

Bupa Care Homes (CFChomes) Limited

Tadworth Grove Care Home

Inspection report

The Avenue
Tadworth
Nr Epsom
Surrey
KT20 5AT

Tel: 01737813695

Date of inspection visit:
15 June 2022

Date of publication:
08 July 2022

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Tadworth Grove Care Home is a residential care home providing personal and nursing care for up to 45 people. The service provides support to people who are elderly and frail, with long term health conditions or living with dementia. At the time of our inspection there were 30 people using the service.

The care home accommodates people in one purpose-built building, with a large communal lounge and separate dining area on the ground floor. The service is surrounded by extensive grounds.

People's experience of using this service and what we found

Since our last inspection, improvements and changes had been made to the service to help ensure people received a good level of care. People were being provided with more activities and the registered manager had adapted a lunch time routine to help ensure those who ate in their room received their lunch in a timely manner. The service was transferring to an electronic care planning system which would help improve the record keeping. Some of these changes were new and still to be embedded into daily practice within the service.

We received mixed feedback about staffing levels within the service with some people telling us staff responded to their call bells quickly and others telling us they had to wait to receive care. We have issued a recommendation to the registered provider in respect of staffing levels and deployment.

There was a pleasant and calm atmosphere at the service and it was evident people had good relationships with staff. People told us they felt safe and that staff were competent in their role. They said they received their medicines on time and staff supported them to see healthcare professionals when needed.

People were happy with the care they received at the service. They told us staff were kind and caring and treated them with respect. People were also supported to retain their independence as much as they could and make their own decisions about their care. They told us activities were better and we observed people socialising during our visit.

People were happy with the food that was provided for them and they were provided with plenty of drinks and snacks throughout the day.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives spoke positively about staff and management. They told us they were approachable and they felt listened to. There was also the opportunity to give formal feedback about the service they received.

Management were knowledgeable and understood the responsibility of their role. They carried out monitoring of the service, addressing gaps and shortfalls when identified. Staff said they felt valued and supported and enjoyed their role.

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 (report published 5 October 2021)

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.

We have made a recommendation to the registered provider in relation to staffing levels.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tadworth Grove Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Tadworth Grove 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Tadworth Grove Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Tadworth Grove Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed the action plan sent to us by the registered provider following our last inspection and we reviewed information held about the service internally. This included statutory notifications of accidents, incidents or safeguarding concerns.

During the inspection

We spoke with 12 people and four relatives to gain their views of the care provided at the service. We spoke with seven staff, which included the registered manager, deputy manager, care staff and activities staff.

We reviewed documentation in relation to people's care which included six care plans, medicines records, daily notes and activity records. We also reviewed documentation in three staff recruitment files. We looked at the governance arrangements within the service, such as audits, meetings and accidents and incidents analysis.

Following the inspection we continued reviewed documentation provided to us by the registered manager. This included staff training information, complaints received and survey results.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection, we found there was a failure to deploy sufficient numbers of suitably qualified staff to ensure people received care in a timely manner. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements had been made at this inspection, particularly in relation to people's lunchtime experience.

- During the day we observed staff attending to people's needs and we did not see anyone having to wait for care. But we received mixed feedback from both people about the staffing levels at the service.
- One person told us, "If I press my bell, they come straight away." A second person said, "I do have a call bell and I use it a lot. They (staff) always arrive quickly." However, others said, "I don't use it (my bell) as I don't need to, but if I do, they take a while to come" and, "Good and bad. You have to wait for staff sometimes" A relative told us when they were visiting staff attended to their relative quickly, but added, "There are definitely not enough staff. Staff have left and not been replaced."
- We also received mixed feedback from staff. One staff member told us, "Based on the number of people we have at present and their needs, we have enough staff." A second said, "Although we don't always have a nurse on this floor, the residents needs are not too clinical up here and I know I can always call the nurse or ask [clinical lead]." Yet, other staff told us, "We recently went down to one nurse on shift. At times it's a bit tough juggling between floors" and, "I'll be honest, we are run off our feet most of the time. We should have more carers when we get a new resident. We have to get used to their needs and all the time other residents bells are still ringing."
- Since our last inspection, the registered manager had changed the mealtime arrangements. Staff attended to those people who ate in the rooms first, and lunch was served in the dining room for other people a half an hour later. This had resulted in people who were in their rooms not having to wait for their meals.
- Staffing levels had not changed since our last inspection (although we did see all staff - care, nursing and activity on the floor throughout the day assisting people) and the registered manager continued to determine staffing levels based on people's needs. The registered manager also carried out call bell analysis on a weekly basis. These showed call bells were answered within the time period set by the service, although some people said staff would turn the bell off and tell them they would return to provide care. We spoke with the registered manager about this who advised us they would address this with staff and also speak with people around what should be expected.

We recommend the registered provider uses a recognised tool to determine appropriate staffing levels based on people's needs.

- The provider's recruitment procedures helped ensure only suitable staff were employed. These included past employment, evidence of the right to work in the UK and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I really do feel safe here, staff are careful of me." A relative told us, "I feel that it is a safe place for my relative. The doors are locked so no-one can get in. Things like that make me feel that it's safe."
- Staff received training in how to recognise and respond to incidents of potential abuse and put this training into practice. A staff member said, "If I see anything wrong, any poor interaction, I would address it and go straight to [registered manager]. Safeguarding is anything which puts people in the way of harm."
- Where incidents had occurred, the registered manager had reported these to the appropriate authorities and carried out internal investigations, working with the local authority safeguarding team as necessary.

Assessing risk, safety monitoring and management

- Staff did what they could to help ensure people were kept free from harm. Where people were at risk of their skin breaking down, staff had provided suitable equipment and repositioned people to help reduce the risk. One person told us, "I am perfectly alright with what they are doing. I feel really safe when they are helping me into my chair. It takes two staff to do this."
- Some people were at high risk of falls and we observed staff beside them when they were walking around the service. Where people had wounds, clinical staff had documented and photographed these, clearly tracking their healing.
- One staff member told us, "I would always suggest someone's care plan or risk assessment was reviewed if their needs had changed, or if they had deteriorated, to make sure the latest information was available." A second staff member said, "Risk management is all about adopting a holistic approach to people's care and being aware of their assessed risks."

Using medicines safely

- People received the medicines they required in line with their prescription. One person told us, "The medication is all done well and on time." A second said, "I take a number of different pills every day and that is all done on time."
- Each person had a medicine administration record (MAR) in which their prescription details were recorded and staff signed to say medicines had been given. People's MARs showed no gaps which meant medicines had been given as required.
- Where people required 'as needed' medicines, these were accompanied by individual protocols to give guidance on when a person may require this.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting arrangements were in line with latest guidance. People were able to meet with their relatives in their rooms or communal areas and we saw several visitors arrive throughout the day.

Learning lessons when things go wrong

- There were effective arrangements in place for the ongoing monitoring and review of people's individual safety needs. A staff member told us, "[Registered manager] would call a meeting about any incidents to have a debrief."
- The registered manager monitored and analysed accidents and incidents routinely to check for any trends or patterns. This information was used to help inform or improve people's care and prevent any further reoccurrence, when needed.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our inspection in 2019, we issued a recommendation to the registered provider in relation to staff supervision and its frequency. At this inspection, we had no such concerns.

- Staff received appropriate support and induction to carry out their role. Staff felt confident looking after the people they cared for and one staff member told us, "The training was great and I had to shadow staff before working on my own."
- Where people had specific needs, staff were provided with training to give them knowledge and understanding to help make certain they would provide appropriate care.
- There was the opportunity to progress within the service through training as well as support from management. A staff member said, "There is good opportunity for learning here. You are prompted to learn and we are always asked if we want to do some other training."
- Staff had the opportunity, through regular supervision with their line manager, to discuss their role, training needs or any areas of concern.

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 MCA 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.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our inspection in July 2019, we found improvements in staff's application of the Mental Capacity Act, but further training was required for staff to help ensure they all had a good understanding of the MCA.

- Staff compliance with MCA training was currently 100% and staff understood the principles of the Mental Capacity Act and how to apply them. At the time of our inspection, no one lacked total capacity to make a decision but there was evidence that staff had considered people's capacity in relation to any potential restrictive practices.
- One person had had a fall and a sensor alarm was fitted to their door. Although this was in place, staff respected the person's wishes as to whether or not it was turned on. A second person, who had full capacity had opted not to always follow their dietary plan.
- Staff had a good understanding of what the MCA meant, with one staff member telling us, "Everyone has got the right to make a risky decision or choice if they have the capacity to do so. It is our job to help minimise the risk of potential harm this decision may cause."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were pre-assessed to check whether Tadworth Grove Care Home was a suitable service for them, and was able to provide the care they needed. Pre-assessments were used to form the basis of their care plan. One person told us, "My son brought me here and we sat in a room and went over the care plan. There were just a few minor things that were added. It was all done thoroughly."
- Once in the service, nationally recognised tools were used to give the finer detail to a person's care plan as they covered areas such as weight, skin integrity or falls risks.

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

- People were provided with sufficient food and drink to maintain a good level of wellbeing. People were given choices for their meals and other alternative snacks or meals were available if people did not like what was on the menu. One person told us, "The food is very good. There are two variants and you have a choice. It's tasty." A second said, "The food is marvellous. There is always a choice. And there are plenty of drinks, tea/coffee whenever you like."
- People were seen being provided with drinks throughout the day and we found people who spent time in their rooms had drinks available to them. We saw the chef speak with people about the lunch and one person told us, "The chef is always concerned that we enjoy what he cooks. We're very lucky. Food is so important."
- Where people had specific dietary needs, these were recognised by staff and food was provided in an appropriate way. One person told us, "The food is good, but I'm a fussy eater. I always have been. I'm eating better here than when I was at home. I've put on weight."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare input to reduce the need for a hospital admission. There was clear evidence of the GP involvement, Speech and Language Therapy team, podiatrist and dentist. One person told us, "Staff look after my skin." A relative told us, "My relative sees a lot of medics."
- Where people had spent time in hospital, staff referred to guidance issued upon the person's return back to the service. This included one person whose dietary needs had changed. There was detailed information about the new regime and email exchanges between staff and the GP for clarity. A second person had a catheter and told us, "There was a problem which had to be sorted by the hospital. The nurse here has dealt very well with everything so far."
- Staff were aware of the importance of supporting people with their oral health. One staff member told us, "I think we can improve on this as a staff group. People should have a fresh feeling in their mouths." People confirmed staff provided oral care to them and we noted people were due to see the domiciliary dentist on the day of our inspection.

Adapting service, design, decoration to meet people's needs

- The environment was adapted to promote people's safety and independence. For example, there were grab rails in bathrooms to support people to use these more independently.
- We saw people enjoying the communal lounges and dining spaces. There was also a garden area that people were using during the day.
- People's rooms were personalised to their tastes and with their belongings and the communal areas were bright and welcoming.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. 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; respecting equality and diversity

At our inspection in 2019, we issued a recommendation to the registered provider in relation to staff spending time with people (particularly those in their rooms) to avoid social isolation. At this inspection, we had no such concerns.

- People told us they were treated with kindness and we observed staff acknowledge people as they walked past them. One person said, "Staff are kind to me, ask me what I want to do. They are gentle with me when taking care of me." A second person told us, "The carers are very nice." A further commented, "The carers are kind. They are nice people."
- We observed a lot of kind and supportive care throughout the day and people were confident to ask for staff support. One person told us, "The care is excellent. Really, I don't know how they do it. They treat everyone with great kindness." A relative said, "The staff-resident relationships are good."
- People told us staff were polite to them. We observed a staff member serving afternoon tea and cake. Their exchange with one person was friendly and they regularly used the person's name. The person told us, "I think it is wonderful. I've been treated so well, so far. Nothing is too much trouble."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make their own decisions. One person spent all of their time in their room, telling us, "I have a lovely view. I like peace and quiet, so I prefer to be in my room. I am very happy."
- People's care records and daily notes indicated that people's views were asked for. We saw staff give people time to make decisions. For example, around food and drink or whether they wished to be supported during an activity. We observed a staff member serving dessert at lunchtime and they addressed one person by their name and there was a friendly exchange between them. The person told us, "She knows what I like. That's what is good about living here. They know me."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff. Staff knocked on people's doors before entering and ensured doors were closed when carrying out any care. People were appropriately dressed and staff spoke with people in a respectful manner. One person told us, "All of my personal care is done well and with dignity." A relative said, "My relative is always dressed and their clothes are clean." A second relative told us, "She always looks well cared for and she would tell me if anyone had not been respectful."
- People were enabled to remain as independent as possible. One person told us, "I do have a call bell, but I

don't use it. I'm able to do most things for myself." The relative of a second person said, "They (staff) encourage my relative to be independent. Because she is so capable [registered manager] said they wanted her to have a room with an ensuite and that has worked out well. She can now do a lot of her own personal care."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we found a lack of meaningful activities were being provided for people. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection it was clear activities had improved and people told us there was more to do at the service.

- The social aspect of the service had improved since our last inspection when we found there were few activities for people. One person told us, "I like reading. I come downstairs to chat to people." A second person said, "There are a lot of activities. I've been out in the garden this morning." A staff member said, "I have a meeting with residents every month to discuss what they would like (to do). I respect people's preferences to remain in their room so make sure they do not feel obliged to come to the lounge."
- People had access to a range of activities and from speaking with people and reading the minutes of the residents committee meeting, it was clear people were much happier with what was on offer now. One person told us, "I enjoy the things that go on here. I love a good quiz. The singer who comes in is very good and sometimes [activities coordinator] spends time with me in my room when I don't feel like I can get up." A second person said, "There is a really good events co-ordinator here." Another commented, "I've made friends. We play bingo – things like that. The activities person does really well, making sure that we are all included. We're having cheese and wine this afternoon. We all love that."
- People did tell us they would like more outside activities and trips and this was one thing they missed. The registered manager told us there was the opportunity for people to go to a local pond with staff and that they were borrowing a minibus from another of the providers services to start going out more with people.
- People could make their own decisions around activities. One person told us, "I enjoy what I do here. They (staff) understand that I don't always want to join in all the time. I'm shy."
- Throughout the day people were engaged with staff, either through activity or conversation. This included people in their rooms who we saw staff chatting to regularly. People told us, "Staff pop in and out all the time." We read one person was regularly given new magazines to read as they spent time in their room. We saw two people out in the garden in the afternoon doing a jigsaw together.
- Staff felt activities had improved and they told us they had sufficient time to carrying out their daily tasks as well as to speak with people. One staff member told us, "[Activities lead] comes up every day and goes to people's rooms and chats. We've got iPads as well that are used a lot."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support

- People received personalised care which was specific and tailored to their needs and wishes. Care plans

detailed people's preferences and guidance to staff to deliver care and support in line with people's wishes. One person told us, "Staff look after me well. They understand what I need." A second person said, "They make sure I am ready in time to go out. This is important to me."

- Staff knew people well and interaction was warm and engaging and people told us they felt involved in their care. This was evident from the records we viewed. A staff member told us, "We are a small home and it doesn't matter what floor we are on; we know the residents and they know us." A second staff member said, "We are all very good at passing information over and very observant if someone is deteriorating. For example, if someone is eating less."
- People had regular reviews of their care and relatives were involved when appropriate. Changes to people's needs were responded to quickly and appropriately and daily handovers were in place to ensure staff were aware of any changes to a person's care.
- People's care plans contained some background information on the person to help staff get to know them as an individual.
- No one was receiving end of life care at the time of our inspection, although we noted that people were regularly asked to express their wishes for when this time came. End of life care plans were gradually being developed for people as they talked to staff about what they would like.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were recorded in their care plans and relevant information was provided in a way people could understand. For example, one person whose voice had been affected by their health condition. Staff were guided to give the person time to form their words and time to process information and respond.

Improving care quality in response to complaints or concerns

- The service had an in-house complaints policy which set out the procedure for complaints and how they would be dealt with. One person told us, "If someone upsets me I will talk to someone. I'm not afraid to speak my mind." A second person said, "If there was a problem, I would go to someone in the office." A relative told us they had raised a complaint about the path in the garden. They said, "They did listen and have laid this new path. It's much better and safer for the residents."
- We also read a compliment recently received by the service which said, 'A huge thank you for all the love, care and support you gave [person] during her stay here. You are all truly amazing'.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant the service management and leadership did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection we found the provider's quality checks were not always effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As the service had been in breach of this Regulation on more than one occasion, we took enforcement action against the registered provider. At this inspection, improvements had been made but these needed to be embedded into daily practice.

- We saw and heard evidence of positive changes having been made at the service since our last inspection. We found some minor issues, such as the feedback about staffing levels, the wish for people to have some more outside activities and some scantily completed records. As such, although improvements had been made, these still needed to be embedded into daily practice. The introduction of the electronic care planning system would help to drive improvements and resolve much of the paperwork issues.
- The registered provider sent us an action plan following our last inspection, setting out how they planned to address the shortfalls we found and how they planned to meet the requirements of the enforcement action. The registered manager explained that changes had been made and processes had been tightened to help ensure gaps in care delivery were identified and addressed. They told us, "We are doing our very best to check paperwork is up to date. Staff are being reminded to include more daily notes entries and to record any activities taking place during the day. We also now have one folder for the activities person to complete which means everything is in one place. We have introduced staggered mealtimes and people who spend time in their room have more interaction from staff."
- The service was moving to an electronic care planning system and training was starting by the end of the month. The registered manager told us, "I really hope this will improve the record keeping as staff can write their entries at the point of care. It will also mean it will tackle the issue of illegible writing."
- Governance arrangements were in place within the service to help ensure people received consistent, good quality care. This included regular audits by regional managers. Where shortfalls were identified these were actioned. For example, some gaps were found in people's MAR charts. Upon investigation, the registered manager had identified the errors were due to an agency staff member not completing the MAR correctly.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to apologise when care did not go to plan. A

relative told us, "[Registered manager] was honest and open when my relative (had an accident). That was appreciated."

- There was evidence of the registered manager applying duty of candour when people had accidents or incidents, or complaints were raised.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team was knowledgeable and qualified for their role. It was evident they knew every person living at the service well and were able to answer all of our questions about people's needs.
- In the event of accidents, incidents or potential safeguarding concerns, the registered manager had submitted notifications to CQC which was a requirement of registration.

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

- People were complimentary about management and staff, with one person telling us, "The manager pops into me every morning and asks me if I need anything. She is very good at her job." A relative told us, "The chef is fantastic. Like the housekeeper, he really cares about his work and the residents." A second relative said, "My impression is that she (the registered manager) is very hand-on and proactive."
- Staff also praised management. A staff member said, "Tadworth is well managed. [Registered manager] does a round every morning. She knows the residents well. I feel very supported in my work and feel valued because my input is asked for." A second told us, "[Registered manager] is very easy to talk to and is very approachable. I feel valued because I know I can go to any manager and they will always acknowledge when we are doing well."
- Residents and relatives meetings took place where all aspects of the service were discussed and people could express their views and specific suggestions were considered. In addition, there was a residents committee who met monthly. This committee brought to the table the views of people living at the service and these were used to form discussions with management about possible changes that could be made. A relative told us, "My relative is the spokesperson at the residents meetings. They are useful."
- Surveys were completed by both people living at the service and staff. We noted the staff survey results were very positive and staff felt supported and valued by the registered manager. The registered manager told us, "We have a good team at the moment."
- Various departmental staff meetings were held and a general staff meeting once a quarter. The most recent staff meeting covered, training, updates, incidents and plans for a team building day. A staff member told us, "We have a staff meeting usually every month. These are important and we even come in on our days off to attend."

Working in partnership with others

- There was evidence of the registered manager and staff working with external agencies to help ensure people received the care and support they needed, such as the local authority, GP and other health professionals.
- The registered manager attended the Care Forum meetings which enabled them to listen to and share ideas with her peers. In addition, clinical staff were part of a networking team and the local tissue viability nurse sent regular updates.