

Mr. Liakatali Hasham

Surrey Hills

Inspection report

Brook Road
Wormley
Godalming
Surrey
GU8 5UA

Tel: 01428682346
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

About the service

Surrey Hills is a care home providing nursing care for up to 45 older people, the majority with a diagnosis of dementia. At the time of the inspection there were 37 people using the service.

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

People told us they felt safe living at Surrey Hills, they told us that staff were kind and considerate towards them. Relatives told us they felt reassured by the caring attitude of staff. Incidents and accidents, including complaints and safeguarding allegations were reported and investigated appropriately. The provider assessed risks to people and the environment which meant they were kept safe from harm. Regular checks took place to ensure the environment was clean and people protected from the risk of poor infection control. People were supported to take their medicines in a safe manner from trained staff. There were enough staff employed to keep people safe and recruitment procedures were robust

People told us they received care and support from competent and trained staff. Records showed care workers received regular training and supervision. This meant they were able to carry out their roles effectively. Before people moved into the home, their needs were assessed, and risk and care plans developed to ensure they received good care. People's nutritional and health care needs were identified, and the provider worked in partnership with community health teams to ensure people received appropriate care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with care and respect. Care workers treated them as individuals and cared for them in a manner that promoted their independence and maintained their privacy. People were able to express how they wanted their care to be delivered and staff respected their choices. The provider supported people to maintain relationships that were important to them.

End of life care plans were in place and the provider worked with community teams to ensure people received good quality end of life care. There was a thriving activity programme in the home and people were supported to pursue interests to avoid social isolation. The provider took on board any complaints received, listening when concerns were raised and followed up on any actions.

People, relatives, staff and health care professionals all felt the service was managed well. They praised the registered manager for enabling an open culture where they felt able to express their views. Quality assurance checks such as clinical governance reports and audits took place which helped to maintain a good level of service.

Rating at last inspection

The last rating for this service was Good (published 31 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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.

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Surrey Hills

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

This inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Surrey Hills is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided and five relatives. We spoke with members of staff including the registered manager, clinical lead, chef, activities co-ordinator and four care workers.

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

After the inspection

We requested additional evidence to be sent to us after our inspection. This was received, and the information was used as part of our inspection, this included training records and quality assurance records. We also contacted six health professionals for their feedback.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home, this was confirmed by relatives. Comments included, "Oh yes, I've felt safe here", "I'm okay (safe) here" and "[family member's] been safe, no problem."
- Records showed that where concerns had been raised, the provider acted in an open manner working with the relevant authorities in investigating what happened to try and prevent future occurrences.
- Care workers were able to explain what they understood the term 'safeguarding' was and what steps they would take to protect people and keep them safe from harm. Training records showed they received regular training in safeguarding.

Assessing risk, safety monitoring and management

- Risks to people were appropriately assessed and monitored to ensure people were kept safe from harm. These included identifying risk in relation to the development of pressure sores, falls and malnutrition.
- A risk register was maintained, this identified any people at high risk of malnutrition, unplanned weight loss and other risk factors.
- One health professional said, "I have a lot of faith in (registered manager's name). She keeps us up to date with changes in need, and any incidents that occur. They let us know quickly and in detail, which is welcome. The information they provide usually evidences the home have taken appropriate steps to manage risk."
- Appropriate checks were completed which helped to ensure the living environment was safe for people, visitors and staff. Emergency lights, fire alarms and fire extinguishers were tested regularly, and a comprehensive fire risk assessment had been completed recently. This had identified some actions to follow up and make the environment safer, these were all followed up.
- Regular maintenance checks on moving and handling equipment such as hoists, slings, wheelchairs and pressure relieving mattresses and pumps were completed. This meant this equipment was safe to use.

Staffing and recruitment

- Although we received mixed feedback about staff levels and response times to calls for assistance, this was not reflected in what we observed on the day of the inspection and the records we saw. Call bells were not heard to ring for extensive periods and care workers were seen checking on people in their rooms and other staff spent most of the day in the communal areas.
- The provider used a dependency tool based on people's needs to calculate safe staffing levels and staff levels and rotas that we saw over a two week period reflected these numbers.
- Staff files contained all the necessary pre-employment checks which demonstrated that staff were recruited in a safe and robust manner. This included written references from previous employers, identity

checks and Disclosure and Barring service (DBS) checks. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.

Using medicines safely

- People told us they received their medicines on time and staff helped them to do so.
- We observed the clinical lead whilst they were administering medicines to people. They did this in a safe manner, following good practice. Medicines profiles were checked, and medicines checked against records which helped to ensure medicines were given to the right people. Records were completed and provided a clear audit trail of the medicines that people had been given.
- Appropriate guidance and protocols were in place and followed for the administration of pain-relieving medicines which were needed as required. The provider followed good practice when administering medicines covertly. Clear records were maintained for the reasons for doing so and discussions and approval sought with medical practitioners such as the GP and the pharmacist.

Learning lessons when things go wrong

- Incidents and accidents were recorded with details of what took place, the action taken including who was notified.
- Records showed the registered manager carried out investigations where necessary and took action to try and prevent similar occurrences from taking place in future.
- Monthly reporting took place which included any incidents and accidents that had occurred. This helped to ensure there was sufficient management oversight and to allow for any trends to be identified.

Preventing and controlling infection

- People told us, "The place is kept clean" and "It's clean here."
- The provider had achieved a food hygiene rating of '5' during a recent inspection from the Food Standards Agency. This meant standards were upheld in relation to hygienic food handling, cleanliness and condition of facilities and building and management of food safety.
- We observed staff cleaning bedrooms and communal areas during the inspection. Staff wore appropriate Personal Protective Equipment (PPE) such as gloves and aprons when supporting people. Hand sanitizers were available throughout the home.
- The provider took appropriate action to ensure the environment was free from the risk of poor infection practice, this included regular descaling of shower heads, regular flushing of water outlets and using appropriate waste disposal bins. A pest control inspection had recently taken place and did not identify any concerns.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives thought the staff were well trained. Comments included, "Staff do everything well" and "Staff are well trained, they all know what to do." We saw instances of care workers correctly supporting people to transfer with a hoist.
- New care workers were supported to complete the Care Certificate. This is an identified set of standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers. They also received an induction to the service and were well supported during their probationary period. This included a supervision every four weeks which helped to ensure they were settling well into the role and to identify any issues or training needs during their probationary period.
- Care workers praised the quality and frequency of the training. Records showed they received regular refresher training in topics relevant to their role such as such as basic life support, dementia awareness and medicines awareness. Training included competency assessments which helped to ensure they understood the topics covered.
- Staff received appraisals and regular supervisions which meant they were suitably supported and able to feedback about their roles and their work.

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

- The provider carried out pre-admission assessments which helped to ensure appropriate information was gathered prior to people moving into the service and staff had relevant information available to support people.
- Assessments included a consideration of people's medical history and their level of support needs in relation to a number of areas including personal care, mobility and eating and drinking.
- Nationally recognised standards were used to identify people's support needs, these included Waterlow to assess the risk of developing pressure sores and Malnutrition Universal Screening Tool (MUST) for establishing nutritional risk.

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

- People and their relatives told us they were happy with the menu and food choices available to them. Comments included, "The food and meals are good", "I get drinks when I want them", "The food varies but the meals are okay", "The food's pretty good" and "Snacks are available all day."
- A cooked breakfast was available every day and lunch typically included a soup, a choice of two mains including a vegetarian option and dessert choices. Alternative choices were offered and accommodated if people did not like any of the meals on offer. Menus were displayed on tables and meal options were shown

to people, so they could make an informed choice.

- Mid-morning and afternoon snacks were provided every day. Tea, coffee and cold drinks were available throughout the day.
- Peoples nutritional needs were assessed and met. Meal planning records, which included any specific dietary requirements that people had and the type of diet they were on, were kept in the kitchen for catering staff to refer to.
- The service had linked up with an external organisation to embed good practice techniques and to encourage people to drink more fluids.

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

- People were supported to access healthcare services. They told us a GP visited the home regularly and they were able to see them when they were not feeling well. They said, "They do call the doctor to me if needed" and "Without question, they'd get the doctor in, but staff seem to cope well with all medical matters."
- When people's needs changed, appropriate referrals were made to the relevant health professionals such as community mental health, occupational and speech and language therapy teams. One health professional said, "Surrey Hills value psychosocial interventions and work with our service taking a compassionate approach towards their residents."
- The service employed a physiotherapist to provide support and guidance in relation to changing mobility needs, this included carrying out assessments and supporting people to maintain their independence.
- Information was available for staff to refer to. This included flowcharts for suspected Urinary Tract Infections (UTI's), guidelines for post-fall procedures and the management of pressure sores. Contact details of hospitals and pharmacies and other health professionals were on display.
- The provider carried out regular health checks on people for ongoing monitoring, these included weights, pulse, temperature and blood pressure.

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.

- People and their relatives told us they were able to move around without restriction and also that staff asked for their consent and views on how they would like their care to be given. Comments included, "[Family member] is so free to move about on his own, they let him come out here (terrace) when he likes", "I can have my meals where I like" and "I do feel I have choice and I tell them what I want."
- Staff were aware of the importance of asking people for their consent before supporting them and also of

the need to respect their choices, including when they refused. One care worker said, "MCA is to protect people who are unable to make decision for themselves, if we notice they may not be able to make decisions we still offer them choices."

- Decision specific mental capacity assessments were completed and recorded. Where it was thought a person did not have capacity in relation to a particular decision, best interest decisions were completed and recorded.
- The provider followed statutory procedures and applied for DoLS authorisation for those people that were under continuous supervision and control.

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

- The home was suitable for people using the service. There were communal and more private places for people and their relatives to socialise in, including a dining room, and different lounge areas.
- Some bedrooms had en-suite facilities. Bathrooms were well equipped, and all communal rooms had appropriate furnishings. The quality of the decoration, furnishings and carpets throughout the home was of a reasonable standard.
- A large conservatory, south facing, was well used. There is a large enclosed garden, accessible from the ground floor, with decking and terrace sections with sitting areas. There was an indoor garden available for people to relax in if they were not able to go outside.

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

- All the people and relatives we spoke with, had good and positive things to say about the care delivered. They told us the staff were kind, caring and friendly. This was evident during our observations on the day of the inspection. A sample of comments received included, "Staff are nice, they are good to me", "Everyone's very kind here, we get treated very well", "The care is good here, I don't have to worry about anything" and "We are very pleased with [family member's] care."
- There was a pleasant, calm atmosphere in the home. We saw some nice instances of kind and caring interaction by staff, including the registered manager.
- Care workers received training in equality and diversity and dignity and respect. They demonstrated a good understanding of these concepts in our conversations with them. Comments included, "It's important to ask people about their day as we are the people they see throughout the day" and "I always try and treat people like I would my own parents. For some people, they see us more than their own family." There was information in relation to equality and diversity displayed around the home in both written and pictorial form.

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

- People told us they were able to live their life according to how they wanted. They told us they were given a choice and felt involved in matters about their care, including in relation to their personal care, their meals and whether to attend activities or not. Comments included, "They do involve me in things about me" and "Staff always tell me what they are going to do to me, I feel involved and you can ask questions." □
- Care records included details about people's history and background which gave staff information about the type of person they were and their interests and hobbies. The provider was also in the process of developing this further and creating individual life story scrap books. The registered manager said the aim of this was for staff to have access to and familiarise themselves about people and also to be used as a keepsake for family and/or friends. One care worker said, "Person centred care means that no two people are the same, what works for one person may not work for somebody else."
- People and their relatives told us they were involved in planning their care, whether through input into their care plans, regular reviews or through meetings that took place.

Respecting and promoting people's privacy, dignity and independence

- People told us, "Staff are also quite respectful" and "I do feel I am able to be independent." Staff took steps to ensure that people's privacy and dignity was respected. For example, using a privacy screen when attending to people in communal areas. Staff also showed respect to people by asking them

before carrying out care tasks, like when hoisting and putting on/removing food protectors.

- The provider encouraged people to maintain relationships that were important to them. They welcomed family and friends to join in with mealtimes with people. Relatives felt the home was very welcoming and visiting times were not restrictive. Comments included, "My family visit when they want", "Staff do treat people here with dignity and respect" and "They make us feel very welcome and today, was the warmest welcome we have had (relative's birthday)."

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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People spoke positively about the activities programme and the opportunities available to them. They said, "Entertainment is quite good here, we have people come in to do music and we have films" and "The entertainment is good."
- There was one activities co-ordinator and they were sometimes supported by activities staff from a nearby 'sister' home.
- On the day of the inspection, the activities that took place included a visiting musician/singer, reminiscence and card games. These were well attended, and people enjoyed taking part in them.
- The activities co-ordinator told us there was a set activities programme and they always tried to make sure they had a visitor come every week. She also spoke about the one to one activities they did with those people who were not able to leave their rooms or did not like to take part in group activities. The provider had a minibus and people were taken to trips to the museum, the theatre and garden centre.
- Another initiative they had started was the introduction of a 'bucket list' where people were supported to participate or attend activities which they had always wanted to do. One person had been to watch a cricket match and another person had gone to a race track to see a Formula One race car.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Relatives told us their family member received good care that was delivered according to their needs. Comments included, "She does get the care and right approach for her condition", "We know she has a care plan and reviews take place annually" and "He is getting the care he needs here."
- Individual care plans were in place and these were reviewed on a regular basis. They covered areas of support that were relevant to people, for example mental health/behaviour, personal care, skin care, and mobility. Specific, short term care plans such as wound care plans were also in place where needed.
- Health professionals praised the responsiveness of the service to people's needs. Comments included, "I feel that the client's needs are met appropriately", "(Registered manager) is very good at positive behaviour management. I have been impressed with the comprehensiveness of care plans" and "Surrey Hills are very proactive in identifying, managing and seeking support for residents with behaviours that challenge. More importantly the strategies identified within care plans are implemented."
- End of life care plans were in place and helped to ensure that people's preferences about their end of life were known in advance. The registered manager told us they were going through the accreditation process for the Gold Standards Framework (GSF) for end of life care next year so they could deliver care which was consistent with the accepted standards framework. The GSF is a systematic, evidence based approach to optimising care for people approaching the end of life, delivered by generalist frontline care providers.

- The provider had developed links with the community palliative care team and hospice to support those reaching the end of their life.
- Nursing staff had completed verification of death training, this meant that pressure on GP services were reduced.

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.

- The provider was meeting the AIS. For example, people were registered sight impaired whilst others were not able to communicate verbally consistently. Their communication care plans contained information on how they could be supported with regards to their communication needs and how they were able to express themselves.

Improving care quality in response to complaints or concerns

- People and their relatives told us they did not have any complaints, but they would speak up if they were concerned about anything. They said, "No, I've never needed to complain" and "No concerns from me, but I would say so if needed"
- There had been seven recorded complaints since January 2019. We checked these records and saw they were all resolved promptly. Each complaint record contained details of when the complaint was raised, and details of action taken and were all signed off by the registered manager.
- The complaints procedure was available in both a written and pictorial format. This enabled people to easily understand how to complain or to raise a concern.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, their relatives and staff all said the service was well run. They told us the registered manager and senior team were friendly and engaging and their door was always open. Comments included, "It's well managed, the manager is brilliant", "The manager will always come and talk to you if you have any queries", "We have great confidence in [registered manager's] management and we can go and ask about anything" and "Her [registered manager's] door is open all the time." One staff member said, "(Registered manager) is amazing, she is down to earth and is very hands on. The senior staff are very supportive."
- The registered manager was a visible presence throughout the home and we saw many examples of her engaging and speaking with people in a relaxed and informal manner. People were comfortable approaching her and speaking with her about their day. She had based herself close to the main reception of the home so that people, relatives and visitors could come and speak with her at any time.
- A noticeboard in the main reception had the most recent CQC ratings on display. It also had main feedback points from visitors and residents' survey. This demonstrated the provider was open and honest with people.
- Records showed that when concerns or incidents took place, the provider worked to try and resolve these in an open and honest manner.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had effective clinical governance systems in place which meant there was management and regional oversight of any incidents, accidents, medicines errors, infections, complaints and safeguarding concerns. The registered manager submitted monthly reports which were analysed in order to identify any trends and areas for improvement.
- A number of audits and risk assessments took place which helped to ensure the quality of service was being regularly monitored. These included medicines audits, infection control audits, care records documentation audit, health and safety audits, fire risk assessments and food hygiene and mealtime audits.
- The registered manager held regular managers meetings to share good practice and ideas. This included meetings for nursing staff to discuss any clinical issues and general staff meetings.
- The registered manager spoke about some of the improvements in the home that been made and those that were planned in the future. This included a new call bell system, making improvements to the mealtime experience including the servery/kitchenette area in the dining room, refurbishing the bedrooms and working to improve the quality of care people received through positive behaviour support and work to try

and reduce hospital admissions.

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

- People and their relatives told us they felt part of an extended family and their views were heard and considered. Comments included, "They do hold meetings for residents", "There are relatives' meetings and there are open days" and "There are also questionnaires", "On the whole, this service is very good and we wouldn't have [family member] anywhere else" and "This service is great, it's so much more like home for [family member]."
- People and their relatives were able to feedback formally about their views of the service through feedback surveys. There was a suggestion box which people were able to use.
- Residents meetings took place regularly and they were asked for their views about living at the home, meals and activities.
- Staff were encouraged to voice suggestions and raise any concerns. This was evident through meetings that took place, both through general staff meetings, daily handovers and feedback surveys.

Working in partnership with others

- The service was a founder member of Surrey Care Association. The registered manager attended regular network meetings as part of this. She also represented Surrey Care Association at the Surrey Safeguarding Adults Board delivery groups which develops Surrey Safeguarding Adult Board policies and procedures.
- Other examples of collaborative working included working with community teams such as the Care Home Support team, local hospices and taking part in initiatives to try and reduce hospital admissions.
- A health professional gave an example of collaborative working which included the introduction of a Proactive Anticipatory Care Plan (PACE) for people. This was intended to provide a framework by which people, their family, care staff and health care professionals, work together to plan care around end of life care.

Health professionals praised the joint working arrangements with the service. Comments included, "The team go over and above to ensure that residents are well supported and cared for and that they have the appropriate support from other agencies such as mental health services and advocacy services" and "They are very active in keeping us updated with residents' response to psychosocial interventions."

- The provider had established strong links within the local community. They had linked up with a school to support the Duke of Edinburgh award scheme and a group of school children volunteered within the home.