Sunrise Senior Living Limited

Sunrise of Banstead

Inspection report

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Banstead
Surrey
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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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 9 May 2018 and was unannounced.

Sunrise of Banstead 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 home can accommodate a maximum of 97 people in two 'neighbourhoods.' The reminiscence neighbourhood provides care to people living with dementia and the assisted living neighbourhood supports older people who may have mobility and health needs. There were 83 people living at the home at the time of our inspection.

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.

Although staff were caring, one person was subject to restrictions which affected their experience of care and their life at the home. Although it affected only one person, this restriction was significant and breached the person's human rights.

Overall people were safe although we identified an area for improvement in the use of equipment. We made a recommendation about this.

Overall people's medicines were managed safely although we identified an area for improvement in the use of medicines prescribed 'As required' (PRN). We made a recommendation about this.

People felt safe and secure at the home. There were enough staff on each shift to meet people's needs. Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. People were protected by the provider's recruitment procedures.

There were plans in place to ensure people would continue to receive their care in the event of an emergency. Health and safety checks were carried out regularly to keep the premises safe for use. The home was clean and hygienic and staff maintained appropriate standards of infection control.

People's needs were assessed before they moved into the home and kept under review. People's care was provided in line with the Mental Capacity Act 2005 (MCA). When assessing people's capacity to make decisions, staff had followed an appropriate process to ensure their rights under the MCA were protected. Staff understood that any restrictions should only be imposed upon people where authorised to keep them safe.

Staff had access to the induction, training and support they needed to do their jobs. Staff attended all elements of mandatory training during their induction and refresher training at regular intervals. Staff had access to further training relevant to the needs of the people they cared for. All staff attended regular one-to-one supervision, which gave them the opportunity to discuss any further training they needed, and an annual appraisal.

People enjoyed the food provided and were involved in developing the menu. People's feedback about meals and mealtimes was encouraged and their suggestions were implemented. People's nutritional needs had been assessed and were known by care and catering staff. Staff supported people to maintain adequate nutrition and hydration.

People's healthcare needs were monitored effectively and people were supported to obtain treatment if they needed it. Referrals were made to healthcare professionals if staff identified concerns about people's health or well-being. Any guidance about people's care issued by healthcare professionals was implemented and recorded in people's care plans.

People were supported by caring staff. People told us they had developed positive relationships with staff and enjoyed their company. They said the atmosphere in the home was friendly and welcoming. Staff supported people to maintain relationships with their friends and families. People said staff treated them with respect and maintained their dignity. Staff encouraged people to remain as independent as possible. People's care plans were personalised and reflected how they preferred their care to be provided.

People had opportunities to take part in activities and to attend events and outings. People were protected from the risk of social isolation.

People and their relatives were given information about how to complain and felt able to raise concerns if they were dissatisfied. Complaints were investigated and responded to appropriately and used as opportunities to improve the care people received.

The home was well managed. People told us they saw the registered manager and senior staff regularly. They said they were encouraged to give their views about the home and how it could be improved. There was an open culture in which staff felt able to express their views and raise any concerns they had. Staff felt well supported by their managers and the senior management team. They said they were valued for the work they did. The provider recognised staff who strove to provide excellent care.

Staff communicated important information effectively. Staff at all levels met regularly to share information about people's needs and any changes to their care. The provider had effective systems of quality monitoring and improvement. Key areas of the service were audited regularly and discussed at clinical governance meetings. Where opportunities to improve the service were identified, these were incorporated into the home's development plan.

We identified a breach of the Health and Social Care Act 2008. You can see what action we told the provider to take in the full version of this 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?

Good

The service was safe.

Overall people were safe although we recommend that the provider review how people who use wheelchairs are supported.

Overall people's medicines were managed safely although we recommend that the provider review the use of PRN medicines.

There were enough staff available to meet people's needs.

Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place.

People were protected by the provider's recruitment procedures.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency.

Staff maintained appropriate standards of infection control.

Is the service effective?

Good

The service was effective.

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

People were supported by staff who had the support, supervision and training they needed to provide their care.

People enjoyed the food provided and were involved in developing the menu. People's nutritional needs had been assessed and were known by staff.

People's needs were met by the adaptation, design and decoration of the premises.

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

Is the service caring?

Requires Improvement

Although staff were kind, the service was not always caring.

People were not always able to express themselves as they wished, which breached their human rights.

People had positive relationships with the staff who supported them.

Staff treated people with respect and maintained their dignity.

People's friends and families were made welcome when they visited.

Staff supported people in a way that promoted their independence.

Is the service responsive?

Good

The service was responsive to people's needs.

Care plans were person-centred and were regularly reviewed to ensure they continued to reflect people's needs.

People had opportunities to take part in activities and events and maintain links with the local community.

Complaints were managed appropriately and used as opportunities for improvement.

There were procedures in place to ensure people's preferences about end of life care were known.

Is the service well-led?

Good

The service was well-led.

Senior managers were approachable and visible around the home.

People and their relatives were encouraged to give their views and these were listened to.

Staff were well supported by their managers and the senior management team.

Communication amongst staff was effective.

There was an open culture in which staff could speak up or raise concerns.

The provider had established systems of quality monitoring and improvement.	

Sunrise of Banstead

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.

The inspection was brought forward due to the notification of an incident in which a person using the service sustained a serious injury. The information shared with CQC about the incident indicated potential concerns about the management of risk of falls. This inspection examined those risks.

This inspection took place on 9 May 2018 and was unannounced. The inspection was carried out by three inspectors, an inspection manager, a specialist occupational therapy advisor and two experts by experience. An expert by experience is someone who has experience of using or caring for someone who uses this type of service. .

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. We did not ask the provider to return a provider information return (PIR) as this inspection was brought forward from its originally scheduled date. 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 two relatives. We spoke with the registered manager and nine staff, including the deputy manager, care, activities, housekeeping and catering staff. We observed the care people received, their mealtime experience and the interactions they had with staff.

We checked the care records of five people, including their assessments, care plans and risk assessments. We looked at how falls were managed and assessed whether any equipment used in people's care was appropriate for their needs. We checked the management of medicines. We looked at five staff recruitment files and records related to staff support and training. We checked meeting minutes, the complaints file and

reviewed the provider's policies and procedures.

After the inspection the registered manager sent us further information, including quality monitoring reports, minutes of clinical governance meetings and the home's emergency recovery plan.

Good

Is the service safe?

Our findings

Overall people were safe although we identified an area for improvement in the use of equipment.

The registered manager told us that safety belts were not used for people who used wheelchairs as these constituted a form of restraint. However no risk assessments had been carried out to determine whether not using safety belts placed people at risk.

We recommend the use of safety belts for people who use wheelchairs is reviewed to ensure compliance with the provider's 'Lap strap policy'.

During our inspection three people spent significant periods of time in wheelchairs that were not suitable for their needs. The wheelchairs they were using did not support their optimal seating position to ensure their comfort and to minimise the risk of pressure damage. Staff used equipment such as pressure-relieving cushions to reduce the risk of pressure damage and had made referrals to an occupational therapist for people's equipment needs to be assessed. The occupational therapist who carried out the assessment had recommended specific wheelchairs for these people, which had not been obtained at the time of our inspection. The registered manager contacted CQC after the inspection to provide assurances that the equipment needed to ensure people's safety and comfort would be obtained. The registered manager said one person's wheelchair had been ordered and that they were in discussions with the families of the other two people about the purchase of the wheelchairs they needed.

Overall medicines were managed safely although we identified an area for improvement in the use of medicines prescribed 'As required' (PRN). When staff had given PRN medicines, they had not always recorded the dose of medicines given or the reason for administration on the back of medication administration records. This meant staff could not be certain about how much of a PRN medicine a person had received. Staff may also be unclear about the reasons a medicine had been given and therefore unable to determine if the medicine had been effective in improving the person's condition.

We recommend the provider review the management of PRN medicines to ensure this complies with appropriate professional guidance.

People told us they received the support they needed to manage their medicines as they chose. One person told us they preferred to manage their own medicines and that this wish was respected. The person said, "They collect it for me but I take it myself." Another person told us they preferred staff to manage their medicines. The person said, "I have my medicines from the staff. That suits me down to the ground. You don't have to worry about forgetting." A third person told us they needed their medicines at specific times due to a healthcare condition. The person said staff always gave them their medicines on time.

Staff who administered medicines had completed appropriate training and their competency had been assessed. Medicines were stored securely and in an appropriate environment. The conditions in which medicines were stored were monitored daily. There were appropriate arrangements for the ordering and

disposal of medicines. Medicines stocks and administration records were checked and audited regularly. People's medication administration records contained photographs and details of any medicines to which they were allergic. Body maps were used to record the administration of transdermal patches to ensure these were positioned appropriately.

There were enough staff on each shift to meet people's needs and keep them safe. Staffing levels were calculated based on people's assessed needs. People told us staff were available when they needed them. They said staff responded promptly if they used their call bells. One person told us, "There are always staff around and they will help me if needed." Another person said, "They are quick to respond when I need them." A third person told us, "I have two bells, one in the living area and the other in the bathroom. When I have used it the response was immediate." A fourth person said, "I don't need much help at the moment but it definitely helps to know it's there if I need it." A healthcare professional told us that staff were available when they visited to provide information about people's needs, the healthcare professional said, "There is always someone around and willing to help me." Call bell response times were monitored by the management team. A sample of response times were checked daily. Any calls not responded to within five minutes were investigated and a report given to the registered manager.

People told us they felt safe from abuse at the home. One person said, "I feel safe here, I've never felt threatened." Another person told us, "I feel very safe." Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse or poor practice. They were able to describe the potential signs of abuse and the action they would take if they suspected it. One member of staff told us, "If there were bruises or scratches on someone I would contact [line manager] and they would contact safeguarding." Another member of staff said, "We must look for any bruising like finger marks. When you know people you notice any changes in behaviours. I would tell my manager if I saw anything." All staff attended safeguarding training in their induction and regular refresher training in this area. The registered manager had notified CQC and other relevant agencies about incidents or allegations where necessary.

People were protected by the provider's recruitment procedures. 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.

Staff assessed the risks people faced and implemented plans to reduce these risks without restricting people unnecessarily. For example some people were at risk of falling from their beds. Staff had lowered their adjustable beds and placed safety mats adjacent to the bed. Some people also had sensor mats on their beds, which alerted staff if the person moved from their bed. This kept people safe in the least restrictive way possible.

Staff understood their responsibilities to reduce any risks people faced. One member of staff told us, "From the moment they step on the property we are responsible for them. I use general observation to make sure walkways are clear and there is no clutter. Their things are in easy reach and they always have drinks. We have aids as well that we can use to assist them." Another member of staff said, "As a team we approach people with anxieties well and keep each other informed if people seem at risk."

The management team aimed to identify learning from any adverse events that occurred. The home had reported a high number of accidents and incidents, including falls, prior to our inspection. One incident had resulted in a serious injury to a person and was being investigated by CQC separately to this inspection. We saw evidence that the recent increase in accidents and incidents had been identified through quality

monitoring checks and discussed at the most recent clinical governance meeting on 6 April 2018. The management team had identified the actions that needed to be taken to address this theme. These had been recorded in an action plan and included providing additional falls prevention training to staff and updating people's falls risk assessments.

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. Staff attended fire safety training in their induction and regular refresher training thereafter. The fire alarm system and firefighting equipment were checked and serviced regularly. The provider had developed an emergency recovery plan to ensure people's care would not be interrupted in the event of an emergency.

Staff maintained appropriate standards of infection control. All staff attended infection control training in their induction and regular refresher training in this area. Staff understood the importance of preventing the risk of infection. One member of staff told us, "Hand washing is important and we have gels as well, although they should not replace the hand washing." Staff said they had access to sufficient stocks of personal protective equipment, such as gloves and aprons, and told us they used these when providing care. We observed that staff used personal protective equipment appropriately during the inspection.

People and relatives told us the home was always clean and hygienic. People said their bedrooms and bathrooms were cleaned regularly. One person told us, "It's always very tidy and clean." A relative said, "It's usually spotless." Cleaning staff had schedules and checklists to complete to ensure all areas of the home were kept hygienic. They used appropriate cleaning materials and colour-coded mops and cloths to avoid the risk of cross-contamination. Cleaning staff had attended training on infection control and the control of hazardous substances (COSHH).

Good

Is the service effective?

Our findings

People's care was provided in line with the Mental Capacity Act 2005 (MCA). The 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).

At our last inspection we made a recommendation that the registered manager review the home's processes regarding the implementation of the MCA and DoLS. We made this recommendation because there was insufficient evidence of the process followed when mental capacity assessments were carried out and best interests decisions were made. We also found that applications for DoLS authorisations had not always been submitted when people were subject to restrictions in their care to keep them safe. After the last inspection the registered manager confirmed that mental capacity assessments had been carried out and applications for DoLS authorisations submitted where necessary.

At this inspection we found that staff were following the principles of the MCA. Staff supported people in a way that encouraged them to make choices about their care. When assessing people's capacity to make decisions, staff had followed an appropriate process to ensure their rights under the MCA were protected. Staff understood that any restrictions should only be imposed upon people where authorised to keep them safe. 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.

Staff had the knowledge and skills they needed to provide people's care. People told us the staff who supported them knew how their care should be provided. One person told us, "I have no problems with the care level here so I would say they are skilled." Another person said, "I think they are very good. They seem to know what they are doing." People received consistent care from regular staff. Many of the staff employed had worked at the home for some years and knew the people they supported well. The home had access to bank staff to cover any vacant shifts that could not be covered by permanent staff. The use of agency staff was low although the home had links with temporary staff agencies if needed.

Staff had the induction, training and support they needed to do their jobs. All staff attended an induction when they started work, which included shadowing colleagues before they provided people's care. Staff told us the induction process was comprehensive and had prepared them well for their roles. One member of staff said, "I did three shadow shifts and the standard training. I couldn't work on my own until I had done that. They are very strict about that." Another member of staff told us, "I had an induction and a lot of training to do online as well as in the building. I also went to sister homes."

Staff had access to the training they needed to meet people's needs. They attended all elements of

mandatory training during their induction, including health and safety, food hygiene and first aid. The training record demonstrated that staff attended regular refresher training thereafter, the majority of which was delivered online. Staff had also attended training relevant to the needs of the people they cared for, such as dementia and diabetes. One member of staff told us, "I've done some training online and some with the trainer. I've done it before but every time I do it, it gives me something useful." Another member of staff said, "The in-house training is very good." Staff told us the provider encouraged them to obtain further, relevant qualifications. Two staff said they were working towards qualifications in health and social care supported by an assessor who visited them in the home. The registered manager told us that all new staff would be expected to achieve the Care Certificate. The Care Certificate is a nationally agreed set of standards that health and social care workers should demonstrate in their daily working lives.

Staff had regular one-to-one supervision sessions with their line manager, which gave them opportunities to discuss their performance and their training and development needs. Staff told us supervision sessions were valuable and that they felt able to raise any concerns they had. One member of staff said, "We talk about the residents and any improvements we could make in the way we care for them." There was a programme of staff appraisal, which ensured that the performance of staff and the standard of care they provided was reviewed regularly. A senior member of staff told us they used supervisions to give feedback to staff about how they could improve their practice. The senior member of staff said, "We are constantly supervising staff. I have new staff in the community. If we observe anything we don't think is up to Sunrise standards we will have a supervision to discuss. I have been very lucky and have a very good team."

People's needs were assessed before they moved into the home to ensure staff could provide the care they needed. The assessments we checked were comprehensive and addressed all aspects of people's care and support. People and their relatives told us they had been involved in their assessments and encouraged to give their views about the support they wanted.

People had access to food they enjoyed and were supported to maintain their nutrition and hydration. People told us they had a good choice of meals and that the quality of food was good. One person said, "I like the food, it's very good." Another person told us, "No problems about the food at all, certainly no complaints. It's always nice." A third person said, "The food is very good. My favourite is fish on Friday." A fourth person told us, "Some meals are better than others. None are bad. On the whole they are very good." A fifth person said, "The food is very good and I am fussy about my food."

People said staff were willing to prepare alternatives if they did not want any of the items on the menu. They told us any dietary needs they had were known and respected by staff. One person said, "The quality and variety is good. If you ask for something different they will make it for you." another person told us, "If you wanted something different I am sure that would be no problem." A third person said, "Because of my condition I do have some special meals which they prepare for me and are not too bad." People had access to food and drink at all times. A café was open during the day which people were encouraged to use free of charge. Staff were able to prepare snacks and drinks whenever people wanted them.

We observed that there were enough staff available at mealtimes to support people who needed assistance to eat or drink. Staff offered people a visual choice of meals, which was particularly useful for people living with dementia who found it easier to make choices based on visual information. Staff offered people who did not eat the dish they had chosen alternatives to encourage them to eat. One member of staff noticed that a person was reluctant to eat either of the main course options on the menu. The member of staff told the person, "I know you often like salad so I can order that for you if you like."

Catering staff were aware of any dietary needs and had been provided with guidance regarding the

preparation of texture-modified diets. The chef confirmed that care staff provided detailed information about dietary people's needs and we saw that these were displayed on a board in the kitchen. Catering staff told us care staff also made them aware of people's individual preferences about their food and drink.

People's nutrition and hydration needs were recorded in their initial assessment and a care plan developed if necessary. People who were at risk of failing to maintain adequate nutrition or hydration were monitored closely by staff. For example staff regularly weighed people who were at risk of losing weight and reported any significant weight loss to the person's GP. Staff understood the importance of supporting people to stay hydrated and encouraging people to drink regular fluids. One member of staff told us, "When people are reliant on us for their hydration we must make sure they have drinks."

People's needs were met by the adaptation, design and decoration of the premises. The home was decorated and presented to a high standard. Maintenance staff were employed and responded quickly to any repairs or maintenance needed. People told us they enjoyed the space and comfort afforded by the home. One person said, "I love the building, there is lots of space. I really like my room." Another person said the home was, "Very comfortable." A third person described the home as, "Luxury without being over the top."

Communal rooms were comfortable and homely and people's private spaces were personalised to reflect their tastes and preferences. People were able to bring personal items with them when they moved into the home. We saw that some people had chosen to bring items of furniture, photographs and ornaments to personalise their rooms. In the reminiscence community photographs and recognisable objects were used to help people identify their rooms. The reminiscence community also contained tactile and sensory areas for people living with dementia. Signage, including room numbers, was printed in Braille to assist people with visual impairment.

People's healthcare needs were monitored effectively and staff supported people to obtain treatment if they needed it. One person told us staff responded, "Very quickly if I feel unwell." A GP visited the home every week and staff ensured that anyone whose health had deteriorated were seen at these visits. People were also able to visit the GP surgery if they preferred as the home had an allocated slot at the surgery each week.

Care plans provided evidence that referrals were made to healthcare professionals, such as speech and language therapists or district nurses, via the GP if staff identified concerns about people's health or well-being. A healthcare professional we spoke with told us staff referred people appropriately and implemented any guidance given by their team. The healthcare professional told us, "They are very good at following guidance." Staff also arranged routine appointments to ensure people's health was monitored. For example people had regular checks with dentists, opticians and chiropodists. The outcomes of appointments with healthcare professionals were recorded in people's care plans.

Requires Improvement

Is the service caring?

Our findings

People told us the staff who supported them were caring. They said staff were kind and considerate. One person told us, "I am very happy with then care I receive at this place." Another person said of the care they received, "I think it is very good." A third person described staff as, "Very considerate." A fourth person said of staff, "I think they are excellent with the way they care about me."

Although staff were caring, one person was subject to restrictions which affected their experience of care and breached their human rights. The person was prevented from expressing themselves as they wished in the communal areas of the home. The registered manager and deputy manager told us that the person was only permitted to express themselves in the way they chose in their bedroom. This restriction breached the person's rights under the Human Rights Act 1998. Article 10 of the Human Rights Act 1998 (Freedom of expression) protects people's right to express themselves as they wish. Although this restriction affected only one person, the breach was significant and meant that any other person moving into the home may be subject to similar restrictions to their rights and freedoms.

The restriction did not comply with the provider's own 'Equality, diversity and inclusion in the delivery of care' policy, which stated, "The company will maintain a zero tolerance stance to discrimination, abuse and neglect through exclusion either intentionally or unintentionally. Such a commitment means that the Company aims to deliver services which meet the diverse needs of our residents, families, representatives and our care staff." The policy also stated, "Good equality and diversity practice ensures that the Company's services are accessible to all; ensures that everyone is treated with dignity and respect; supports involvement and self-management and supports improved outcomes for all. Equality and diversity are not add-ons but an essential part of how the Company delivers its service."

The restriction did not comply with the provider's own 'Rights, choice, privacy and dignity' policy, which stated, "Residents have the right to be involved in the wider community as much or as little as they wish. Residents have the right to make use of the communal areas at any time. Residents have the right of choice in their everyday life and in the care and support they are offered."

Failure to treat people with dignity and to support their autonomy, independence and involvement in their community was a breach of regulation 10 of the Health and Social Care Act 2008.

Following the inspection the registered manager told us they had scheduled a meeting with the person and their relative to discuss how staff could support the person to express themselves as they wished.

People told us they had developed positive relationships with staff and enjoyed their company. We observed that staff engaged positively with people during our inspection. They were proactive in their interactions with people and shared jokes and conversation. One person said, "All the staff are very good. People are very kind to you here." Another person told us, "I like the staff. I am totally content with everything here." A third person said, "When my wife was here she was looked after very well." A relative told us, "Mum has improved so much since she's been here. The interaction with staff is very good."

People said there was a friendly atmosphere in the home that they enjoyed. One person described the home as "A happy place." Another person said, "You have company here." A third person told us, "I feel so content in this home. I am very happy here." A fourth person said, "I just like the community in general." People were encouraged to be involved in decisions about their care. They said staff took the time to establish their preferences about the support they received. One person told us, "They ask me how I like things done and involve me with everything." Another person said, "I am always asked about my preferences." A third person told us, "They tend to ask me how I like things done and what is best for me. It is great support without being too intrusive."

People told us the staff who provided their care treated them with respect. They said staff were polite and always respected their privacy. One person told us, "They treat me with respect. They are polite and ask me if everything is okay and whether I need anything." Another person said, "They knock on my door before they come in and they listen to what I say." A third person told us, "They are interested in me. The way they talk to me is very polite and respectful." A fourth person said of staff, "They are very polite and helpful."

Staff understood the importance to people of social engagement and of spending time with the people they cared for. One member of staff told us, "Staff are patient and listen to people. We do try and sit and have a cup of tea with people and we are good at prioritising who needs us most." Another member of staff said, "We are hands on and we spend time with people." A healthcare professional said, "The staff are so good. They treat everyone as an individual. The staff in the reminiscence unit are fantastic." We observed that staff attended to people's needs discreetly and provided personal care in private. Staff were attentive and frequently checked that people were comfortable and content.

People were supported to maintain relationships with their friends and families. People told us their friends and families could visit at any time. They said staff made their friends and families welcome when they visited. One person told us, "Staff make it a family environment for people to come in to." Another person said, "My daughter visits me every week and she is made very welcome." A third person told us, "They are very welcoming to all my friends." Relatives said they were made welcome by staff when they visited and could spend time with their family members in private. They told us they could take their family members out whenever they wished and were invited to events at the home.

Staff supported people to maintain their independence. People told us staff encouraged them to manage their own care but were available to provide support when they needed it. One person said, "They encourage me to do as much as I can for myself but they offer support with everything." Another person said, "I prefer to do things for myself and they leave me to do this." People's care plans recorded which aspects of their care they could manage themselves and in which areas they needed support. We observed staff encouraging people to be independent where their care plans indicated they could manage aspects of their own care, such eating and mobilising.

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. The provider had a written confidentiality policy, which detailed how people's private and confidential information would be managed.

Good

Is the service responsive?

Our findings

People's care was planned to meet their individual needs. Where needs were identified through the assessment process, care plans had been developed which detailed the support people required and how they preferred their care to be provided. For example, care plans had been developed to address people's needs in relation to communication, nutrition, mobility, continence and pressure ulcer care. Care plans were reviewed regularly to ensure they continued to reflect people's needs.

Staff knew people's needs and preferences about their care. Staff told us they discussed and reviewed people's needs regularly to ensure they kept up to date with any changes in people's care. They said the home's electronic care planning system enabled them to check any aspect of people's care plans whenever they needed to. One member of staff told us, "The best thing about the care plans is that you can access them anywhere so if you are unsure about anything you can just check."

Staff had consulted people and their relatives about their care plans and included information about people's life histories, important relationships and interests. For example one person's care plan recorded where they were born and detailed their family life and previous occupations. This enabled staff to develop an understanding of the issues that were important to people and to engage with them about their past and their interests. We observed a member of staff sitting with a person looking through a photograph album of the person's wedding and sharing conversation about the event.

People had opportunities to take part in activities they enjoyed and were protected from social isolation. People told us they enjoyed the range of activities on offer. Some people said they enjoyed participating in regular activities such as the gardening club and flower arranging. Other people told us they enjoyed the visiting entertainers and the outings. One person said, "There is lots going on. I love music and love the little shows they put on." Another person told us, "Mondays and Wednesdays I like to go on the scenic rides. I enjoy them." A third person said, "They do organise things regularly. In fact I am going on a country drive today." A fourth person told us, "There are lots of activities during the day. [Staff] encourage you to join in but they are not pushy." A member of staff said, "We encourage people to come out of their rooms as much as possible. For those that want to stay in their room we have activity staff doing one-to-ones each day."

The home employed staff to arrange activities and outings. These staff arranged a programme of activities and events that catered for a variety of interests. As well as in-house activities and outings to places of interest, staff arranged weekly trips to the local high street for people who wished to go shopping or have coffee. One member of staff told us, "One great thing about this place is the activities. They go out to the pantomime, the seaside, for coffee or to Banstead village shopping." An activities co-ordinator said, "We have five outings a week and dedicated trips for people on the reminiscence unit. We do things like visiting National Trust locations, Kew Gardens, the cinema, garden centres and next week we're going to Hyde Park. We have an activities committee which is resident-led and includes a family member from each of the communities too."

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. People and their relatives were issued with information about how to make a complaint. All the people and relatives we spoke with said they would feel comfortable raising concerns if they were dissatisfied. One person told us, "I would go to reception and I know they would help me." A relative said, "If we had a complaint we would go through [care co-ordinator] but we would feel comfortable to approach anyone." A relative who had raised concerns told us they were satisfied with how their complaint was dealt with. The relative said, "If we have ever had any issues they have been dealt with by [deputy manager] or [care co-ordinator]."

The complaints record demonstrated that any complaints received had been investigated and responded to appropriately. There was evidence that issues raised by complainants had been investigated by the registered manager and that action had been taken to resolve them. Complaints and the issues they raised were monitored as part of the provider's quality assurance procedures to identify and address any emerging themes.

The home was able to provide support for people receiving palliative care with the support of specialist healthcare professionals. There were arrangements for establishing people's preferences about their end of life and recording these in people's care plans. Staff had access to end of life training to enable them to provide appropriate care in these circumstances. Nobody was receiving end of life care at the time of our inspection.

Good

Is the service well-led?

Our findings

People told us the home was well run. They said the registered manager and senior staff were visible in the home and had made efforts to get to know them. One person told us, "Generally I think it is well run. No complaints from me." Another person said, "Everything runs very smoothly." A third person told us, "Senior staff I do see quite often. They do make time to talk to you when they can." A fourth person said, "I see the managers around a lot."

People who lived at the home and their relatives had opportunities to give their views and these were listened to. There was a Residents' Council which met regularly with the home's managers to represent people's views. People told us their feedback was encouraged and valued by staff. They said they were asked for their views about the care they received, the food, standards of cleanliness and the activities provided. The provider distributed satisfaction surveys to people, relatives and other stakeholders. The results of these were collated and used to improve the service.

Staff told us they well supported by their managers and the senior management team. They said the registered manager and senior staff were open and approachable. One member of staff told us, "I have had so much support from the management. They care about you personally as well." Another member of staff said, "[Registered manager] is very friendly and approachable." A third member of staff said of the registered manager, "To me, she is a good boss. She is a strong leader. She is supportive. You can always come to her if you have a problem. Her door is always open.'

Staff felt valued for the work they performed. The provider had a staff recognition and reward scheme, which staff told us they appreciated. One member of staff told us, "We celebrate achievements. It makes you feel appreciated." Another member of staff said they had recently received a recognition award which had made them feel valued. The member of staff told us, "It was a nice touch." Another member of staff said of the management team, "They do listen and I feel valued." Staff told us the provider encouraged them to develop their careers. They said their managers asked them about any support they needed to progress or to learn new skills. One member of staff told us, "They are happy to develop us." Another member of staff said, 'There are opportunities for progression."

Communication amongst staff was effective. Staff groups from all departments had regular team meetings and heads of departments met each morning to ensure any issues were addressed. There was a monthly meeting for all staff, which the registered manager used to communicate important messages. One member of staff told us, "We have staff meetings once a month and have catch ups with [line manager] when she wants to remind us of things." Another member of staff said, "We have regular staff meetings where [registered manager] gives out announcements. There was also a recent staff survey where we could write down suggestions." Staff always attended a handover at the beginning of each shift to ensure they were briefed about any changes in people's needs or changes to their care plans.

Staff told us there was an open culture at the home in which staff felt able to speak up or to raise any concerns they had. One member of staff said, "Everyone is very friendly. It's a like a family. I don't feel

intimidated if I have to ask something." Another member of staff told us, "No one is afraid to ask or tell here. [Line manager] is very open so if we suggest something she will listen." Staff told us there was a strong sense of teamwork in the home. They said staff supported one another well to meet people's needs. One member of staff told us, "As a team we get on well, we help each other." A member of staff in one community said, "We work well together. We've all been here a long time. It's like a second home."

Staff understood the provider's values and told us they had been introduced to these values in their induction. We saw that staff understanding of the values was assessed at the end of their probationary period. Staff told us the registered manager ensured that teams and individual staff understood how they should carry out their roles. One member of staff said of the registered manager, "She knows what she expects from staff and makes sure we deliver it."

There were systems in place to monitor the quality of care people received. These included spot checks on staff practice, including at night. The deputy manager had carried out an unannounced spot check the night before our inspection. The deputy manager checked that staff understood how they should respond in an emergency at night, such as a fire or a person becoming unwell. The home's management team met regularly to review accidents and incidents, complaints and any safeguarding concerns. Any actions needed to improve the service people received were incorporated into the home's development plan and monitored for completion.

Staff had developed effective working relationships with other professionals, including GPs, district nurses and the local Clinical Commissioning Group. The manager was aware of their responsibilities in terms of informing CQC when notifiable events occurred and had submitted statutory notifications as required. The standard of record-keeping was good. Care plans were reviewed regularly and staff maintained detailed daily records for each person, which provided important information about the care they received. Records such as repositioning and food and fluid charts were accurate and up to date. The home's electronic care planning system enabled managers to check that all aspects of people's care had been provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered person had failed to ensure people were treated with dignity and that their autonomy, independence and involvement in their community was supported.