

Anchor Hanover Group

Limegrove

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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Limegrove is a residential home providing personal and care for people with aged related illness or who may be living with dementia. The service accommodates up to 55 people in one adapted building set out into five living areas. Each living area has its own kitchenette, dining and communal area. At the time of our inspection, there were 42 people living at the service.

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

People told us they felt safe living at Limegrove and they were looked after by staff who were kind and caring, showed them respect and knew them as people. People said they received the medicines they needed and they could see health care professionals when necessary.

People said the food was good and they were given choice. Throughout the day people were seen being offered sufficient nutrition and hydration to help keep them healthy. People said they felt safe and that there were sufficient staff on duty to attend to their needs.

There was the opportunity for people to attend activities both within and outside of the service and in addition, get involved in events taking place within the local area. People said they had the opportunity to raise any concerns, ideas or give their feedback on the level of care they received. The registered manager was felt to have made a positive impact on the service and listened to people and their views to make any improvements needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. People lived in an environment that was adapted for their needs and staff encouraged people in their independence and positive risk taking whilst keeping them safe.

Since the last inspection, robust governance processes had been introduced to help ensure the shortfalls we found in relation to medicines, risk assessments, recording keeping and following the principles of the Mental Capacity Act (2005) were picked up and addressed.

Everyone we spoke with – people, relatives and staff told us how good the registered manager was and how changes had been made for the better since they had taken over the service.

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

For example: Rating at last inspection and update

The last rating for this service was Requires Improvement (published 24 July 2018) and there was a breach of regulation and three recommendations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been

made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Limegrove

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by three inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We also reviewed any notifications received by us since the last inspection. This is when providers inform us of incidents, accidents or safeguarding concerns at the service. We used all of this information to plan our inspection.

During the inspection-

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager and the provider's regional

support manager. We also spoke with two healthcare professionals during our visit.

We reviewed a range of records. This included seven people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. This was because of a lack of safe medicines management practices and insufficient guidance in place for staff in relation to people's risks. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to assess people's health and safety risks. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Following our last inspection people's care plans had been reviewed and as such risk assessments were updated or introduced. This resulted in people's risks having been assessed and action taken to help keep them free from injury or harm. A relative told us, "I feel mum is very well looked after and she is safe with staff. She always has her walking aid in front of her when she is sat down."
- Risks to people's health and safety had been assessed. One person was at risk of social isolation and a risk assessment had been drawn up to guide staff on how to reduce this potential for the person.
- Another person was at risk of choking because they did not like to wear their dentures. Staff had consulted with the speech and language therapy team and created a risk assessment to help this person maintain their nutritional intake without risk of harm.
- People were kept safe with minimum impact to their independence. For example, to redo the risk of falls staff ensured people with poor mobility used walking aids.

Using medicines safely

At our last inspection the provider did not have robust medicines management processes in place. We made a recommendation to the provider. At this inspection, we had no concerns.

- Since our last inspection the registered manager had introduced tighter medicines management processes. He told us, "When I started, if staff didn't show me their (medicines) competency I removed them from doing medicines and trained them to make sure they were safe."
- People received the medicines they required. One person told us, "They give me my medicine with my breakfast as the water is there already so it's easy to take the tablet." A second said, "They bring my meds in and wait for me to take them."
- Staff kept accurate records to ensure people's medicines were managed safely. People had a medicine administration record (MAR) which recorded what medicines they were on, when they should be taken, any allergies they had and how they liked to take their medicine. There were also a current photograph of the person for identification purposes.
- People's medicines were stored in a safe way. Temperature checks were undertaken of the medicine

trolley and storage area to help ensure medicines were kept at their optimum temperature.

- However, we spotted one person had missed being given one of their tablets during the morning, despite being given all of their others. We spoke with the registered manager who immediately consulted with the GP, told us they would carry out a full internal investigation and ensure the staff member undertook a medicines competency refresher. We had confidence that the registered manager would follow this up robustly.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe. One person told us, "I do feel very safe here because I have complete trust in the carers that they would look out for me."

- People were being cared for by staff who understood what they should do if they suspected people were subject to abuse or potential abuse. Staff had received appropriate training in safeguarding people. We were also aware that the registered manager worked with the local authority safeguarding team when incidents occurred that may have meant people were at risk of harm.

- There was clear guidance available for staff and the registered manager carried out full investigations when necessary. A staff member said, "I need to report any concerns to the manager or the district manager."

People had individual personal evacuation plans in place in the event of an emergency where they would have to leave the building. Regular health and safety checks were carried out at the service which include fire checks.

Staffing and recruitment

- People told us they felt there were sufficient staff and during our inspection we did not have any concerns in this respect. One person said, "I feel there is enough staff. If I want anything I walk around the unit and there is always someone available." Another person told us, "The staff are very good. If I need them they come quickly." A relative told us, "There are always enough staff to look out for her." A second relative said, "There are enough staff. She gets the attention she needs."

- People were safe because staffing levels were based on their needs. Staffing levels were consistent in that two care staff were on each unit and two team leaders were available across the service. The registered manager adjusted staff levels according to what was happening during the day. For example, there was an outing on the day of the inspection and additional staff had been put on the rota to facilitate that. A staff member said, "There's enough to meet everyone's needs." A second told us, "There are enough staff now and we manage to get our breaks and there is always two staff on the unit."

- We sampled some recruitment files and found appropriate processes were followed to help ensure staff were suitable to work for people in this type of setting. This included references, work histories, the right to work in the UK and a criminal record check.

Preventing and controlling infection

- People lived in an environment that was very clean and well presented. A person said, "I think it's clean. There is always someone buzzing around cleaning." A relative told us, "I am happy with the cleaning. Staff are always wearing gloves and aprons."

- The service had recently undergone a refurbishment and as such the environment was fresh and hygienic. A member of housekeeping told us, "I love my job. I came in and gave everything a deep clean – did all the skirting boards and everything. It is so satisfying."

- Housekeeping staff were seen cleaning throughout the day and using appropriate personal protective equipment such as gloves. Care staff were also seen to wear gloves when handling soiled items. A staff member told us, "We stop the spread of infection by making sure we wash our hands and wear gloves."

Learning lessons when things go wrong

- Accident and incident data was reviewed to minimise the risk of a repeat occurrence. Accidents and incidents were recorded and the documentation was reviewed by the registered manager. Each month the registered manager electronically printed off collated information about the number of accidents in the service, together with times, days and which people were affected. This enabled him to look for themes and trends.
- In addition, the registered manager met monthly with the heads of department to discuss each incident in detail and what learning could be taken from it, or action was needed to help prevent reoccurrence. We read sensor mats had been provided to some people and referrals made to the falls team.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement as the principles of the Mental Capacity Act (2005) were not always being followed by staff. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we found that some restrictions on some people had taken place without staff following the principles of the MCA. At this inspection, we had no concerns.

- Since our last inspection people's care records had been reviewed and actions in relation to the MCA and its code of practice had been picked up. There was evidence that people's capacity had been assessed prior to DoLS applications being submitted. Where people had capacity we saw they had signed their own consent to care.
- Where decisions had been made for people, staff followed the requirements of the MCA. One person was receiving their medicine covertly (without their knowledge) and the appropriate capacity assessment, best interest's discussion, GP and pharmacy guidance was in place to support this practice.
- Staff had a good understanding of the MCA with one staff member telling us, "It's all about the five principles. We can't assume that someone lacks capacity because they have dementia. We have to speak to them at the right time and in the right atmosphere."

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

- The needs of people were checked to help ensure Limegrove was a suitable service for them to live in. A relative told us, "They did a very good pre-assessment. Both the manager and the deputy came to the house."
- The registered manager told us he was very critical about what Limegrove could offer, telling us, "When I

first moved here I became aware that there were a few people who were high dependency and we were not meeting their needs. Therefore, we asked for a social care review."

- Once at the service an 'internal transfer' record was completed which recorded people's preferences, routines and a bit about themselves as a person. This helped staff to get to know who they were caring for.

Staff support: induction, training, skills and experience

- People were cared for by staff who underwent appropriate induction and training. One person said, "Staff definitely seem to know what they are doing; they're clued up." A second person told us, "Staff know what they are doing."

- Staff told us they felt supported with one staff member telling us, "I've been attending many training sessions and enjoying them. I've learnt a lot. The induction process was really nice. From the first day here I felt very welcome and supported."

- Training records showed staff training was consistent and up to date. A staff member said, "The training is always good. It's a way of refreshing our minds as care practices change."

- Staff had the opportunity to meet with their line manager on a one to one basis to discuss their day to day work, any training requirements, concerns or worries. A staff member said, "We have regular supervision. Extra training can be booked if needed."

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

- People were provided with sufficient food and hydration to help maintain their health. One person told us, "The food here is good. It's rare that somebody doesn't like anything on the menu and if you don't you can always ask if they've got something in stock and they'll cook it for you." A second person called out to the chef when they visited the dining room saying, "I have to compliment our chef. He did melt in the mouth beef yesterday."

- During the day, snack trays were delivered to each unit. These contained, bite-sized pieces of fruit, snacks or cake and we observed staff handing plates out to people. People were regularly offered hot or cold drinks.

- People were involved in the development of the menu through surveys and resident meetings and the current menu was as a result of their input.

- People were supported to make a choice through visual picture prompts and plated up meals which helped them to understand what was on offer at mealtimes.

Where people were at risk of losing weight staff increased their checks on people. A relative told us, "They weigh mum every month. They tell me if she is losing weight."

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

- People were cared for by staff who had developed a good relationship with the local GP and district nursing team. A relative said, "I can't grumble. She gets put on the GP list." A professional told us, "They do appropriate referrals and they are happy to help us with people's medical needs."

- Where relevant, staff sought the input of other external agencies such as the speech and language therapy team (SaLT), to support them in decision-making around people's health or risks. For example, one person refused to wear their dentures and although staff had taken appropriate action and had risk assessments in place for the person, they consulted with SaLT to assure themselves that they had appropriate guidance in place.

- There was evidence of GP, district nurse, podiatrist, optician and dental input within people's care records.

- Staff said communication between their teams had improved since our last inspection. A staff member told us, "The biggest problem was between night and day staff, but this is so much better. The handovers are more detailed."

- Staff worked in line with best practice guidance. Regular medicines competency checks were carried out and we read the registered manager reviewed safety alerts to check whether they were relevant to the service. The registered manager told us, "Whenever anybody goes in to hospital we always go and reassess them."

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

- People lived in an environment that was suitably adapted for them. As a result of the recent refurbishment people's en-suites had been converted to 'wet rooms' with shower chairs in-situ. This made the environment more accessible for those with mobility support needs.
- People's rooms were personalised and individual to them. Each unit had been painted in a different colour scheme for easy identification. This had been achieved by consulting with people living at Limegrove.
- The overhaul of the building was still to be completed and as such memory boxes were to be placed outside people's rooms and signposting installed to help people with orientation. We will check at our next inspection that these further actions have been completed.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were cared for by kind and caring staff and we witnessed this on the day. One person said, "The staff are lovely. We share a lot of laughter together. Even the agency staff are lovely and really get to know you." Another told us, "The staff here are so caring and lovely. They really are so sweet." A third person added, "Everyone is ever so friendly."
- Staff were attentive to people and showing an interest in them. A staff member sat with one person chatting to them about their background. A relative said, "I can go away and not worry about my mum now. I see staff walk past people and they know all their names."
- People were shown empathy by staff. One person became upset at lunchtime. A staff member supported them to leave the dining area and they sat in the lounge for a while. The staff member sat and listened to the person and the reasons for their upset, reassuring them and eventually encouraging them back to the dining room to continue with their meal.
- Another person was regularly checked on by staff to see how they were feeling and when they chose to go back to their room staff supported them to do this.
- Staff used a lot of endearments when addressing people and people's first name when greeting them and we saw staff take time to talk to people.

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

- People were encouraged to make decisions about what they wanted to do, where they wished to sit and what they preferred for lunch. One person told us, "They always involve me with the decision making."
- As part of the review of each person's care plan review, people were being asked for their preference of male or female staff for personal care. A staff member told us, "It's all about asking questions and finding the way they (people) want to be looked after."
- People's care plans were reviewed regularly and there was evidence of people's involvement and their opportunity to give feedback on their experience of living at Limegrove. We read one relative had commented at their family member's review meeting, '[Name] and her family are pleased with the quality of care she is receiving'.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff. This was evident in the way staff spoke with them. A relative told us, "They always treat her with dignity. If her dress is up they make sure it's pulled down. She always looks good and they put her perfume on her."
- We observed staff knocking on people's doors when entering and when one person required an injection,

staff encouraged them to return to their room to have this done in private. When the person declined, staff checked that the person was happy to have this done in the communal area.

- People were seen to return to their rooms if they wished privacy, or go to different areas of the service out of choice. One person told us staff respected their privacy by saying, "They make sure that you aren't naked when they give personal care."
- One person knew the code to the front door and was able to go out independently. They told us, "They encourage me to be independent, I can walk to the shops by myself and I just let the receptionist know I'm popping out just to be safe."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement because of a lack of good record keeping in relation to complaints and recording how people wished to be cared for at the end of their life. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

End of life care and support

At our last inspection we found ensure of life care plans had not been developed for people. We found improvement in relation to this at this inspection.

- Since our last inspection, people's care plans had been reviewed and although the service was not supporting anyone with end of life care at the time of the inspection we read people had been asked to express their wishes for when this time came.
- One person's end of life care plan focused on them wishing to be surrounded by their family and another's stated they did not want to be cared for in a hospice but they would like a priest or minister to visit and pray for them.
- We read compliments to staff on the care provided to people at the end of their life. This included, 'despite her confusion, you all treated her as a person and helped maintain her dignity to the end'.

Improving care quality in response to complaints or concerns

At our last inspection we found records relating to complaints were not always recorded fully. We had no similar concerns at this inspection.

- People told us they would feel comfortable raising a concern and the service had a clear complaints policy in place. One person said, "I have never needed to complain but I know I could talk to someone and I'm confident they would take it seriously."
- Since our last inspection, the registered manager had put in place more robust processes in relation to how complaints information was held. There was a detailed log of complaints and how they had been responded to.
- We reviewed the complaints received since the registered manager commenced at the service. There was evidence that complaints had been investigated and resolved and the complainant had been responded to and an apology given.
- Where CQC had received complaints, we found the registered manager extremely responsive by carrying out a robust internal investigation to find out what had gone wrong.
- The service received a number of compliments such as, 'There is kindness around me. I'm very well looked after' and, 'Since you've been here [registered manager] it's really improved in the home'.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Peoples care plans were not always consistent on giving guidance to staff on how those needs should be met. While some plans did contain some comprehensive information, we found others that did not. People's care plans covered aspects of their support needs which included personal care, mobility, nutrition, sleep and health.
- One person had a mental health condition and there was limited information about this to assist staff in how to respond to this person's needs. Another person had been diagnosed with epilepsy and although the registered manager informed us this was stable, there was no care plan in place should the person suddenly suffer a seizure.
- We asked staff to tell us about people and found permanent staff had a good knowledge of people's needs and why they lived at Limegrove. However, agency staff knew very little about people, with one telling us they had not read people's care plans. The registered manager told us summary sheets were contained in each unit. However, we checked in two units and staff were unable to tell us where these were. The registered manager sent us evidence immediately following the inspection to show these care plans and summaries were in place. The impact to people was low as permanent staff knew people well and although agency staff worked at the service, these were regular agency staff. We'll check at our next inspection that these have been effective.
- A relative told us they felt staff knew and understood their family members needs saying, "Mum loves her coffee milky and heated in the microwave and I like that staff know that. They know she doesn't like her hair being washed. I trust them (staff) with the care plan."
- A professional told us, "Staff are really caring and they know people and adapt their care appropriately. It's one of the nicest homes I come in to. Staff are really attentive and if you notice anything they want to know about it."

We recommend the registered provider develops a clear care plan in relation to people which is available to all staff and others involved in providing the care of that person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to understand the information given to them. Pictures were used on posters and information sheets through the service, this included the monthly newsletter that was available to everyone. There was free wi-fi and Skype available at the service for people to use to communicate with family and friends.
- One person's first language was not English and staff used visual aids to communicate with this person. A staff member spoke the person's native tongue and told us they would make a point of going to chat with the person in their own language.
- A relative had written, 'I live in (country name) and your communication has been brilliant. I've known what's happening in the home throughout the whole process (of refurbishment) and it's comforting'.

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

- People had the opportunity to participate in a range of activities both within and outside of the service. There were numerous pictures of people taking part in arts and crafts, special events, outings, music events, baking and exercise classes. One person told us, "The activities in the home are good. There's lots of painting and drawing and things like that which I enjoy. I've been out to the coast once." Another person said, "There's so many different things to do here. We've been out on the bus all over the place. Staff pick up

on little things you like and talk to you about them."

- People had access to day trips and local community events. On the day of inspection several people went to Worthing. Three separate trips had been organised over the month to accommodate everyone who wished to go. There were good links with the outside community with some people attending the local day centre for coffee and chat, local schools coming in to the service to engage with people or put on performances and the church holding regular church services.
- Bake sales and MacMillan coffee mornings had been held and a professional art therapist had run sessions with people. People's interests and hobbies were supported. One person told us, "I enjoy knitting and a local church organises sending hats over to children in Romania, so I knit things towards that each year."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement due to the shortfalls we found in medicines, risk assessments, following the principles of the MCA and record keeping in relation to end of life care and complaints. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had introduced robust governance and checks at the service since our last inspection. This helped to ensure they picked up on shortfalls. For example, they reviewed call bell response times looking for those that tripped over two minutes and discussed the outcome at staff meetings. They discussed each and every accident and incident with senior staff for learning purposes and carried out regular walk-around checks within the service.
- The registered manager told us, "It all helps me understand people's needs. I also keep myself up to date on hospital admissions to understand why the admission was needed, who referred the person to hospital and which hospital they went to. We communicate with the hospital during the persons stay and review their care plan upon their return."
- There was a range of audits carried out within the service to help ensure the quality of care provided to people was good. These included falls, infection control, care plans, medicines and health and safety. We read identified shortfalls had been completed or were in progress. For example, the medicines audit identified some people's PRN protocols required updating and this was done the following day.

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

- We received nothing but positive feedback about the registered manager and comments that improvements to the service had been seen since they commenced in post. One person told us, "He's so lovely. He worked here as a carer which I think is a brilliant foundation for a manager as he knows how to speak to the carers and what their job is like. He always pops his head in to say hello." A relative told us, "I think this manager is amazing." A second relative said, "Very pleasant man. He always gives the impression he is listening."
- It was clear from the way staff acted they were happy in their role and the culture within the staff team was one that included teamwork and encouraging staff to do their best. A staff member told us, "The manager is so lovely. He's a brilliant manager." A second said, "What can I say. He's the one who gave me the opportunity to be part of this (service). He's very devoted. He's very humble and I feel valued as a member of staff."
- An employee of the month scheme had been introduced where people and staff could place votes. The winner received a monetary voucher and recognition. A staff member said, "I do feel valued. They have

employee of the month and management always say thank you." The registered manager told us, "I have a wonderful team to work with."

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

- Duty of candour reports were completed after any incident with information detailing how the incident occurred, the investigation and who was contacted.
- A professional told us, "[Manager] has turned it (the service) around. There are stable leaders now who know people well. If we give guidance they follow it now. There are less falls."
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager had submitted notifications of this nature in a timely way to us which meant we could check that appropriate action had been taken.

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

- People were given every opportunity to express their views and thoughts. This included via residents and relatives' meetings, a monthly newsletter, annual feedback survey and internal ad-hoc surveys, such as food tasting for new menus. One person told us, "We had a residents meeting last week and lots of people attended. Everyone was content."
- The recent refurbishment had greatly improved the environment for people and the feedback we received showed people appreciated this. A person told us, "They have made a wonderful job (of the decoration)." The registered manager said, "I'm proud that over the past three months we managed to achieve what we wanted. We made sure we involved the residents and families in all the decisions around the refurbishment."
- There were regular staff meetings across all of the disciplines within the service. A staff member told us, "The manager doesn't make anyone feel above anyone else. We are all on the same level."
- To help support people with their diversity, dignity and equality Anchor Hanover facilitated a lesbian, gay, bisexual and trans group. The goal of this group was to make Anchor Hanover services a safe and welcoming environment for people from these communities.

Continuous learning and improving care

- In conjunction with the heads of department, the registered manager discussed a range of topics relating to the general day to day running of the service to look at ways that care could improve. This included discussing things that had gone wrong and what they had learnt from this. A staff member told us, "The manager listens and asks us how things could be improved."
- The registered manager told us they had focussed on recruiting more male staff during night shifts to improve the balance of female and male staff so people could have a choice. Since our last inspection the registered manager had also increased the night staff so one staff member was on each unit to help reduced incidents and accidents at this time of the day.
- In addition, they said they ran free taxi rides to and from the station to encourage new staff to the service when transport was a difficulty.
- One person told us, "The main thing that has improved since the new manager started is the activities – they are so much better."

Working in partnership with others

- The service worked in conjunction with a wide range of outside agencies and partners. This included local associations, the clinical commissioning group (CCG), the Royal Surrey hospital, and the Surrey Care Association. The registered manager told us, "I attend as much as I can. I attended the recent Brexit event

and I've worked with the CCG on new medicines and drugs. We've had falls awareness training by the Royal Surrey and we are the first care home in Surrey to be selected to work on a CCG and Royal Surrey hydration project."

- In addition, they added, "We took part in the local school postcard scheme and the postcards were displayed at our Care Home Open Day this year."
- The registered manager worked with the University of Surrey encouraging students to work at Limegrove in their spare time. This helped attract new staff to social care and to the service.
- Walks had been organised for the residents fund and Dementia UK and a relative told us, "I led the charity walk and I really enjoyed being involved."