Mr. Liakatali Hasham

Surrey Heights

Inspection report

Brook Road
Wormley
Godalming
Surrey
GU8 5UA

Tel: 01428682734
Website: www.chdliving.co.uk

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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

Surrey Heights is registered to provide residential accommodation and personal care for up to 39 people. At the time of our visit, there were 23 people living at the home. Most of the people who lived at the home were living with dementia and some were also physically frail.

This inspection took place on 5 July 2018 and was unannounced.

At the last inspection, on 27 April 2017, we found there were six breaches of the regulations. These were in relation to the safe care and treatment of some people, insufficient staffing levels, consent to care, premises and equipment, dignity and respect and good governance. We asked the registered provider to complete an action plan showing what they would do to address all the issues we found and to meet the regulations.

The registered provider acted to improve the living conditions in the premises and upgraded all the beds and bedrooms for people. They temporarily stopped admissions to reassess levels of dependency and the staffing they required to be able to safely meet people's needs. A staff recruitment programme and new induction was developed. The approach used for mental capacity assessments and consent was reviewed. Significant changes were made to the way the service was managed, governed and audited.

At this inspection we found that the improvements we had been told about had developed and were being sustained. We could see the impact these changes had on the quality of people's care and on their lives.

There was a registered manager present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were being cared for by sufficient numbers of staff who were working well together to maximise their time and roles. Staff recruitment was safely managed and the registered manager continued to reduce their reliance on agency staffing. There was a commitment by staff to enabling people to be safe and to improve their well-being and happiness.

People were protected from abuse and there were systems and processes in place to deal with safeguarding incidents. Staff were aware of their role and felt confident to speak up about any concerns.

People's needs and risks were routinely and well assessed and monitored. Changes were made to care plans and staff were aware of the risks and took appropriate actions to keep people safe. The risk of falls was being managed well and staff were involved in identifying patterns and solutions for some individuals.

There had been a big improvement in the cleanliness and condition of the home. A re-decoration and deep cleansing programme had been undertaken and the standards within the premises were being maintained.

Medicines management and administration was safe. The service had a robust audit process and any errors were picked up very quickly. There was an emphasis on staff learning from these and training was put in place where needed.

Staff were vigilant in addressing people's health and care needs. They had received training in caring for people living with dementia and this was evident in the way they supported people throughout the day. Staff received a good induction when they started. There was a clear staff structure in place and the care staff were supported and formally supervised. People were supported to stay healthy and to receive medical treatment when they needed it.

People had access to food, snacks and choice of drinks during the day. The menus and choice at meals had improved and the food was praised. The way meals were served and the pleasant environment meant people were enjoying their food and their nutritional health benefitted.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Capacity assessments were evident and people's best interests had been considered when decisions that affected them were made. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe.

People were cared for by kind and attentive staff who clearly had a positive relationship with people. Staff created a calm and relaxed atmosphere in the home and we saw that they spoke with people in a respectful yet warm and friendly manner. People's independence and dignity was being valued and protected. Relatives were welcomed into the home.

We noted there had been a big improvement in the care plans, that reflected people's assessed needs, personalities, interests and preferences in appropriate language. There was information accessible to staff to that they could know people and provide a person-centred approach in their care. Work was underway to develop a 'life story book' for each person, reflecting who they were, and the important people and events in their lives.

Activities were happening during the day and were varied and appropriate. People made a choice about what to take part in. In the communal areas we saw staff talking with people individually and that people were engaged and content.

The complaints procedure was clearly displayed around the home. There was a clear process for managing complaints and we saw that these were responded to in a clear and timely way, with a record of actions taken.

People's wishes for end of life were recorded. The service had worked with local doctors to enable people to record their preferred place of care in the event of illness.

The registered manager provided strong leadership to set new standards of care and to look for areas where they can continuously improve. There was a positive culture. Staff were proud to work at the home and contribute their own ideas to how people's lives can be improved.

There was a monthly clinical governance and quality assurance system in place to ensure that all key areas of the service were monitored. There was recorded evidence that this was effective and management oversight was strong. The legal requirement for statutory notifications to the CQC were understood and met.

People, relatives and professionals gave us very positive feedback about the visible improvements and changes that have been made at the home and in the way the care is provided. The management has been open to new ideas and sought out the resources, best practice and evidence to develop the service. We saw there was an ambition to develop further and ensure that quality care and strong values were embedded into the culture of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's risks were assessed and they were supported by staff to stay safe.

There were systems and processes in place to safeguard people from abuse.

There were sufficient numbers of competent staff to safely meet people's needs. Staff had appropriate recruitment checks completed.

People's living conditions had been made safe. Infection control measures were in place.

People's medicines where managed and administered safely.

Learning from mistakes and reflective practice was encouraged.

Is the service effective?

Good

The service was effective.

People's needs had been assessed and there was a personalised process for reviewing needs.

Staff had the skills and knowledge to deliver effective care.

People were supported to eat and drink enough and had a balanced diet.

The staff worked together and with others to ensure people had the right care and support.

People's needs were met through the design and decoration of the premises.

People were supported to stay healthy with access to specialist health services when needed.

People's consent to care was sought in line with legislation and

guidance.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and had emotional support when needed.

People had a say in the way they received their care and support.

People's dignity, privacy and independence was valued and promoted.

Is the service responsive?

Good

The service was responsive.

People's needs and personal preferences were known and staff delivered person centred care.

Concerns and complaints were listened to and responded to.

People's wishes for their preferred place of care at end of life was known, and there was good support in place.

Is the service well-led?

Good

The service was well led.

There was a positive and empowering culture and staff were motivated to improve the service.

An effective and organised approach to service governance was in place. Notifiable incidents were reported appropriately.

People, their relatives and staff had opportunities to get involved and their views were acted on.

There were goals for continuous service improvement.

The service and staff worked in partnership with other agencies and care professionals for the benefit of people.

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.

This inspection took place on 5 July 2018 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as safeguarding referrals, since the last inspection. Notifications are changes, events and incidents that the service must inform us about. We used information the provider sent us in the Provider Information Return(PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with nine people, and three relatives. We also received feedback from two relatives by email. If people were unable to express themselves verbally, we observed the care they received and the interactions they had with staff. We spoke with six staff, including the registered manager and the deputy manager.

We looked at the full care plans for seven people, including their assessments and risk management. We also looked at the daily care charts and care summaries for another four people. We checked how the medicines were managed and how the administration was recorded. We looked at four staff recruitment files and information relating to staff support and training. We also checked the provider's own audits and records used to monitor the quality of the service.

We received written feedback from five health and social care professionals who have visited the home during their work.

The last inspection of the service took place on 27 April 2017 where we identified areas to be improved in the

safe care and treatment of people, staffing levels, consent to care, premises and equipment, dignity and respect and good governance. At this inspection we reviewed all these areas and looked for evidence of improvements that had been made.

Good

Is the service safe?

Our findings

At our inspection in April 2017, safe care and treatment was not always provided. People were not always protected from the risks of unsafe care, and guidance for staff on managing behaviours and the risk of falls were not in place. At this inspection we found that this had improved.

People's risk assessments had been reviewed and monitored to help keep them safe. The approach to risk management was robust and staff guidance was in place. One person's care plan included information about their high risk of falls and actions to be taken. This person told us, "If I go up to my room I have someone (staff) go with me." We saw this happened in practice. A sensor mat had been tried in the person's room, but staff found out that they were walking around it to avoid it going off and subsequently falling. Hourly night time checks were put in place as the person attempted to get up by themselves during the night. Another person had a plan in place to help staff manage the risk of their epilepsy. This had been agreed with the GP and gave very clear guidance to staff about what to do in the event of the person having a seizure.

Staff demonstrates their awareness of the risks and how to manage them. One staff member said, "I keep an eye on people, look out for risks they may not see. I am always one step ahead of them. In the bathroom I make sure there is no water on the floor and dry the floor. When we know people, we can often avoid problems and address the risks." We saw how staff assisted a person who was unsteady but enjoyed getting up for a walk. The staff were watchful as they needed to supervise and accompany the person to their room or bathroom. We asked staff how they supported this person, and one said, "We have to supervise [person's name] when mobile. If they are restless or agitated I talk to them about the flowers or something they like to do and this helps them stay calm." Another staff member told us, "We identify what the risk is. It could just be about reassuring someone."

Staff managed people's behaviour that challenged on the day of inspection. For example, a person was known to make inappropriate comments or swear at female staff. This was clearly recorded in the care plan with guidance provided, that said, "Distract [name] with a different form of communication, or a male staff member may be more appropriate'. We observed female staff managed this well on our visit, they did not over-react and changed the subject.

Accident and incidents were well documented. There was an internal quarterly review of all accidents and falls to see if there were any patterns or a need for preventative actions. There was a specific falls analysis process, used when people had experienced two or more falls in a month. This documented what had happened, any identified cause and the management plan for that person. All staff have a copy of the plan and it was discussed at handover. For example, one person's management plan told staff to, "Always assist [name] to use their frame", and to "Be aware that the person attempts to walk without it." The registered manager told us staff were given the opportunity put forward their ideas for helping a person to stay safe. The registered manager said, "They know people well, and notice things that could be able to prevent another fall."

At the last inspection in April 2017, people were not always protected against the risk of harm in the event of an emergency and fire risk hazards were not assessed adequately. There had been improvements made in this area.

There were individual personal emergency and evacuation plans (PEEPS) in place for everyone, which were strategically placed in the home so staff could access information. There was a risk assessment in place for the person who needed oxygen therapy and the oxygen supply was now kept in the medical room. There were three people who wanted to smoke and were safely supported to do so outside. The fire alarms were tested weekly and the deputy manager conducted evacuation drills regularly. Staff were aware of what to do. One staff member said, "If the fire alarm goes off, we all assemble in reception and get instructions from whoever is the fire warden that day. If we have to evacuate the meeting place is in the car park."

At our last inspection in April 2017, there were not enough staff to meet people's needs consistently and safely. At this inspection, we had no concerns.

There was always enough staff to assist people when needed. We did not see anyone in distress or waiting for support. At lunchtime people were served their food in timely way. There were four health care assistants and one senior carer throughout the day for 24 people. The deputy and registered manager were also on site if needed. One person told us, "There are enough staff. They are all approachable and will sort anything out for you." One member of staff told us, "There are sufficient staff. Our activities co-ordinators have also been a plus. They take some pressure off the care staff."

The registered manager said that after the last inspection, they had reviewed the care and dependency needs of people. We saw there was a system in place to assess and monitor the dependency needs of each person monthly. The provider had told us about this in their Provider Information Return (PIR). Staffing could be reviewed and changed to accommodate individual need or if the number of people using the service increased.

There was evidence of safe staff recruitment practices. Records contained the necessary information to help ensure the provider employed staff who were suitable to work with adults at risk. They included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with adults at risk.

At our last inspection in April 2017, the premises were not well maintained and aspects of the home environment were unsafe, unclean and put people at risk of infection. At this inspection, there were visible improvements.

People's living conditions had been transformed and were now safe. New beds and bedding had been provided in all the rooms and each one had been re-decorated. New carpets had been installed and a regular programme of deep cleaning of each room was in place to maintain standards. New boilers for heating and hot water had also been installed since the last inspection.

The home was clean throughout and we noted that gloves and aprons were available, and in their packets, in all toilets and people's bathrooms. Toilets and bathrooms were clean. Hand sanitizers were in place. There was no malodour anywhere. A staff member said, "It's very important to train staff to identify possible infection. We look at hydration, promoting continence and any sign of infection so we can catch it early. We are always checking the cleaning side of things and that all areas are clean. The laundry and bedlinen are bagged separately as well as soiled items." There were different coloured bins in place which were all clean. There were weekly and daily checks in place for when people's beds and mattresses were changed and

checked.

People were being kept safe from abuse and processes were in place to safeguard people. We asked a person what was good about living there and they said, "Everything. Carers are good. I feel safe here." Staff understood their role and responsibilities to report any potential abuse or unsafe practice. Training was provided at induction and annually thereafter. One staff member said, "I've learnt that if I see anything like a bruise on a person, or anything I don't like the look of, even if it involves another carer or a manager, I must report it immediately. I always ask for advice if not sure and will notice things to keep people safe." There was a policy in place and information clearly displayed on each floor of the home about how to report abuse. One relative told us, "I always know what has happened and, for example, if a bruise is noticed it is looked into right away. I have no worries about their safety."

People's medicines were managed safely. Medicines were well organised and stored securely in the clinical room in a locked cupboard and trolley. Only senior staff, who had completed training in the safe management of medicines, had access to this and were authorised to administer medicines. People's prescribed daily medicine was set up in packs which were colour coded for the correct time of day. The temperature of the room was monitored. There was a good system in place for the return and disposal of medicines not used and bottled medicines were labelled with the opening dates.

We checked people's Medicines Administration Record (MAR) during our inspection and found these to be clear and accurate. Each person had an individual medicines profile, with a photograph to enable identification, that contained information about the medicines they took, any medicines to which they were allergic and guidance about how they preferred to receive their medicines. People who required PRN (as required) medicines had guidelines in place which detailed why they may require the medicine, when to be given and what signs to look for, the dosage and maximum dose in a 24-hour period. There were topical creams in use for several people. The MAR charts identified which creams for each person. We checked records and could see that creams were being applied.

Lessons had been learnt and actions taken following two medicines errors. The deputy manager carried out a robust medicines audit monthly to ensure that people were receiving their medicines correctly and staff following the correct procedures. The last audit had been competed in June 2018. Appropriate medical and safeguarding advice had been sought on two administration errors and the impact of harm had been low. The deputy manager told us that one member of staff had re-taken their medicines competency, and they wanted to instil a "learning culture."

Good

Is the service effective?

Our findings

At our inspection in April 2017, people were at risk of having decisions made for them without their consent, and appropriate assessments of their mental capacity were not completed in line with the Mental Capacity Act.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection, consent to care was now sought in line with legislation and guidance. The provider had reviewed all mental capacity assessments and their approach to making DoLS applications and made improvements. Capacity assessments were timely and specific to the decision being made. For example, where falls sensors mats had been put in place in people's rooms, a mental capacity assessment was done. Where a person was not able to make this decision, the reasons were on the assessment and a best interests' decision had been made and recorded on their behalf.

Where a family member was involved the provider had asked for evidence of any Legal Power of Attorney and kept a copy on file. Care plans had been updated to include people's involvement and consent.

Staff awareness of the need for gaining people's consent, and enabling them in line with the law, was evident in the way that they spoke with people. One staff member told us they understood the impact of the MCA, saying, "It's to empower people and not presume a lack of capacity. If they make an unwise decision we support them with that. The main restriction on them is that they live here and supervised 24 hours a day. We also have bed rails and sensor mats." Another one of the staff said, "Everyone has some degree of capacity we must support them to have a choice."

At our last inspection in April 2017, we recommended staff received appropriate support and supervision for their role. At this inspection, this had been improved.

Staff now had the skills and knowledge to deliver effective care. A healthcare professional told us, "Staff have always seemed competent in their roles and have sought out any guidance if required." There was a monitoring system in place which demonstrated that bi-monthly supervisions and annual appraisals were taking place. The registered manager said, "We were reliant on e-learning before, but we now have a mandatory face to face four-day induction programme. We've also had specific training, on positive behaviour, dementia care, stroke and alcohol dependency. We do competency assessments on staff, hold staff meetings, regular supervisions and annual appraisals."

One staff member told us about their induction. "There was three days of classes and one day of practical care." Another confirmed they had regular supervisions, every two months. Staff were supported to complete the Care Certificate. The Care Certificate is a nationally identified standard for health and social care workers.

At the last inspection in April 2017, we recommended the provider explore and implement changes to adapt and design the building to better meet the needs of people living with dementia. On this visit, we could see that consideration had been given to this and improvements were visible.

People's needs were now met through the design and decoration of the premises. Everyone had a personal memory box outside of their room with their photo and items that were familiar to them, to help them recognise their room. There were also pictorial signs to signpost to the lift and to the bathrooms and toilets for people. The home was redecorated throughout and a range of colours had been used. The walls held lots of photos of the people who lived there, enjoying themselves with staff, or on outings and doing an activity. This meant the corridors did not all look the same, which helped people with orientation, and provided interest when people walked by.

The premises looked well cared for and were homely and accessible. People who were mobile were seen to be able to navigate around the ground floor independently. We saw people walking in and out of the garden. People had the equipment they needed, such as a walking frame.

People were supported to eat and drink enough and to have a balanced diet. People who were at risk of dehydration and malnutrition had their daily fluid and food intake monitored. Daily charts had been implemented to record what people had to eat or to drink and risks could be addressed. One person declined to eat any lunch, this was noted on the chart and reported to the senior carer. There was guidance that, "Staff need to prompt (name) to eat more snacks and fruit, as not eating every meal. Monitor and record situation."

People were encouraged to eat and had access to hot or cold drinks and snacks throughout the day. It was a warm day and we noticed that staff kept asking and reminding people to take a drink. The menus on the table were in pictorial format and were accurate. People's food was served attractively, in manageable portions and there was a choice of meal. The tables were laid with brightly coloured cloths in the dining area. There was access to outside decking and tables and chairs too. One person had chosen to eat outside that day, and the staff brought their meal out to them, with napkin and cutlery and a choice of drink. Another person, was having support to eat their meal in the lounge on a tray. The care staff said this person would become easily upset at the table and would not eat, so they accommodated for their needs.

One person told us, "The food is really good and I think if you didn't like either and wanted an alternative you could ask." Another person said, "The food is excellent." They also said that, at times, the chef would, "Make you something not on the menu and I'm talking about an individual dish just for you!"

People's needs had been assessed and there was a process for reviewing needs. The assessments we saw were comprehensive. Since the last inspection, the 'Resident of the Day' scheme had been introduced. This ensured that every day of the month one person's assessment, care plan, medicines and their weight were reviewed and their needs and risks were effectively met.

The staff worked together well and with other services to ensure people had the right care and support. One staff member said, "I enjoy working here as the teamwork is good. Night staff always report to us how people have been, and anything we need to know about people. There is a handover meeting every day, with the

manager and senior. We can contribute, everyone knows what is happening." A relative who lived away told us, "When we visit, all the staff know what is going on. The communication is good, and we get to hear immediately if (person) is unwell or when it's been a very good day."

Some staff had areas of special interest which supported the service to achieve better outcomes and good care. For example, one staff member was the named 'dementia champion' and had researched and developed an information folder and presentations which have been delivered to staff. Another staff member has an interest in diabetes and compiled a guide to diabetes which has enhanced staff knowledge and awareness. The activities co-ordinator had started an oral hygiene project. Information was shared on the impact of poor dental health, for example on nutrition and what factors contribute to poor oral hygiene in people living with dementia.

People were supported to stay healthy and had timely access to specialist health advice when needed. A relative told us staff, "Reacted quickly when there were health issues." We noted that a person had come into the home with cellulitis in their legs, but this had improved with the care of staff. The person had been seen by the GP and a dermatologist in relation to this. The dentist came into the home each month. One person was supported by staff over a period of appointments to receive dental care and to get new dentures fitted. The new teeth had a big impact on the person who was eating better and put on weight.

People were supported to attend hospital and healthcare appointments. Healthcare professionals told us staff were knowledgeable and kept good records. One said staff were, "Able to give a detailed history on the issue the person is experiencing even if they were not the referrer." Another professional said there had been, "A significant improvement over the last year." This was especially in relation to the competent staff, who managed the challenges people presented and identified when to seek specialist help.

Good

Is the service caring?

Our findings

At our last inspection in April 2017, there was a lack of dignity and respect shown towards people. At this inspection we did not have any concerns about the way people were treated.

People were treated with kindness and compassion. We saw many positive and caring interactions between staff and people throughout the day. In the morning, one person kept trying to stand up and walk on their own which was unsafe. We observed how a staff member took their hands and pretended to dance with them to distract them. At lunchtime, a staff member went over to a person and kissed them on the head, sat beside them and tried to encourage them to eat their dinner. Later, we observed a staff member helping a person to their seat to make sure they were comfortable. They then asked the person if they wanted an ice cream. The person said, "No, I might make a mess." The staff member laughed and said this wouldn't matter, but would they prefer a cup of tea instead. The person said, "That would be great." Both were smiling and laughing throughout this interaction, and there was real affection displayed. A relative told us of the "special bond" that a member of staff had developed with their loved one. Another relative said, "I've seen improvements. The staff were caring before, but they have had training in dementia care and this has helped." Feedback from a relatives meeting was "fantastic staff, they give very genuine care and compassion."

People were supported emotionally as well as with their physical needs. Visitors and relatives told us of the welcoming and positive atmosphere in the home. This was attributed to the way the managers and staff developed and maintained this. A visiting professional said, "All the team are very caring and staff showed an empathetic attitude towards the person I visited." A relative of a person who did not always interact of engage because of their dementia, told us, "Staff are attentive and understand his needs. They know when to engage and what makes him happy." Another relative told us, "The overall warmth, contact and attentiveness of the staff has had a significant effect on my mother. It is a very great joy to me to see my mother happy and enjoying life now." One of the staff we spoke to said, "If they are happy we are happy."

People were supported to make decisions, express their views and be involved. One person was being accompanied by a staff member back into the lounge. As they walked, the staff member was pointing out things, for example that the tennis was now on the TV, and that music would be played later. This was sufficient information to help the person decide on where they wanted to sit. We observed staff actively engaged with people about the activities going on, explaining what was about to happen and asking what they wanted to do. One of the care staff said, "Sometimes I need to look at their body language and offer different things to understand what a person wants. Some people cannot tell you, but I can tell by their smile or the signs they give."

Staff gave people enough time to respond and people were never rushed to decide something. We observed a calm approach by staff during the day of our visit. One person demonstrated, with their body language and behaviour that they did not want to get up and leave the library after an activity. A member of staff encouraged the person to come into the lounge, saying, "Do you want to come with us, as there is no-one else here now?" The staff member left them and returned a little while later, saying "Do you need more

time?" We read in the person's care plan that the person liked to exercise their choice and could react negatively if they felt under pressure. A mental health professional, wrote to tell us how staff, "Dealt calmly and professionally with some quite challenging and complex residents." Another professional said when they had visited, "Staff interactions have been respectful, kind, dignifying and friendly. People are not rushed with anything and staff show patience and understanding."

People were treated with dignity and respect. The improved living conditions at the home demonstrated to us increased respect for people living with dementia, providing an environment that people deserved. The cheerful photos on the walls and in photo book highlighted the way that people were treated well, capturing events, outings and good times that people had together. One person told us, "The best thing is the rooms are very nice. I can have my own things in it." They appreciated the privacy they had in their room. One professional told us that, "On the occasions where a person has been bed bound and needed repositioning, care, respect and dignity have been observed."

Staff supported people to be dressed appropriately. One staff member waited outside the toilet door to encourage a person to adjust their clothing before coming out. The registered manager reminded us to knock before entering one of the toilets as people would not lock the doors and were not encouraged to do so. There was a notice on all the toilet doors, "Please knock." Staff were also required to knock before entering a person's room and where personal care was provided, privacy was maintained by closing doors and curtains.

We met a person whose ethnicity and cultural heritage was unique. A staff member said, "We don't treat [name] any differently to anyone else. We don't discriminate. They have settled really well and like a different person now." The provider had considered whether a specialist advocacy service was needed and training had been sourced to ensure that staff have a good understanding of the person's needs. The registered manager told us that when recruiting new staff, they were now using the provider philosophy (equality, choice, rights and dignity) to ensure that staff joining the service have the right values for the people they support.

People's independence was also promoted. Some people told us that they felt they had control over their care. One person said, "It's a nice place to be. You can be yourself. The staff are behind you." One person, who did not communicate verbally was going upstairs to their room. A member of staff asked them, "Are you looking for your room?..... You can go there, it's just down there." There were pictures outside of each person's room to help people to locate them by themselves. The staff member told us the person likes to move about the home with limited supervision and they respected that, whilst being aware of where they were. Later, we saw the person outside enjoying the garden. We were also told that some people, who are able, are encouraged to go out independently and given access to the door code to reduce any restriction on them. Visitors were welcomed during the day and there was a good rapport between relatives and staff.

Good

Is the service responsive?

Our findings

At our inspection in April 2017, we recommended the provider identified people's preferred activities, hobbies and interests and ensured enough activities were provided. At this inspection we found that improvements had been made.

During the mornings, there was always a choice of two planned activities. On the day or our visit, the first was ballroom dancing with a visiting dance teacher. We saw that eight people took part. There was also a chair based exercise class in the lounge. Where people did not take part, staff made sure that they interacted with them in some other way. One staff member painted people's nails, another sat with a group of people having a discussion and a third was playing catch with another small group. As well as this, a bingo game was held and later in the afternoon one member of staff played music in the lounge on a keyboard. One staff member said, "The activities are very good here. If nothing is going on we do something, like drawing or sit with a person, or go outside. We find music helps people stay calm." We saw this was true later that day when we saw most people had come back into the lounge to listen to the music. People looked very relaxed, were smiling and singing along.

The registered manager said, "The best thing is seeing the smiles on the people's faces, like after the outing yesterday." One person told us, "I join in on the activities, of which there are many. I did go on the outing yesterday. It was a good trip." Another said, "There is always something going on. You are not forced into join in though. Just like now when I don't want to do the bingo."

Another new initiative, which had an impact on providing more personalised care, was the development of a 'life story book' for each person. This was a longer-term activity and a specialist was visiting each week to support the home with this work. The books were a personal and creative way of recording the most important times, events and people in a person's life. We saw an example of one that had been completed. There were childhood memories, details of the person's working life, interests, significant relationships and special events. The care staff, family and friends supported the person living with dementia to gather and agree the information and photos the book held. Most people have been able to take part and enjoyed the individual focus on their lives. These personal memoirs also enabled staff to understand and appreciate people in a more meaningful way.

People received care that was personalised and responsive to their needs. We saw evidence of this in people's care plans which provided a clear picture of each person, their life, their interests and all their physical and emotional needs. Care plans now also included information on people's likes and dislikes, their values, how they wanted to be cared for, as well as the activities they enjoyed. If a person had a preferred name this was known and used by staff. There were summary care plans in each person's room. This meant all staff could know how to support the person even if unable to see the full record. The registered manager said they have reviewed every care plan to make them more person-centred and accurate following the last inspection.

Families were involved where possible in developing personal care and support. A person living with

dementia had been refusing to sleep in their bed prior to moving to the home. In discussion with the family, it was discovered the person chose to sleep in a chair and gave up their own bed to their large teddy bear. When the person moved into the home, a smaller purpose-built bed was made and provided for the teddy bear, to encourage the person to sleep in their own bed. This was successful and the person has benefitted from getting better sleep as a result. Further impact had been that their mood, skin integrity, and overall well-being had improved since they had been living at the home.

People's communication needs were identified, understood and were being met. This was in line with the Accessible Information Standard. Care plans provided information on communication needs, for example, "Be aware that [person's name] hearing is poor even with aids and may not respond. Wears glasses for reading; make sure they are clean. Needs help from staff to read. Or use pictures to help communicate effectively." One person had spoken several languages in the past and English was not their first language. As they were now living with dementia they found it hard to put sentences together in the same language. Staff used translation prompt cards to help ensure the person could communicate their needs. One member of staff shared a language with the person. Staff had also become adept at understanding what individual people wanted, able to anticipate their needs and reduce any frustration they might feel making themselves understood. Staff told us, "When [person] says they are cold, this means they want to go to bed."

People's concerns and complaints were listened to and responded to in full. People knew how to complain. The complaints policy was written in a pictorial format and displayed at various place within the home. One person told us they had raised some concerns about the night staff verbally with the manager. They said, "She's approachable." There had been six formal complaints in the last year. Examples of complaints received were about a family not being informed of a hospital admission until the next day, a concern about the use of a specific medicine, and a person not having a shave one morning. The complaints logged was completed in detail and it was clear what action had been taken to resolve the complaint, such as talking to staff and meeting with the complainant.

People were supported at the end of their life and supported to make decisions. The provider had been working with a local GP to hold individual meetings and agree Proactive Anticipatory Care Plans (PACE). This allows people and their families to have a say in what happens to them in the case of illness or decline and where their preferred place of care is. People also had an end of life care plan in their care records and where possible this had been discussed with the person and their family. We saw examples in people's care plans that demonstrated that people's wishes were known and who had been involved in supporting the decision making.

Good

Is the service well-led?

Our findings

At the last inspection in April 2017, improvements were needed in the leadership to deliver a safe and effective service. At this inspection, changes had been made and systems were in place to monitor and sustain these.

There was a clear vision and positive culture to support the delivery of improved care. The leadership was stable and motivated to deliver the best care possible for people. The registered manager had been appointed following the last inspection. They said, "I could see the changes we could make. Now I have the best team of staff." One of the staff who had been recruited said they, "Wanted to be part of something great." The registered manager told us that when recruiting new staff, they were now using the provider philosophy (equality, choice, rights and dignity) to ensure that staff have the right values for the people they support. This was developed with people living in the service and staff. The philosophy of care was displayed in the home and talked about at handovers to ensure staff awareness. Staff told us about it, "Our mission is to keep everyone happy and safe. We respect and promote choice, dignity and equality."

There was visible evidence of a culture change at the home, demonstrated by the way people looked happy and well cared for, and the improvements we previously noted. Staff, relatives and professionals were keen to tell us about the changes. A relative had sent in a compliment saying, "I would just like to say how much the home has improved. You've created a friendly, dynamic atmosphere with staff engaging more with residents." One healthcare professional told us, "I have seen a significant improvement over the last year." Another told us about the "Progress that has been apparent at Surrey Heights since the changes in personnel and leadership." They went on to say, "Staff are provided with excellent role models in the manager and deputy."

There was an effective governance framework in place. The registered manager had an organised approach to managing and checking they were keeping up to date with compliance and audits. They had developed a monthly tracker spreadsheet for all the audits and checks that were required and kept folders up to date with the actions that were taken. The infection control audit was last completed in June. This covered staff practice and training, laundry management, the sluices and waste disposal, and dealing with spillages. Two actions had been recorded. There was also a daily 'walk round' completed by a manager to ensure the home was free from any malodours and that bedrooms and communal areas are clean and tidy. There was a monthly fire safety checklist which covered fire equipment, fire escapes and drills, and ensuring evacuation plans were in place and active.

A monthly clinical governance audit was also set up with measures directly related to the care of people at the home. For example, accidents and falls, weight, dependency, medicines, care plan reviews and any infections. There was data given for each indicator and a summary sheet that could be reviewed at a glance for the month. In June, for example, there had been four people who had lost weight. Only one of these was due to a risk of deterioration in health and the person was referred to the dietitian. A monthly audit of the time taken by staff to respond to people's call bells was undertaken. In the last month, the response time was just over two minutes. The regional manager also visited regularly to complete an internal audit on the

fundamental standards of care.

Statutory notifications were being sent correctly to the CQC. The service was reporting any safeguarding concerns or incidents to the local authority and notifying the CQC. There had been three potential safeguarding incidents the year which had been managed well.

People and their relatives were involved in the service in a meaningful way. One relative told us, "I can talk to the manager or any of the staff. The door to the office is always open." They went on to tell us that relatives had, "Asked for new chairs for the lounge, and we got them." The minutes of a relatives meeting in March 2018 showed this was discussed. They had also asked for information about the dates of any outings, which was later emailed. There was a discussion about having a photo-board in the hallway with pictures of everyone living in the home so relatives would know who people were. This was being considered by the registered manager. During our visit, we noticed people and relatives talking with one of the managers and there was an open and welcoming approach. A relatives and visitors survey had been carried out in April 2018. This provided some useful and positive feedback about the staff and premises. Suggested improvements to the outside area where made and these had been implemented.

Staff were encouraged to put forward ideas to improve the service. One staff member said, "The manager listens and respects our opinions and ideas. Everyone is important, and we are one team." The registered manager said, "It's not just one-way communication." One staff member had suggested that the monthly falls analysis should be discussed and ideas for preventing falls had emerged. They told us, "I suggested a reflection on the falls. We included all the staff because they are out there with people. We did it in April and we have seen a reduction of 30% in falls."

There were staff meetings held at all levels. At a recent care assistant staff meeting, record keeping and training was discussed. With the senior care staff, the topics were about medicines and assessing some information for the community mental health team. Staff and managers had agreed goals for further improvements they would like to make. One staff member said, "We can see continuous improvement is possible." The registered manager said, "We're always thinking what more can we do to improve people's life's, as that's what it's all about."

A service improvement plan was in place. This had been created in January 2018 and reviewed in June. This demonstrated that the provider had identified areas that needed attention to sustain and develop the improvements they had made. For example, the registered manager told us they would improve end of life care plans to ensure they were detailed and reflect all the wishes of the person. The provider was also keen and ready to progress their 'dementia matters' strategy. This would build on work started, to recognise and respond positively to the emotions and feelings of a person living with dementia.

The provider was keen to reward good practice and acknowledge the hard work of staff to make improvements in the care provided at the home. The deputy manager had been given a special recognition award as their Frontline Leader of the Year, having been recommended by people at the service, their relatives and professionals.

The service worked in partnership with other agencies to support good care provision and service development. Staff had been involved in local healthcare initiatives that supported older people when moving between services. One of these, called the 'Red Bag' scheme ensures that personal items and information move with the person when they go into hospital. The service has also used the 'This is Me - Care Passport' that gives information to professionals when a person moves from one care setting to another. These measures are intended to reduce the stress on people and their families and support

continuity of care.

Professional feedback was positive about the way the home and staff worked with them. One told us, "I have an effective professional relationship with Surrey Heights, where they will collaboratively work within the multi-disciplinary team." Another said, "There is very good communication between staff, manager and commissioning of services. The manager seems open to new ideas and is enthusiastic, actively seeking resources and evidence to make those changes embed well into practice."