in the lounge. Having more activities has helped."
- The activities co-ordinator we spoke with told us they aimed to provide a range of activities based on people's individual needs. The activities co-ordinator said, "I go round each person as they all have their own different needs. Just doing an exercise class didn't work with everyone. I make sure I encourage them to get involved and do what they can based on their own needs."
- Staff ensured that people were protected from social isolation. People were encouraged to spend time with others and, if they chose not to, staff ensured they had company in their room if they wanted it. One person we spoke with said, "I couldn't fault the staff here; they seem to know when I want to have a chat with them and when I don't."

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Where people had specific communication needs, these were recorded in their support plans. For example, one person's support plan recorded that they wished any relevant written information to be provided to them in large print or communicated to them verbally by staff.

● People who had specific communication needs told us that staff supported them to access any information they needed. For example, one person who had a sensory impairment said, "Staff will read letters to me and explain what things are to help me make choices."

End of life care and support

● People and their families were encouraged to discuss their wishes regarding end-of-life care and these were recorded. Meetings had been scheduled to discuss what was important to people towards the end of their lives. End-of-life care plans contained personalised information about people's wishes about their care at this stage of their lives.

● There was evidence of a multidisciplinary approach to the provision of end-of-life care. The manager had previous experience in the provision of palliative care and we saw that people's GPs had been involved in discussions about their care and support.

Improving care quality in response to complaints or concerns

● The provider had a procedure policy which set out how complaints would be managed. None of the people we spoke with had complained but all said they would feel comfortable doing so and were confident their concerns would be addressed. One person told us, "I would talk to the manager if I had any concerns. I am confident they would listen to me and do something about it." Another person said, "I have never needed to make a complaint. Everyone has been very helpful in helping me to settle in here."

● The home's complaints log demonstrated that concerns raised were managed in line with the provider's policy. Complaints had been appropriately investigated and action was taken to address people's concerns.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we recommended that the provider improve quality monitoring systems to ensure that any shortfalls were identified and addressed. The provider had made improvements.

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

- A new manager had been appointed since our last inspection, who had taken up their post approximately six weeks prior to this inspection. The manager had applied for registration with the CQC and their application was being processed at the time of our inspection. The manager understood the responsibilities of a registered person, including duty of candour and the requirement to notify CQC of certain events and incidents.
- The manager and the provider's nominated individual carried out regular audits on key aspects of the service. These included audits of medicines management, falls and care plans. Any untoward events that occurred, such as falls, were reviewed to ensure learning and improvements took place.
- Care staff told us they received good support from the manager and senior staff. They said they felt valued for the work they did and had access to advice when they needed it. One member of care staff told us, "The manager is really good. She came to speak to me and said if there was anything I needed, I could ask her. She has got a lot of time for us." Another member of care staff said of the manager, "She has time for us. She listens. It's important; you need to know the support is there."
- Nursing staff told us the clinical support they received had improved. They said having a manager with a clinical background was valuable and that a clinical lead had recently been appointed. One nurse told us, "The manager is a registered nurse so she 'gets it' and is very supportive; she is always there to help us." Another nurse said the manager had developed a good understanding of people's needs, "By making sure she spends time 'on the floor' and taking time to listen to people."

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

- People and their families had opportunities to give their views on the service and how it could be improved. Residents' and relatives' meetings took place regularly and feedback forms had been introduced for people, relatives, professionals and staff. Comments from December 2019 indicated that people, relatives and staff recognised the recent improvements made at the home. Comments included positive feedback about the manager and the approach of the recently-recruited staff.

Continuous learning and improving care; Working in partnership with others

● Staff meetings took place each month and were used to ensure staff provided people's care in a safe and consistent way. Minutes showed that staff were reminded of their responsibilities to share any concerns they had about people's safety or well-being.

● Staff had developed effective working relationships with other professionals involved in people's care, such as GPs, speech and language therapists and dietitians. The home was a member of Surrey Care Association and had access to provider forums to share learning and best practice. Managers and staff had access to updates from relevant bodies in the sector, such as the National Institute for Health and Care Excellence (NICE) and Skills for Care.