The Royal Star & Garter Homes

The Royal Star & Garter Homes - Surbiton

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The Royal Star & Garter is a nursing home that provides personal care for older people some of whom have dementia, physical disability and sensory impairment.

The Royal Star & Garter provides accommodation for up to 63 people on three floors of the building. At the time of inspection there were 60 people living at the home. The units on the ground and second floors, Richmond and Sandgate support people who require nursing care. The middle unit, Lister cared for people living with dementia.

This inspection was carried out on 21 and 29 November 2017. The first day of the inspection was unannounced and we let the service know that we were coming on the second day.

At the last inspection, the service was rated Good, with Outstanding in effective. At this inspection we found the service remained Good, with Outstanding in caring.

At the time of the inspection the service had a registered manager. A registered manager is a person who has registered with the CQC 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 2008 and associated Regulations about how the service is run.

Safeguarding concerns were not always reported to a local authority to ensure that any risks to people were monitored and actions taken to protect people as necessary. We have made a recommendation about this.

Risk management plans addressed the support people required to minimise risks to their wellbeing, however information was not available on the severity and likelihood on some of the risks to people. There were safe staff recruitment processes in place which ensured that staff were suitably employed at the service. Staffing numbers were monitored and increased where required. Staff worked on different floors to have an up to date knowledge about people's care needs. Medicines were appropriately administered to people and stored according to the service's requirements. We found the home clean and hygienic. Staff were knowledgeable in safeguarding people from harm and abuse.

People used electric wheelchairs to move around the home freely. Staff were knowledgeable and had training to support people with their individual care needs. Robust induction and ongoing support was provided for staff to ensure they carried out their duties as necessary. People told us their nutritional needs were met and they had access to food at any time they wanted it. The environment was adapted to meet needs of people living with dementia. The premises were designed to accommodate people's socialising needs. Staff worked together with the physiotherapists to support people mobilising. People were assisted to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. We found that the mental capacity assessments for bedrails were not recorded initially, but the service supported this practice and carried out the assessments immediately.

People, their relatives and volunteers told us about the exceptional care provided by the staff team at the service. People said they felt this was their home and they received support that was aimed at their individual care needs. Staff used different communication methods to ensure that people were engaging and expressing their views. Staff were caring and attended to people's personal care with respect. People's independence was promoted and assisted by the staff team as necessary. People had support to enhance their religious beliefs.

There were technical issues around the call bell systems at the service. People complained that the call bells were not answered promptly. We have made a recommendation about this.

People's care records were detailed and available for staff to use as necessary. Staff responded to people's changing needs promptly where required. People were involved in planning their care. People had a choice and the support they required to take part in their preferred activities. The service had volunteers attending regularly to spend time with people socialising. People felt able to speak up about the concerns they had and were supported when they raised their concerns. Complaints received were suitably recorded and monitored to ensure it was dealt with as necessary. People had discussions with staff and made choices about their end of life care.

There was a clear management structure in place that shared responsibilities at the service. The management team was approachable and visible to people living in the home. The staff team aimed to deliver high quality services to people. Staff had support to understand their responsibilities so they could ensure good care for people. There was a culture of open communication embedded in the service and staff felt listened to. Systems were in place for staff to receive and share information which meant that important actions were carried out as necessary. All staff were involved and undertook audits which ensured they took responsibility for the services being delivered to people. The service worked in partnership with the relevant agencies and shared information on a need to know basis.

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. People were not always supported to stay safe from the risk of abuse and potential harm. We made a recommendation about this.

Staff were aware of the safeguarding procedures.

People had risk assessments in place which meant that the risks were identified and managed. Some risks identified did not have information on the severity and likelihood of the risks to people.

Staff recruitment procedures included appropriate checks which ensured that the applicants were safe to work with people. The service provided enough staff to support people with their care needs.

People had support to manage their medicines safely. The service followed safe infection control practices.

Is the service effective?

Good

The service was effective.

Staff were provided with comprehensive training and induction to ensure they had the necessary knowledge to support people with their needs.

Premises and the environment were adapted to meet people's individual needs. Staff supported people to meet their dietary and nutritional needs. People had support with their health appointments as necessary.

Staff attended the Mental Capacity Act 2005 (MCA) training and had knowledge to ensure they supported people appropriately to make their own decisions. Mental Capacity Assessment for bed rails were not initially recorded, but were carried out in practice as necessary.

Is the service caring?

Outstanding

The service was caring. People told us this was their home and felt the staff team was kind and caring. Staff were aware of people's communication needs and had time to listen and engage with people.

People felt their privacy and dignity was respected and had their independence promoted.

Is the service responsive?

Good

The service was responsive. Call bells were not always answered in time because of the technical issues. We have made a recommendation about this.

People's care records were detailed, individualised and regularly updated which ensured that their care needs were monitored as necessary.

People were assisted to plan their care in the way that suited them. End of life care was sensitively discussed with people. There was a variety of activities offered to people to meet their preferences.

People felt able to raise their concerns and the complaints received were adhered to as required.

Is the service well-led?

Good

The service was well-led. The staff team shared responsibilities to ensure people's wellbeing. Quality assurance systems were used to monitor the quality of the services being delivered to people.

Staff had support to carry out their duties as necessary. Staff were involved in developing the service and made suggestions for improvements.

Effective systems were in place to share information within the team and with the outside organisations.

The Royal Star & Garter Homes - Surbiton

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 21 and 29 November. The visit was unannounced on the first day of the inspection and we let the registered manager know that we were coming on the second day.

We carried out a comprehensive inspection of the service. The inspection was undertaken by two inspectors, a specialist nurse and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service. This included statutory notifications and a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the safeguarding alerts raised regarding people living at the home and other information we held on our database about the service.

During the inspection we spoke with 12 people living at the home, six relatives and four volunteers. We also talked to the registered manager, dementia nurse manager, activities and volunteers' manager, hospitality service's manager, two registered nurses, five staff and a physiotherapist. We observed care and support provided in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We checked records related to the staff training, recruitment and rota, medicines, health and safety and the management of the service including quality assurance audits. We also looked at the care records for 10

people and four staff files.

After the inspection we contacted health and social care professionals asking for their feedback about the service. Four health and social care professionals replied providing information about their involvement with the service.

Good

Is the service safe?

Our findings

People were not always protected from a potential harm and abuse. Care records showed that on two occasions incidents took place between people. Healthcare professionals were approached to support a person that presented challenging behaviour to other people. However these incidents were not reported to a local authority as a safeguarding concern for putting a protection plan in place for those who were harmed. The registered manager told us they raised "safeguarding alerts for occasions when there have been serious altercations between the people, which may have resulted in injuries being sustained." We requested for any such incidents that already took place to be immediately reported to the local authority. There was a risk that preventative actions were not taken to safeguard people and therefore people were repeatedly harmed.

We recommend the provider reviews the pan-London and local procedures for reporting potential safeguarding incidents where the alleged abuser is also a service user, to ensure their systems recognise where abuse has occurred and appropriate action taken.

Staff were knowledgeable of the safeguarding procedures and knew the actions they had to take when abuse is suspected to have taken place. A staff member told us, "If I'm concerned I would go straight to the named nurse. If I saw someone causing harm I would tell them, I will report you." Staff were able to identify the different types of abuse which meant that any concerns of suspected abuse were escalated to the registered manager. The service ensured that staff were provided with regular update on the safeguarding procedures. Staff meetings were used to discuss the service's whistleblowing and safeguarding policies which meant that staff were up to date with any changes taking place. Staff were required to sign the policies acknowledging that they understood their responsibilities in relation to safeguarding people from potential abuse and harm.

Electronic systems were used to carry out assessments which looked at any risks to people's safety and how these could be reduced. A staff member told us, "Risk assessments are very useful- if they change you must go back and update. I have a named nurse I go to report any problems." The risk assessments were linked to the care plans to help prevent or minimise the risk of harm to people using the service. These were regarding people whose behaviour towards other people living in the home required a response from staff. However, we saw that not all risks identified had a risk assessment in place. These were regarding people expressing a challenging behaviour towards other people living in the home. The risks to people were recorded in care plans and addressed the support required to reduce these risks. Information was not available on the severity and likelihood of the risks to determine the level and impact of these risks to people. This was discussed with the registered manager who told us that staff received on-going advice from the management team to manage the risks to people's wellbeing as necessary. The registered manager told us they would review the risk recording systems to ensure consistency.

Suitable pre-employment checks were carried out to ensure staff were safe working at the service. Records viewed confirmed that staff were required to provide two satisfactory references, photo identification and a Disclosure and Barring Service (DBS) check prior to starting work at the service. A DBS is a criminal records

check employers undertake to make safer recruitment decisions. Records showed that volunteers were required to undertake the same checks prior to starting working with people to ensure their safety. The registered manager told us they ensured that staff recruited were right for the job and therefore the service's expectations towards the new employees were high.

Staff provided people with time and support they required to meet their needs safely. A family member told us, "The waking staff at night and the high numbers of staff generally keep everyone safe." Staff told us they had enough time to carry out their duties as necessary. We reviewed the rota and found the same levels of staff on duty at any time. However, one person told us that staff were busy in the evenings and therefore they had to wait for assistance, for example with personal care, but according to the person this was not an issue. The registered manager told us the staffing levels were monitored and increased if people required more support. We saw that the staff ratio was recently reviewed and more staff were provided for one of the units. The registered manager told us the service recently recruited additional staff to support during staff absence. The team used regular Bank or agency staff to provide cover as required.

People told us the staff team were there when they required support to carry out activities. Some people noted that staff changed as they had regularly carried out shifts in other units. One person said, "I do wish that they wouldn't change so much. You just get to know someone and then you don't see them for months." We discussed this with the registered manager who told us that on average the majority of staff worked for the service for eight years or more. Staff rotated between the units to ensure they had a good knowledge and understanding of people's needs. Therefore, staff were familiar with the needs of all people as necessary.

People were confident that staff were competent and that they were managing their medicines correctly. People told us that pain medicines could be requested at any time. One person said, "[Staff] do everything they can to ease my pain on top of the tablets I have – it's never too much trouble to ask them." Medicine administration records were suitably maintained and showed that people were supported to take the right dose at the right time. We observed good practice when staff supported people to take their medicines. This included people were not being rushed to take their medicines and support provided was according to their care plans. People's medicines were stored correctly and where necessary were kept in the fridge. Staff recorded fridge temperatures daily to ensure that the medicines were kept at the right temperature.

We found that the premises were kept clean and hygienic. Staff understood their responsibilities regarding infection control and followed guidelines to ensure that people were safe from infection. For example, staff wore gloves to provide hygienic care. We observed the communal areas being odour free and clean. Staff encouraged people to wash and dry their hands to minimise the risk of infection.

Good

Is the service effective?

Our findings

Staff provided effective care for people. A person said to us, "Everything here is done to help me – love them all." A family member told us, "[Relative] likes to nap in the day and the door is left ajar – he has privacy but I know that staff are keeping an eye on him – they have eyes in the back of their heads!"

The service provided people with electric wheelchairs. People told us they used the wheelchairs regularly. A person said, "They never let me run out of power." The wheelchairs were monitored for need of repair and all appeared clean, charged, labelled for individual use and in good order. This equipment provided people with opportunities to move around the home independently.

Staff were trained to carry out their duties as necessary. A staff member told us the training was "excellent." Another staff member said the managers were "very straight with the training, did not allow missing any courses." Staff were regularly booked to attend mandatory training courses, including health and safety, food safety, manual handling, first aid, Mental Capacity Act (MCA) 2005 and medicines management. Training records showed that staff attended additional training courses to meet people's individual needs such as nutritional care. The service specialised in dementia care and ensured that staff were well trained and had the necessary skills to support people with dementia at different stages of their journey. We saw different training courses provided that included staff learning to carry out stimulating therapy activities for people and undertaking practical exercises to enhance their understanding of people's dementia experiences.

Staff were provided with a comprehensive induction before they started working with people. When staff were recruited, the first two weeks they had allocated for completing mandatory training courses and familiarising themselves with the service's policies and procedures. The following two weeks they had allocated for shadowing more experienced staff and in different roles to gain understanding of what is expected of them and to enhance their knowledge about people's individual care needs. Staff's competency was assessed over a three months period, and if completed successfully, staff started to support people without direct supervision from senior staff. Records showed that one to one supervision and appraisal meetings and group sessions were carried out to provide staff with further opportunities to identify their ongoing developmental and training needs.

People were happy with the meals provided. One person said, "I have to have a soft diet and it's consistently good and I still get a choice." Another person noted, "I love my cooked breakfast. I'm up at 6am and really look forward to it – sets me up for the day." One other person told us, "Today I fancied ice cream and no sooner said – it was there." People chose where to have their meals. One person said, "I do take my meals in my room if I'm not up to scratch." Another person told us, "You don't have to go to the dining room so I choose not to and it's all done at the time." Specialist crockery and adapted cutlery was available for people to use which ensured they could eat independently.

We observed that people had access to food and drinks at any time of the day and night which meant that, outside of fixed mealtimes, snacks were available for them. A coffee and snack bar was available for people

and guests to use when they wanted to. We saw a cool cabinet with a choice of snacks and drinks available for people to help themselves. Water machines were on each floor and used by people when they wanted a drink.

The Royal Star & Garter Homes- Surbiton was a purpose built home that met the needs of people living with dementia. The home was designed with attention to detail to ensure best working practice. Lister unit was separated into three "families" to meet people's care needs at different stages of their journey living with dementia. We saw that the environment for each family was adapted to reflect people's cognitive and physical abilities. Bright wall colours were used in dining rooms and hallways to support people's orientation. We observed coloured, rough strips at the edges of the sink and rails so that a person could feel for the outer boundaries and remain as independent in the bathroom as possible. The service used pictures to highlight orientation points, for example the toilet door. We saw that there was a good lighting throughout the home which reduced visual difficulties and helped to prevent falls.

The Royal Star & Garter Home- Surbiton provided health care services internally to ensure continuity and easy access for people. The home had a dedicated physiotherapy team. All people we spoke to and their relatives highly valued the physiotherapy services provided and told us about the improvements they made. One person said, "I love having the physio here and they have been so good. I can now move myself between my wheelchair and my lounge chair. Makes such a difference to do things for myself." Another person told us, "I was encouraged to walk again and I am improving – never thought I would." Physiotherapists were responsible for assessing people's moving and handling needs and developing care plans. They trained the nursing staff to follow the care plans so that people were supported to enhance their physical abilities. People told us they were regularly assessed by the visiting GP. One person said, "Having the GP on hand has kept me out of hospital these past two weeks when I have been poorly." Records showed that people had access to medical care when required, which included dental treatment.

There were designated areas available for people to use and spend time socialising or with their visiting families. Beautiful and appropriately furnished large communal spaces allowed people to move around in their wheelchairs. People had access to a well-stocked library room, computers and a working bar. The service provided facilities to accommodate different activities, such as arts and crafts, cooking, hairdresser services and relaxation. People had access to the outdoor facilities and spent time on the patio or in the garden relaxing. We observed people moving around the home freely and where required staff supported them to access different rooms so they could take part in the activities offered.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff demonstrated sufficient knowledge and skills around the principles of the MCA. We saw staff using a laminated MCA pocket reminder which ensured they quickly had access to information where necessary. Staff gave us examples of how they applied the principles in practice. They ensured that a person was not treated as unable to make a decision because they made an unwise decision, for example if they chose to eat a pudding instead of a main course and at any time of the day or night. Staff told us about the importance of providing people with choices around their daily living, including the clothes they wanted to wear. We also observed that staff took

practical steps to support people to make choices. This included ensuring that the environment was appropriate for people to engage. These examples demonstrated that staff had a good understanding of the MCA and applied the principles in practice.

Records showed that two people had a best interests decision made for bed rails to be used. There were no records available to suggest that the mental capacity assessments were carried out prior to the best interests meetings to determine if this decision could have been made by the people themselves. We talked to the staff team about this and they told us the practical steps they undertook to assess people's capacity for this decision, for example information was provided to a person by their relative about the impact of the bed rails to them and examples were shared about the person's understanding to make this decision. This meant that the MCA principles were followed in the decision making process for the use of the bed rails, but not recorded as appropriate. On the second day of our inspection we found that the assessments had been carried out and recorded as necessary to support the decision made.

Records confirmed that DoLS authorisation requests were submitted by the provider to the local authority and granted. The management team were aware of the conditions applied to the authorised applications and took actions to meet these, including making a referral to review a person's mental health needs.

Outstanding ☆

Is the service caring?

Our findings

People felt well cared for and valued by the staff that supported them. A person told us, "Staff are on our side- our welfare is their life." Another person said that staff were "so kind to me. So thoughtful." One other person noted, "I think it's like a paradise here. Everyone is kind, competent and patient." A relative said the staff team "make us all feel like an extended family." A volunteer said, "I feel included, supported and part of an amazing team – staff, relatives, residents, volunteers – it's a huge family and I love it." Another volunteer told us, "I feel privileged to work with the people here. " A staff member said, "I let my body language always say, I'm here for you."

The Royal Star & Garter Home-Surbiton provided a welcoming and homely atmosphere for people. A person told us, "If you have to live in a home, you couldn't do better than this and all the wonderful people that we share our lives with. Everyone is helpful and nothing is too much trouble – I can't fault anyone." Another person said, "I never thought that I would settle but I now feel that I'm sharing a home with other people and I feel at home." We observed that the manner and attitude of the staff helped to develop relationships and encouraged people to spend time together. A staff member said, "The residents are like family." We saw staff providing reassurance to a person by holding their hand. Staff did not wear uniforms or name badges to enhance the feeling for people of being at home. Staff wore pyjamas to help minimise confusion for people living with dementia who may wake at night time. Visiting was unrestricted and family and friends were welcomed and involved in the life of the home.

Staff knew what was important to people and paid attention to details which enhanced people's wellbeing. We found that staff were aware of people's histories, preferences and important events to them. One person told us, "I had a party here with help." A family member said that staff "share [relative's] life and they have put a dusting kit in their room as they love to clean." We observed staff having conversations with people that involved personal information about them, for example how many children they had and their profession.

Staff were aware of people's communication needs and talked to them in a way they understood. People told us that staff never seemed rushed and genuinely enjoyed supporting them. We observed that staff had time to listen to people and patiently listened to people's life stories. A family member said that staff "talk to [my relative] and listen about [relative's] love of swimming." Before starting a conversation, staff positioned themselves in a front of a person so they could see them properly and ensured they had the person's full attention before they started talking to them. This meant that people were encouraged to participate in conversations as much as possible. We noticed that staff applied different communication methods making sure people understood what was said. They used short, simple sentences and words or phrases that were familiar to a person. We saw that a staff member got their message across in a different way when a person could not understand what they were saying.

Staff treated people with respect and protected their dignity. A person said, "I found everyone gentle with personal care and they respect my modesty." People made choices when they wanted to get up in the morning and go to sleep in the evening. One person said, "I sleep really well – no one says when I have to go

to bed or get up; it's my choice. As I get up quite late, I then have a leisurely breakfast in my room." Another person told us, "Going to bed whenever I like is great. I'm too old for someone to tell me what to do." We observed staff knocking the bathroom and people's bedroom doors before going in which ensured that people had privacy. Staff told us they provided a private environment for people before they started talking or supporting them with personal care. A staff member said, "I make sure I've covered [a person], top half while I wash the bottom half. I make [the person] aware of what I am doing."

Staff said they encouraged people to maintain their independence so they could carry out activities for themselves. One person said, "I love the garden – you can get all round and you don't have to ask to go out and with my electric chair I'm in charge of myself." Another person told us, "I have a bolt on my door and a key – which I use just as I would if I lived anywhere else." A staff member told us there were no days the same and they had to judge what support a person would need every day. Some days they supported the person to put toothpaste on the brush, whereas on other days they could do this themselves. A person had a kettle in their room so they could make a cup of tea when they wanted to.

Church services were carried out at the home to enhance people's religious beliefs. One person said, "I am happy that I am still able to take communion – they come to my room." Records held information on people's religious beliefs. People had close relationships with the local Parish Church who visited them regularly. An activities co-ordinator told us they looked to accommodate every person's religious believes including Catholic, Anglican and Greek Orthodox.

Good

Is the service responsive?

Our findings

People told us that staff provided person centred care. One person said, "They are kind and gentle and pay attention to my aches and pains – they know I have good and bad days." Another person said, "I'm still settling in and they just let me know what's available but they don't pester me. They accept that I'm not ready yet."

The service used call bell technology for people to seek assistance when required. Some people told us that call bells were not always answered in good time. One person told us they repeatedly rang the call bell for staff's assistance and were left to wait for a long time. They made a complaint and the registered manager confirmed this was investigated at the time we carried out the inspection. The annual survey completed by people in September 2016 also noted people's complaints about the staff's slow response to call bells. We viewed the policy for call systems which noted that the response time for calls should be no longer than five minutes. We reviewed the call records covering the period 13 to19 November 2017 for one of the units. We found that on one of the days people waited for over five minutes for the 18 calls to be answered. 13 of those calls were answered between 10 and 21 minutes. We discussed this with the registered manager who told us that in the last 18 months there were technical issues identified where staff had not had some of the calls coming through on their pagers. System upgrades had been carried out twice now to eliminate this issue. As this continued to be an issue, new pagers had been purchased for staff to start using in December 2017.

We recommend that the provider seeks guidance on best practice in relation to the call bell technology used so people were provided with assistance when they required it.

People's care plans were individualised and responsive care was evident throughout the records. These included socialising, communication and personal hygiene. Records also included suitably maintained repositioning charts and information on nourishing fluids for a person that refused their meals. The care plans were updated monthly and when people's needs changed. Daily entries were made to monitor people's conditions which meant that information was regularly reviewed and actions taken to address any concerns identified, for example where people required additional support with moving and handling.

Staff identified people's individual needs and followed a support plan to meet these needs. Staff had worked at the service for a long time which meant they knew people's needs well. A relative told us, "Sometimes when I visit [staff] are just changing shifts but they always listen to me and any information is magically known by the next team – seamless care." Another relative said, "They are taking time to understand [relative's] needs – talking with family and building a picture. A great deal of thought and care." We found that staff responded to people's care needs quickly where necessary and followed healthcare professionals' guidelines to ensure people's wellbeing. For example, we observed a staff member supporting a person to use a heat pad after they complained of an aching hip. A person told us, "When I was advised to raise my bed head end my feet were banging on the footboard and uncomfortable. Staff immediately arranged for someone to come and extend the bed so that I would be comfortable – they responded very quickly."

Residents and relatives were aware of their care plans and felt involved in them. A family member said, "We review the plan regularly – family, [relative] and staff. After the recent fall more help was built in – [staff] respond very quickly. We like it that [relative] is fully involved and what [relative] wants and says carries a lot of weight." Another relative told us, "Things change quickly and you never have to wait for a review it occurs as it's needed and we're all fully involved." One other relative said, "We have a communication book between my sisters and the staff and we all use it – [staff] care enough to add notes and involve us."

People had a wide range of activities to choose from. One person said, "I love the quizzes and the crossword – it keeps my brain ticking over." Another person told us, " I'm never bored. I love having my own programme and planning my days." There were activities coordinators who organised and facilitated activities for people. A staff member told us they reminded people about the activities taking place on the day so they would remember to attend them. Some people enjoyed set activities and every morning came to the bar to have a chat about the news and read newspapers. We saw people gathering for a quiz and a dance. The service had its own choir involving 56 people, including relatives and volunteers. They met weekly to get ready for a Christmas performances. One person said, "I'm in the choir – I mime a lot but its great exercise and it brings pleasure to others. It gives me the chance to do something for others." Activity plans showed that additional activities were planned also and people had a say about the activities they wanted to be facilitated such as to go on a boat trip. Staff invited entertainers to perform in the home. On the day of inspection we saw people gathering to hear a professional entertainer singing. Records showed and people confirmed they went out in the community regularly. 12 trips were planed monthly for people to visit galleries and sea side, to go out for meals and shopping or to take part in community events such as Remembrance Day. This ensured that people were provided with opportunities to socialise and build relationships.

The service had around 50 regularly visiting volunteers. Volunteers told us they were trained and that they were well supported. Some volunteers were involved in the activities taking place at the service, others came to socialise and talk to people. The service encouraged volunteers to have one to one time with people for developing relationships to prevent social isolation. A volunteer said, "It's really important to see residents who prefer to stay in their rooms – I love our chats." Records showed that the time volunteers spent with people was monitored to ensure that people were not left on their own for too long and would not feel socially excluded.

The service had a complaints procedure in place and people understood how to raise their concerns. People told us they felt able to speak up and share their concerns with the staff team. They were confident that the concerns raised would be appropriately investigated and actions taken to make changes as required. We found that the necessary actions were taken and reassurance was provided to a person after they raised concerns about their care. People's feedback was also collected at the regular residents meetings. One person said, "We have regular monthly meetings and it's well attended and people are comfortable to talk about things. Nothing becomes a problem." People were also encouraged to make suggestions on how to improve the service during one to one meetings with their key workers.

There were systems in place to monitor complaints received. Records were suitably maintained to ensure that actions were taken in good time, for example to inform the complainant about the outcome of their concern. We saw that all complaints made were investigated to the complainant's satisfaction which meant that improvements were made as necessary. We also viewed the compliments received by the service. People's relatives thanked staff for the support they provided to their family members.

People had the necessary support to discuss and make decisions about their end of life care. One person said, "I was asked what I wanted to do 'at the end' and I've told them that I want to stay here – they asked

very gently." A relative said, "We have made some tough decisions, but we were never rushed. Everything has been dealt with so sensitively." People's wishes were recorded and they had access to support as required. Staff evidenced knowledge of what to do in emergencies. They told us symptoms of a medical deterioration and described the necessary actions in acute emergency.

Good

Is the service well-led?

Our findings

People and their relatives told us the management team were approachable and available when they needed to talk to them. A relative said, "We've been in recent contact and [the registered manager] seems very receptive and keen to make changes if they are needed." Another relative told us, "The phrase, 'her door's always open' really applies. Feel very comfortable going to talk something over and I know that she will listen and that something will happen." A volunteer said, "I love being involved and feel very supported by the activities and volunteer's manager." Another volunteer noted, "We are privileged, they train us all the time- we share our knowledge with colleagues- I love the Star and Garter, it's a very good management team."

The staff team shared a clear vision aiming to deliver high quality care for people. The registered manager told us "Residents came to the home to live and not to die." The staff team had strongly expressed their values around the person centred care they provided for people. The service had been nominated for several awards including, 'Best Interior Design 2016', 'Best Dementia Team 2017' and 'Best Dementia manager 2017.'

Staff were passionate about working at Star & Garter Home- Surbiton and were very complimentary about the management. One staff member told us, "Lister floor is amazing as we have everything we need. Whatever is needed the manager makes sure we have it." Another staff member said, "I can speak to any level of management- no one pushes you away." The management team provided 24 hour on-call service if staff needed advice on urgent matters outside of normal office working hours. There were three lead nurses on each floor to provide direct support for the staff team as necessary. The service provided funding for counselling sessions if staff needed it.

Records showed that open communication was encouraged at staff meetings which involved staff in developing the service. Records showed the registered manager was transparent to the suggestions made and a staff member was given an opportunity to input into developing an action plan for a person. This ensured that people's welfare was prioritised and staff were supported to question practice where necessary. One other staff member told us the team recently asked for a review of shift patterns and the registered manager took action to gather opinions on what needed to change.

There was a clear management structure in place which ensured good leadership at the service. The registered manager was responsible for managing the service and had support from a dementia nurse manager, activities and volunteer manager and hospitality service's manager. We found that the staff team were aware of their responsibilities and knew what was expected of them. The registered manager knew the different forms of statutory notifications they had to submit to CQC as required by law and according to records these were sent to CQC in good time. Systems were in place for staff to share information which ensured continuity of care provided for people. There were daily, weekly and monthly meetings carried out to share information about care being delivered to people. Regular managers' and lead nurses' meetings took place to discuss good practice and any issues arising. Staff had time allocated between the shifts to talk about people's individual needs and the actions they had to carry out which ensured that information

was not missed and people had the support they required.

We found that people's and their relative's views and experiences were gathered and acted on to improve the service. Annual questionnaires were provided asking for their feedback. We viewed a report of the annual survey completed in September 2016. We found that people responded well and were satisfied with their daily life and the social activities run in the home. They felt the staff team provided choice in how they wanted to live their lives.

Records showed that relatives were invited to attend meetings to keep them involved in the services being delivered to people. A relative said, "I try to always come. At the last they introduced the new manager for this floor (Lister) and explained the new catering arrangements. The speech and language therapist was there too and helped to answer any questions. Lots of people are involved in the meetings." We also saw a dietitian and physiotherapist being invited to the meetings to provide information for relatives, for example in relation to healthy eating.

There were systems in place to monitor the quality of the services being provided. The managers were responsible for carrying out regular quality assurance audits and any issues identified were monitored by them, for example where furniture had to be replaced. The registered manager received regular reports noting the actions taken and made sure improvements had been made where necessary. People's care records, medicine administration sheets and health and safety systems were regularly checked by the lead nurses. Each resident had one day per month dedicated for reviewing their care needs. Staff completed a 'Resident of a day checklist' that included talking to people about their care plans and the changes they wanted to make.

The service worked in partnership with other relative agencies to ensure person centred care for people. Information was shared on a need to know basis with local authorities, clinical commissioners and multidisciplinary teams to ensure that the support provided for people was joined up, for example when a person was admitted to a hospital. There were regular contacts with the Princess Alice Hospice where people required specialised end of life care. The registered manager told us they also invited policemen and firemen to talk about the equipment they used and to tell people how they could get help if needed.