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Surrey Heights

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection of Surrey Heights took place on 18 May 2016 and was unannounced. This inspection was to follow up on actions we had asked the provider to take to improve the service people received.

Surrey Heights is a care home which provides accommodation and personal care for up to 39 people. At the time of our visit there were 24 people living at the home most of who are living with dementia. The accommodation is provided over two floors that were accessible by stairs and a lift.

At the time of our visit 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 2008 and associated Regulations about how the service is run.

People were not always protected from being cared for by unsuitable staff because although recruitment processes in place, they were not always followed.

Although quality assurance systems were in place and had improved. We have made a recommendation with the intention that quality assurance systems continue to improve to identify and rectify record keeping and staff practices.

Although the home was clean, people were not always safe because the processes in place to prevent and control infection were not always followed by staff. We have made a recommendation that the provider ensures that staff follow the current guidelines and policies in regard to infection control.

People and relatives told us they were safe at Surrey Heights. Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from harm.

There were sufficient numbers of staff deployed who had the necessary skills and knowledge to meet people's needs.

Medicines were managed, stored and disposed of safely. Any changes to people's medicines were prescribed by the person's GP and administered appropriately.

Fire safety arrangements and risk assessments for the environment were in place to help keep people safe. The service had a business contingency plan that identified how the home would function in the event of an emergency such as fire, adverse weather conditions, flooding or power cuts.

Staff were up to date with current guidance to support people to make decisions. Staff had a clear understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) as well as

their responsibilities in respect of this.

The registered manager ensured staff had the skills and experience which were necessary to carry out their role. Staff had received appropriate support that promoted their development. The staff team were knowledgeable about people's care needs. People told us they felt supported and staff knew what they were doing.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk. People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The provider worked effectively with healthcare professionals and was pro-active in referring people for assessment or treatment.

Staff treated people with compassion, kindness, dignity and respect. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's privacy and dignity were respected and promoted when personal care was undertaken.

People's needs were assessed when they entered the home and on a continuous basis to reflect changes in their needs. Staff understood the importance of promoting independence and choice. People were able to personalise their room with their own furniture and personal items so that they were surrounded by things that were familiar to them. People had the right to refuse treatment or care and this information was recorded in their care plans.

People were encouraged to voice their concerns or complaints about the service and there were different ways for their voice to be heard. Suggestions, concerns and complaints were used as an opportunity to learn and improve the service people received.

People had access to activities that were important and relevant to them. People were protected from social isolation through systems the service had in place. There were a range of activities available within the home and the community.

People's care and welfare was monitored regularly to ensure their needs were met. The provider had systems in place to regularly assess and monitor the quality of the care provided.

People told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the home. Staff told us they would report any concerns to their manager and felt supported by the management.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of 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?

Requires Improvement

The service was not consistently safe.

Safe recruitment practices and relevant checks were not always followed before staff commenced work.

Although improvement had been made to the standard of cleanliness, not all staff were following best practice in regard to infection control.

People had risk assessments based on their individual care and support needs.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

There were sufficient numbers of staff deployed to keep people safe and to respond to their needs.

Medicines were administered, stored and disposed of safely.

Is the service effective?

Good

The service was effective.

People's care and support promoted their well-being in accordance to their needs. People were supported to have access to healthcare services and professionals were involved in the regular monitoring of their health.

Staff understood and knew how to apply legislation that supported people to consent to care and treatment.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good

The service was caring.

Staff treated people with compassion, kindness, dignity and respect. People's privacy were respected and promoted.

Staff were cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's relatives and friends were able to visit when they wished.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed when they entered the home and on a continuous basis.

People had access to activities that were important and relevant to them. People were protected from social isolation and there were a range of activities available within the home and community.

People were encouraged to voice their concerns or complaints about the home and there were different ways for their voices to be heard.

Is the service well-led?

Requires Improvement

The service was not consistently well- led.

Although quality assurance systems were in place and had improved. The continuous improvements to record keeping and to monitor staff to ensure procedures are followed were required.

The provider sought, encouraged and supported people's involvement in the improvement of the home.

People told us the staff were friendly, supportive and management were always visible and approachable.

Staff were encouraged to contribute to the improvement of the home and could report any concerns to their manager.

Surrey Heights

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 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.

We visited the home on 18 May 2016 and it was an unannounced inspection. The inspection was conducted by three 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 service.

We spoke to 14 people living at the home, nine staff, the registered manager and the operations director. We also spoke to two visiting healthcare professional and a volunteer from the local religious community. We observed care and support in communal areas; looked at four bedrooms with the agreement of the relevant person. We looked at five care records, risk assessments, medicines administration records, accident and incident records, minutes of meetings, four staff records, complaints records, policies and procedures and external and internal audits.

As this was a follow up inspection we reviewed the action plan provided by the provider in regard to the improvements made. The provider sent us an action plan on 30 December 2015 and provided timescales by which the regulations would be met.

The provider had already completed a Provider Information Return (PIR) for our inspection in August 2015. We did not ask for another one as this was a follow up inspection.

Before the inspection we reviewed the previous inspection report. We gathered information about the home by contacting the local authority safeguarding and quality assurance team. We also reviewed records we held which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the home is required to send us by law.

At our previous inspection on 3 August 2015, we found breaches of eight regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action in relation to the

standards of cleanliness, infection control, management of medicines, staffing levels and support, dignity and respect, care plans, assessing and monitoring the quality of the service provided. The provider sent us an action plan on 30 December 2015 and provided timescales by which the Regulation would be met.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe and secure at the home and with the staff who provided care and support. A person told us, "People are very good. It feels safe and secure here. I feel safer than being somewhere on my own." Another person told us, "I feel very safe, staff couldn't be nicer." A third person told us, "I have a good feel about the place. Safe, never had any problems." We found that although people were generally safe improvements were needed. People were provided with guidance such as posters about what to do if they suspected abuse was taking place which helped them to feel safe and report concerns.

People were not always protected from being cared for by unsuitable staff because although recruitment processes were in place, they were not always followed. Records contained an application form which recorded employment and training history, provided proof of identification and contact details for references. The provider had not obtained two written references for two out of the four staff files we reviewed. After the inspection the registered manager confirmed they were unable to obtain all of the references required. A risk assessment along with action taken was completed for each member of staff without the appropriate references to ensure they were suitable to work at the home. On one file there was no information about UK criminal checks made through the disclosure and barring service (DBS), although there was an overseas criminal check made. After the inspection, the registered manager provided evidence that a DBS check was in progress. The staff we spoke with confirmed they were not allowed to commence employment until satisfactory criminal records checks and references had been obtained. The provider and registered manager carried out checks for agency staff as well as permanent staff to ensure they are safe to work at the home.

Failure to have effective recruitment systems in place and unable to obtain information as specified in Schedule 3 was a breach in Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection on 3 August 2015, we identified a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not safe because the systems in place to prevent and control infection were inadequate. Although the provider had systems to ensure appropriate standards of cleanliness were maintained, not all of these were being followed, which had an effect on the standard of cleanliness throughout the service. At this inspection, we found that improvements had been made, the standard of cleanliness had vastly improved, staff had been trained and were integrating this into practice. Although we found some omissions, the systems now in place reduced the risk of infection.

On the whole we observed good infection control practices, staff had been trained and they were using this training in practice. Staff were wearing the correct personal protective equipment (PPE) There was one incident where a member of staff was not wearing gloves, carrying a red bag used for soiled items, whilst supporting a person to move around the home. This showed that this member of staff was not following the policies or putting their training into practice. We also found a mattress in an unoccupied room which smelt of urine. Although there were systems in place to audit cleaning tasks there was no system in place to clean and disinfect mattresses. These concerns were identified to the registered manager and they responded

immediately to rectify the problem to ensure this did not happen again.

We recommend that the provider ensures that staff follow the guidelines and policies in regard to the infection control.

Although we identified the above concerns, there were considerable improvements in the standards of cleanliness throughout the home. Appropriate standards of cleanliness were now being maintained. All of the communal areas of the home and people's rooms were clean and tidy. A person told us, "My room is clean. They come in twice a day to clean it." All of the people's rooms that we viewed were clean and tidy. There was a person in charge of cleaning and tasks were checked after they had been conducted. We spoke to a member of the housekeeping team who spoke knowledgeably about their role and systems in place. There were products available for people to use such as antibacterial gel, hand wash and hand towels along with instructions for effective hand washing techniques.

People were at risk of harm due to maintenance issues in the communal areas. There were two windows with loose glass panes and missing handles. A banister that supported people whilst climbing stairs was loose. We raised our concerns with the registered manager and the operations director. They informed us this was a continuing problem as the home was a listed building so they were limited to the amount of changes they could made. The operations director stated that they would inform the maintenance person of the repairs. They showed us how many times the banister had been repaired and they were looking to see if there was an alternative option available.

The communal areas and corridors were free from obstacles which enabled them to move freely around the home. Handrails were placed throughout the home to support and aid people's mobility. Fire, electrical, and safety equipment was inspected on a regular basis. Specialist equipment such as wheelchairs, baths and showers were checked on a weekly or monthly basis to ensure they were safe and in working order. Arrangements were in place for the security of the home and people who lived there. All entrances to the home were through a bell system managed by staff. We saw a book that recorded all visitors to the home.

At our last inspection on 3 August 2015, we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff did not have an understanding of the systems in place to identify, prevent or alert the local authority to abuse. At this inspection we found that improvements had been made, staff had a better understanding of safeguarding systems and what to do if they suspected any abuse. This along with staff training, having a policy in place and raised staff awareness meant that the risk of abuse going unidentified or reported was reduced.

The staff had access to a copy of the most recent local authority safeguarding policy and company policy on safeguarding adults at risk. This provided staff with up to date guidance including contact details about what to do in the event of suspected or actual abuse. Staff knew that the manager would contact the safeguarding team to report any concerns. Staff told us that they had received safeguarding adults training since our last visit and were aware of their role in reporting suspected abuse. We confirmed this when we looked at the staff training programme. A member of staff told us, "If I saw any abuse we have a protocol. I would go first to my line manager and inform her or the Manager. If the abuse involved the manager I would go to the police. If I was not sure what to do we have the number of a helpline we can contact."

At our last inspection on 3 August 2015, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's medicines were not always managed safely. Staff unfamiliar with the home or its residents were allowed to administer medicines. The storage of medicines was unsafe as they were left unlocked and unattended. At this inspection we found that improvements had

been made, there were safe arrangements in place for the administration, recording and storage of medicines. The systems in place reduced the risk of people receiving medicines incorrectly or having access to medicines they were not prescribed.

People told us, "We always received our medicines on time, never miss them." A medicines profile had been completed for each person and any allergies to medicines recorded so that staff knew which medicines people received and what medicines to avoid. The medicines administration records (MAR) were accurate and contained no gaps or errors, medicines were crossed referenced against the MAR charts before they were given to people. A photograph of each person was on their MAR to ensure that staff were giving the medicine to the correct person. There was guidance for staff about the recording of medicines if a person refused to take their medicine. All medicines coming into and out of the home were recorded and medicines were checked and recorded at each handover. All medicines were secured when not in use. Medicines that required refrigeration were monitored and kept at the optimum temperature and secured safely. Any changes to people's medicines were prescribed by the person's GP.

Only staff who were trained and competent in the safe management of medicines were authorised to administer medicines to people. The registered manager observed staff administering medicines to assess their competency before they were authorised to do this without supervision. When staff administered medicines to people they sought their consent, explained what the medicine for s and why they needed to take it. For example staff said "This will help the pain." Staff waited patiently until the person had taken their medicines before moving onto the next person.

Arrangements were in place when people required medicines for a specific short-term condition. There were written individual PRN [medicines to be taken as required] protocols for each medicine that people took, such as painkillers. These provided information to staff about the person taking the medicine, the type of medicine, maximum dose, the reason for taking the medicine and any possible side effects to be aware of.

At our last inspection on 3 August 2015, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not appropriately assessed the risk to people. Staff did not always follow the guidelines provided to keep people safe. At this inspection we found that improvements had been made, risk assessments were completed and up to date to reduce the risk of harm or future reoccurrences

Risks to people were managed safely and in accordance with their needs. Risk assessments and any healthcare issues that arose were discussed with the involvement of social or health care professionals such as the psychiatrist, GP or speech and language therapist. The risk assessments were included in people's care plan and staff knew what action they needed to take to keep people as safe as possible. A person told us, "It is lovely out here. I like being outside most of my time. I don't like to be shut in. I like to come out for a smoke." For people who smoked, there were plans in place to reduce fire risks which were followed by staff. We saw staff had recorded that one person had been offered but declined to wear a protective garment whilst smoking. To ensure the person was as safe as possible the provider had provided a smoking area with fire safety equipment in place. Staff observed the person from a distance to ensure they were safe and that staff were not intrusive. We also saw personalised risk assessments regarding the risk of excessive smoking for one person. The risk assessment both enabled the person's independence whilst also ensuring their safety.

There was a system to manage and report incidents, accidents and safeguarding concerns which kept people safe. Accidents and incidents were recorded electronically on people's records and the registered manager kept a central record of accidents and incidents. Members of staff told us they would report

concerns to the registered manager. We saw incidents and safeguarding concerns had been raised and dealt with, relevant notifications had been received by the Care Quality Commission in a timely manner. Incidents were reviewed and monitored to identify patterns or trends emerging, which enabled staff to take action to minimise or prevent further incidents occurring in the future. Each accident had an accident form completed, which included clear outcomes and actions taken. For example, one person was frequently opening the fire door and attempting to leave the home. We saw that after two similar incidents the Deprivation of Liberty Safeguards Team were consulted. This person's care plan was updated to monitor them more closely and to engage with them more. We saw that this had been put into practice as staff engaged with this person throughout the day. No more incidents had taken place.

Fire safety arrangements and risk assessments for the environment were in place to keep people safe. Each person had a personalised emergency evacuation plan and staff carried out regular fire drills and evacuations so they knew what to do in the event of a fire. There was a contingency plan in place should an emergency have an impact on the delivery of care. Staff had a clear understanding of what to do in the event of an emergency such as fire, adverse weather conditions, power cuts or flooding. The provider had identified alternative locations which would be used if the home was unliveable. This would minimise the impact to people if emergencies occurred.

At our last inspection on 3 August 2015, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not sufficient numbers of staff to meet people's needs safely. At this inspection we found that improvements had been made, additional staff had been employed and deployed in the home, thus ensuring people's needs were being meet safely.

People we spoke to felt there enough staff at Surrey Heights. One person told us, "Staff are always about and ask if things are alright. They are fine if I say anything." Another person said, "I know the carers well. Always on hand, they will get me anything I need." A third told us, "If I need staff I don't have to wait too long before somebody arrives." The core staff team were able to build up a rapport with people who lived at the home. We observed that people's needs were met promptly; this included those who chose to stay in their room and called for assistance. The staffing rotas were based on the individual needs of people and did not fall below the minimum staffing levels the registered manager had determined as being needed to support people safely. All the staff we spoke with enjoyed working at the home and said they felt there were enough of them to undertake their roles well.

Good

Is the service effective?

Our findings

People living at the home and relatives spoke positively about the effectiveness of the staff. They told us that they thought staff were trained and knew what they were doing. A person told us, "I quite like living here. It is busy all the time and the carers seem to know what they are doing, there is always training in this and that, it seems very good." Another person told us, "People seem to know how to look after us well. Know they do quite a bit of training."

At our last inspection on 3 August 2015, we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not supported by staff with the appropriate skills, training and support to meet their needs. At this inspection we found that improvements had been made, staff had received appropriate training and management support and they were observed putting the training into practice to enable them to carry out their roles.

The registered manager ensured staff had the skills and experience which were necessary to carry out their responsibilities through regular training and supervision. The provider promoted good practice by developing the knowledge and skills of new staff by supporting them to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Training was delivered in different formats such as online learning, DVDs, training courses and certificated learning workbooks. All new staff attended induction training and shadowed an experienced member of staff until they were competent to carry out their role.

Staff confirmed they had received training and that they had sufficient knowledge to enable them to carry out their role safely and effectively. Staff provided us with information about people's care and support needs and how they met these. We observed staff when they were helping people to move around the home or assisting them when transferring from a wheelchair to a chair and this was done effectively and according to best practice. This showed staff were using their training in practice. The provider's records and training certificates confirmed that all staff had received mandatory training such as safeguarding adults; moving and handling, dementia and diversity , administration of medicines, health and safety and infection prevention and control, the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager informed us that she had arranged for a local teacher to attend the home to provide English lessons for staff that needed assistance with the language. Staff were provided an 'English Care' booklet with phrases common to social care. This helped ensure that people were supported by staff who were able to communicate appropriately with them.

Staff had received appropriate support that promoted their professional development. A member of staff told us, "I have regular supervisions from the manager." Staff told us they had regular meetings with their line manager to discuss their work and performance. To support and promote professional development, the provider had agreed to pay for a member of staff to attend Qualifications and Credit Framework (QCF) level 2 in Health and Social care. Documentation confirmed that regular supervision and annual appraisals took place with staff. Management observed staff in practice to review the quality of care delivered and any observations were discussed with staff.

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's care plans recorded where people did not have the capacity to make a specific decision and their best interests had been considered when decisions that affected them were made. The MCA applies to decisions such as medical treatment as well as day to day matters. Assessments had been completed where people were unable to make specific decisions for themselves, it included relevant information regarding people's authority to make decisions on people's behalf known as Power of Attorney. For example, one person's care plan contained information on when they may lack mental capacity and how staff should respond. Another person had fluctuating mental capacity. There was information provided by healthcare professionals contained in their care plan to ensure all staff knew how to best support them. We noted that an advocate had been used for people who did not have family or when people required additional support during the decision making process.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been completed and submitted to the local authority this included people who wanted to leave the home unaccompanied.

People were supported to make their own decisions and their consent was sought before care was provided. Staff checked with people that they were happy with the support being provided on a regular basis and attempted to gain people's consent. Staff waited for a response before acting on people's wishes. For example, a person with very limited capacity was approached by staff who asked him where he would like to sit. He was confused so he was offered a choice of seats and moved towards one that had been suggested. Throughout the mealtime staff ensured that he was well supported and involved. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. Where people declined assistance or choices offered, staff respected these decisions

People told us they enjoyed the food at the home. One person told us, "I enjoy the meals. If you don't like something then chef will make you something else like an omelette or a jacket potato or a salad. Another person told us, "Nice food we don't starve." A third person said, "Yes food very tasty and you get a good choice of meals, lots of snacks anytime." People were involved and consulted about the creation of the menu for breakfast, lunch and tea. The chef prepared and cooked all of the meals in the home. There was a choice of nutritious food, snacks and drinks and alternative options were available if people did not like what was on offer.

Lunchtime was a social occasion; there were positive interactions between people and staff. People were able to choose who they sat with and some people enjoyed their lunch together in the designated dining room in the conservatory, the lounges, or in their room. People sat in groups and engaged in conversation with each other and staff. Tables were laid out in a restaurant style, with appropriate cutlery designed to help residents with limited mobility.

People were supported to have their nutrition and hydration needs met. We saw staff assisting people to get ready for lunch, at a slow and steady pace, they were not rushed. People who were able to eat independently were prompted and encouraged to do so. Where people needed support, they were supported by a member of staff. Throughout the meal we observed staff interacting with people and asking them about the food. Throughout the day people were encouraged to take regular drinks, to ensure that people were kept hydrated. People confirmed that they had sufficient quantities of food and drink.

People who had specific dietary requirements were provided with appropriate nutritious food. Kitchen staff had information about people's dietary requirements such as food allergies. Care plans contained information to support people to maintain a healthy diet. For example, one person had problems with swallowing and the registered manager informed us that the home worked closely with the Speech and Language Therapist (SALT) to ensure that they support this person to eat. We saw information from the SALT team in this person's record and this had been reviewed within the last month. Healthcare professionals had also requested that this person's fluid intake and output be monitored. We could see that this was being recorded as part of the home's 'Daily Rounding' charts. Where people were at risk of choking, some people required products to be added to their food and drink to enable them to swallow without harm and instructions were given to staff regarding the dosage and consistency required.

People had access to healthcare professionals such as the GP, district nurse, optician, dentist, physiotherapist, speech and language therapist. People told us they could see a doctor when they needed to. We saw from care records that if people's needs had changed, staff had obtained guidance or advice from the person's doctor or other healthcare professionals. People were supported by staff or relatives to attend their health appointments. Outcomes of people's visits to healthcare professionals were recorded in their care records. Staff were given clear guidance from healthcare professionals about people's care needs and what they needed to do to support them. A visiting healthcare professional told us, "I have a good working relationship with the staff at Surrey Heights."

People's bedrooms were personalised with pictures, photographs and items of religious sentiment and personal interest. Each person had a memory box outside their rooms containing personalised items familiar to them to assist people to locate their room. Communal areas of the home were painted in the same colour scheme; however people's rooms were painted in different pastel colours. Communal areas had large signs with pictures to describe the room. This made it easier for people with visual impairment or dementia to identify rooms. The floorings throughout the communal areas enabled easy manoeuvrability for staff and people with wheelchairs or walking frames. Large windows provided natural daylight and provided people living at the home with natural views across to the Surrey Hills.

Good

Is the service caring?

Our findings

The atmosphere in the home was calm and relaxed during our inspection. Staff talked to people in a calm, patient way, using eye contact and repeating information where people needed it. People were happy and laughing whilst enjoying being in the company of staff. One person told us, "This one [pointing to a member of staff] is so kind. Looks after me." Another person told us, "I have never experienced service like this in all my life. It is very good." A third person told us, "Staff couldn't be any nicer or more helpful." The registered manager told us, "We try to put ourselves in their shoes." This showed us that staff were able to offer support in a way which promoted dignity and respect to the people that they support.

At our last inspection on 3 August 2015, we identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's privacy and dignity was not always promoted by staff, they did not always have access to specialist equipment, there was limited interaction between staff and people. People had difficulty understanding staff whose first language was not English. At this inspection we found that improvements had been made, people had access to specialist equipment, staff had time to have meaningful interactions with people and staff were receiving language courses. People were supported by staff who ensured their dignity and privacy were respected and promoted.

The consistent staff team was able to build up a rapport with people who lived at the home. This enabled staff to acquire an understanding of people's care and support needs. For example, a person was keen to move around the building. On numerous occasions they were supported in a safe dignified way, with staff offering them a supportive hand when needed.

Staff knew about the people they supported. A person told us, "Very good care. I do most things for myself but I know that they are there if I need them to keep an eye on me." Staff were able to talk about people, their likes, dislikes and interests and the care and support they needed. They provided us with guidance and information about how to approach people. There was information in care records that highlighted people's personal preferences, and also what constituted a good or bad day for people, so that staff would know what people needed from them. Staff were knowledgeable about the things that triggered people's behaviour and techniques to use when people were distressed. During the inspection a staff member used a variety of de-escalation techniques to support a person who was becoming verbally abusive. She spoke calmly but firmly and made the point that rudeness is not acceptable. The person became calmer and the member of staff escorted her to a quieter area and organised refreshments. On another occasion, staff were very compassionate to a person who was not very happy about things. Staff knew him well and how to reassure him. Staff knew people's personal and social needs and preferences from reading their care records and getting to know them and adapted their approach in accordance to people's needs.

Staff understood the importance of promoting independence and choice. A person told us, "The staff know what I need, things like baths and showers which I can have if they keep an eye on me." People were able to make choices about when to get up in the morning, what to eat for breakfast, what to wear and activities they would like to participate in. People were able to personalise their room with their own furniture and personal items so that they were surrounded by things that were familiar to them. People had the right to

refuse treatment or care and this information was recorded in their care plans. Guidance was also given to staff about what to do in these situations.

Staff approached people with kindness and compassion. A person told us, "The staff are brilliant in their job. Good, very good care." A visitor told us, "Very caring people here." For example, a person was very upset and began speaking in her native language. A member of staff who is fluent in that language reassured the lady and calmed the situation. She then encouraged her to speak English so other carers were able to help her. Staff interacted with people throughout the day. When attending activities, listening to music and watching television, at each stage staff checked that the person was happy. Staff spoke to people in a respectful and friendly manner.

Privacy and dignity was respected and people received care and support in the way they wished. A person told us, "They treat us with respect, listen and do all they can." Another person told us, "People are so kind to me here. They seem interested in me." Staff understood the importance of respecting people's privacy and dignity and treating people with respect. Staff were seen to discreetly advise people when they required attention to their personal care and this was always provided in private. People were not kept waiting for assistance with personal care. We observed that staff knocked on people's doors and waited for an answer before entering. A person told us, "Privacy, yes staff knock on my door and wait. They are very respectful."

People were involved in making decisions about their care. We observed that when staff asked people questions, they were given time to respond. For example, when offering people drinks. Staff did not rush people for a response, nor did they make the choice for the person. Relatives, health and social care professionals were involved in individual's care planning. Staff were knowledgeable about how to support each person in ways that were right for them and how they were involved in their care.

Relatives and friends were able to visit and maintain relationships with people. People confirmed that they were able to practice their religious beliefs, because the provider, friends or relatives offered support to attend the local religious centres. People from the local religious community also visited the home to provide religious services to people living at the home. This demonstrated that care and support was provided with regard for people's religious choices.

Good

Is the service responsive?

Our findings

People told us they were happy with the support they received. People said they were able to have a choice of male or female carers to provide personal care. They said that they felt that the care they received was what they needed, when they needed it. One person told us, "Don't have any worries or complaints. People do everything they can to make you happy. Another person told us, "I get the care that I need from very kind people." A third person said, "They know how I liked to be cared for."

At our last inspection on 3 August 2015, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care plan were not reviewed on a regular basis or had up to date information in accordance to people's needs. At this inspection we found that improvements had been made, care plan had been reviewed and contained information relevant to people's needs. Staff were knowledge about people's needs and had access to current information to provide appropriate and safe care to people.

Pre-assessments were carried out before people moved into the home and then were reviewed once the person had settled into the home. The information recorded included people's personal details, care needs and details of health and social care professionals involved in supporting the person. Other information about people's medical history, medicines, allergies, physical and mental health, identified needs and any potential risks were also recorded. This information was used to ensure people's needs could be met prior to them moving in and then develop care and support in accordance to people's needs.

Staff were able to build a picture of the person's support needs based on the information provided and the knowledge they obtained by talking to people. People told us that staff knew them well and knew how they liked to be supported. They told us that they felt listened to and that their opinions were valued.
People had care records which outlined their individual care and support needs, including any identified risks. For example, one person had complex mental health needs and records contained detailed information on what may trigger this person to become anxious and how to support them when they do. Healthcare professionals had been involved in this and they were present at reviews held. Another person's care plan stated that they may become delusional and this could lead to challenging situations with staff. The care plan contained clear information on how to respond to this person in a way which distracted them from becoming angry. The care plan mentioned things that this person may enjoy talking about. We could see evidence of healthcare professionals input in how to best manage this person's mental health needs. During our inspection we observed staff supporting this person in a way which reflected the instructions outlined in their care plan.

Staff were quick to respond to people's needs. Staff told us by having a consistent staff team they were able to build up a rapport with people and staff knew people well and understood their needs. Staff told us they completed a handover session after each shift which gave them the opportunity to share information about any changes to people's needs. This may be a change in people's medicines, healthcare appointments or general messages to staff. Daily records were completed to record each person's daily activities, personal care given, what went well, what did not and any action taken. This ensured that staff had information about

people's daily care needs and any changes that had occurred.

People had access to specialist equipment such as sensor mats, wheelchairs, walking frames, hoists, specialist beds or bathing aids to assist and support people overcome everyday difficulties caused by their disability or illness.

People were protected from social isolation with the activities, interests and hobbies they were involved with. A volunteer from the local community told us, "[Person] was a regular member of the church community and it is important for him to keep links and to be given Communion." People confirmed that they took part in the activities in the home and outside in their community. People were involved with the garden, preparing and planting plants. A person told us, "I love the garden. I have been planting and I do a bit of weeding from time to time. Love being outside, listening to the birds." Activities included arts and crafts, music therapy, indoor skittles, exercises run by staff and external specialists. We saw photographs of outings or events people had attended. We observed a timetable of activities on a board. This was in picture format for easy reading. On the day of inspection we observed indoor skittles; a music exercise session and a musical quiz run by a specialist which was in line with what was stated on the board. People were seen enjoying the activities on offer as well as sitting in the communal areas listening to music and talking to people. Staff encouraged people to engage in activities and offered a variety that catered to people's needs and interests.

People and their relatives knew how to make a complaint. People told us that they had not needed to complain but went on to say that they felt that staff would listen to them if they needed to. A person told us, "A few small things from time to time but I tell them and it is put right.' Another person told us, "No complaints. If I don't like something I will tell them. Works both ways." We looked at the provider's complaints policy and procedure to review their processes. Staff we spoke with had a clear understanding of what to do if someone approached them with a concern or complaint and had confidence that the registered manager would take any complaint seriously. The registered manager maintained a complaints log. We reviewed the complaints log and noted that three complaints had been received in the last twelve months, all were processed in a timely manner. We saw information about the complaint procedure displayed in the home, which provided people with the information about the process, contact details for the registered provider, CQC, the local adult social care team and the Local Government Ombudsman. The home had also received three compliments.

Requires Improvement

Is the service well-led?

Our findings

People we spoke to told us they were happy with the management and running of Surrey Heights and that issues were dealt with swiftly and without problem. A person told us, "The manager drops in to see me every day, they are nice and approachable." People told us that Surrey Heights is a friendly place and that the atmosphere was friendly." Despite these very positive views we found some improvement was needed.

At our last inspection on 3 August 2015, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have effective systems in place to monitor the quality of care or drive improvement. Staff had not been well supported and shortfalls in staff training and care documentation had not been identified or addressed. At this inspection we found that improvements had been made, a registered manager was now in place who was able to oversee and monitor the service provided, staff received regular training and support. However there were still some shortfalls in the quality assurance monitoring systems as they had not identified missing information in care plans, or that best practices and recruitment procedures were not always followed. Although staff were knowledgeable about people's care and support needs, the omissions in the quality assurance systems could put people at risk of harm.

Staff told us they conducted regular spot check on rooms to check on the condition of the room in relation to health and safety needs. People's care and welfare was monitored on a regularly basis to make sure their needs were met within a safe environment. Monthly audits were carried by the management team regarding people's care and support needs such as management of medicines, accidents and incidents and infection control. However these arrangements were not effective enough to identify missing information from care plans, or that best practices in regard to infection control or recruitment were not always followed. For example, only one care plan we reviewed contained, information about people's social history, a 'One Page Profile' and their likes and dislikes along with a 'Life Story' assessment. This provided information about people's past life and would enable staff to talk to people about their life and provide any additional care.

We looked at a number of policies and procedures such as environmental, complaints, consent, disciplinary, quality assurance and safeguarding. The policies and procedures gave guidance to staff in a number of key areas. However not all staff were following the guidance provided in these policies and procedures.

We recommend that the provider and registered manager continues to improve the care plan records and continues to monitor staff to ensure procedures are followed.

People and staff said that the manager and staff were approachable and open to suggestions. A visiting healthcare professional told us, "This home is very friendly and welcoming. Key members of staff have a rapport with the residents." Staff told us that the manager was very supportive. Staff said that they worked well as a team. A member of staff told us, "It's a good place to work, there's good teamwork."

People were involved in how the home was run in a number of ways. There were 'residents' meetings for people to provide feedback about the care provided. We saw minutes of the meeting where people

discussed issues regarding their home, staff, the people and environment they lived in, food and activities. The provider had also sent questionnaires to residents, professionals and visitors. All were complimentary about the service for example "Staff treated people with kindness, dignity and respect." and "Very satisfactory place to live."

Staff were involved in the running of the home. All the staff we spoke with enjoyed working at the home. Staff told us regular staff meetings were held and they felt they could make suggestions and that these were listened to. Staff had the opportunity to help the home improve and to ensure they were meeting people's needs. Staff were able to contribute through a variety of methods such as staff meetings and supervisions. Staff told us that they were able to discuss the home, quality of care provided, their training needs, job role and any changes in people's care needs.

Staff had a clear vision and set of values and these were discussed with people when they moved into the home. For example, people were given information on what they could expect from the service and staff at Surrey Heights.

The registered manager had notified the Care Quality Commission (CQC) about a number of important events which the service is required to send us by law. This enabled us to effectively monitor the service or identify concerns.

We saw records of accidents and incidents that had occurred and an analysis of the falls was carried out by the registered manager. The analysis identified a number of issues and as a result recommendations and learning outcomes were made. We noted that action taken was recorded. For example where people were identified as being susceptible to falls; they had access to specialist equipment such as sensor mats which alert staff to potential risk.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person failure to have effective recruitment systems in place and was unable to obtain information as specified in Schedule 3. Regulations 19 (2) (3) (a)