

Mrs Fiona Collins

Bramley House Residential Home

Inspection report

Westcott Street
Westcott
Dorking
Surrey
RH4 3NX

Date of inspection visit:
28 November 2022

Date of publication:
19 January 2023

Tel: 01306740003

Website: www.bramleyhouse.net

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

Bramley House is a residential care home providing accommodation and personal care to up to 16 people in an adapted building. The service provides support to older people, some of who may be living with dementia. At the time of our inspection there were 15 people using the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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. However, we found the principles of the Mental Capacity Act 2005 were not fully embedded into practice. We have made a recommendation in relation to this. There was no evidence this was impacting on people's lives.

People's care was personalised and people told us they felt at home. Staff knew people's needs, life histories and preferences well. Whilst people received the care they required, care plans were not always updated promptly and audits had not been completed to monitor this. The registered manager and provider told us they were aware of this and were implementing changes to the systems used to address this.

People told us they felt safe in their home and staff were aware of their responsibilities to report safeguarding concerns. Risks to people's safety and well-being were assessed and monitored to ensure they received the support they needed. Infection control procedures were in place and training had been completed by staff. Safe medicines practices were followed and people received their medicines in line with their prescriptions. The environment was designed to meet people's needs and regular health and safety checks were completed.

There were sufficient staff available to support people safely. People told us they felt staff were competent in their roles and they did not have to wait for their care. They described Bramley House as being a home from home and said they were treated respectfully. Staff had a kind and caring approach and knew people well. We observed easy conversations and people appeared relaxed in the company of staff. Activities were developed in line with people's interests and people were supported to go out should they wish to do so. Visitors were welcomed to Bramley House and people were supported to maintain links with friends and family.

The majority of people told us they enjoyed their food and people's individual preferences were catered for. Where people required support to eat this was provided in a safe and dignified way. People had access to healthcare professionals when required and healthcare needs were monitored.

There was a positive culture within the home with a commitment to providing a homely and personalised service to people. The management team were highly visible and people and staff felt they were approachable and supportive. The registered manager and provider continued to look at ways to develop the service and to provide new opportunities for people.

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

Rating at last inspection

The last rating for this service was good (published 22 August 2018).

Why we inspected

The inspection was prompted in part due to historic concerns received about the support people received when eating and how guidance from professionals relating to this was followed. A decision was made for us to inspect and examine those risks. During the inspection we did not identify concerns in this area. People were supported appropriately and staff were fully aware of people's needs.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Bramley House Residential Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Bramley House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bramley House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed people's care and spoke with 4 people and 1 relative about their experience of the care and support provided at Bramley House. We spoke with 5 members of staff including the registered manager, care staff, activities co-ordinator and the provider.

We reviewed a range of records. This included 7 people's care records and 2 people's medicines records. We looked at 3 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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at Bramley House. One person told us, "We all get along very well and all the staff are caring and conscientious."
- Staff had received safeguarding training. They were able to describe the different types of abuse to be aware of, signs which would raise concern and reporting procedures. One staff member told us, "I would do anything to protect someone from harm. I would make sure I documented anything of concern and report it to the senior in the first instance. I'd follow up and go higher to check something had been done. I could go to the police or social services if I needed to."
- Safeguarding concerns were taken seriously by the provider and the registered manager. Where concerns arose, reporting procedures were followed. Any additional information requested by the local authority safeguarding team was provided.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and well-being were identified and measures implemented to keep people safe. Risk assessments were completed for areas including mobility, falls, skin integrity, mental health support needs and nutrition.
- Staff were aware of guidance regarding people's individual risks. They were able to explain how they provided people's support safely such as how people needed to be seated to eat safely and the support people required when walking. We observed staff followed this guidance whilst continually providing people with reassurance.
- Risk assessments were completed with people and took into account their wishes in maintaining independence. For example, assessing risks in relation to people administering their own medicines and supporting people to use mobility aids.
- Accidents and incidents were recorded and staff took action to keep people safe going forward. This included implementing additional safety features to ensure people could independently walk safely in the grounds of the home.
- Environmental risks were reviewed and monitored regularly. Safety checks of the premises and equipment were completed as required. Staff had received health and safety and fire training and were aware of how to support people as safely as possible in the event of an emergency.

Staffing and recruitment

- There were sufficient staff to meet people's needs safely. People told us there were staff available when they needed them. One person told us, "You don't have to wait for them and they're here to talk when we need them. One relative told us, "There are always staff around."

- Staff told us they felt they had time to spend with people and did not need to rush people's care. One staff member said, "I'd say there was enough staff. We work really well in the sense we divide tasks well, almost without saying anything. Everyone is very thorough."
- We observed staff were attentive to people's needs and were available to support people's requests. The registered manager told us staffing numbers were adjusted depending on the number and needs of the people living at Bramley House.
- Staff were recruited safely. Records showed appropriate checks had been completed prior to staff commencing their employment. This included obtaining references, checking the right to work in UK and Disclosure and Barring Service (DBS) checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. Each person had a medicines administration record (MAR chart) in place. No gaps in administration were identified and stock checks were correctly completed. This demonstrated people received their medicines in line with their prescriptions.
- Medicines were securely stored and clearly labelled. Temperature checks of storage areas were completed to ensure medicines were stored in the correct conditions. Where people required support with topical creams accurate records were maintained and people confirmed staff completed this correctly.
- Staff received training in the administration of medicines. This included completing a competency assessment before being able to administer medicines without supervision.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People were supported to receive their visitors at a time which suited them and in line with government guidance.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 MCA 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.

- Staff understood their responsibilities in supporting people to make decisions regarding their care. They were able to describe how the MCA impacted on how they cared for people. One staff member told us, "We should always assume capacity. No matter what their illness is you must give options and choices, so they feel engaged in the decision." Staff followed this practice throughout the inspection.
- The majority of people living at Bramley House had the capacity to make decisions regarding their care. However, where capacity assessments were required these were not always decision specific and best interest decisions were not always completed when required. The registered manager acted upon this and forwarded the completed information shortly following the inspection.

We recommend the provider implement robust systems to ensure the principles of the MCA are fully embedded into practice.

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

- People's needs were assessed by the registered manager prior to them moving to Bramley House. Assessments covered all aspects of people's care, an overview of their life history and any religious or cultural needs. The assessment process continued when people had moved in with a review being completed after the first two weeks. This helped to ensure the persons needs were being fully met and that people were happy with the care they were receiving.
- Best practice guidance was followed to ensure people received safe and effective care. This included guidance in relation to diet and nutrition and skin integrity.
- The registered manager provided information on how the principles of the Right Support, Right Care,

Right Culture guidance in relation to supporting people with a learning disability was being followed. We observed the persons communication needs, personal interests, sensory needs and preferences were known and followed by staff.

- Information from other organisations was used to provide additional guidance for staff. For example, where appropriate the 'This is Me' booklet designed by the Alzheimer's society had been completed. This ensured information which was important to the person was available to staff.

Staff support: induction, training, skills and experience

- People told us they felt confident staff had the skills they required. One person told us, "They seem to know what they're doing. I trust them and would say they were competent."
- Staff received training relevant to their roles. This included training in safeguarding, health and safety, medicines administration, falls prevention and supporting people living with dementia. The provider told us they continued to develop the training offered to staff, "We have always had face to face training but we are now adding different courses on eLearning."
- Staff told us they had a thorough induction into the service. This also included any agency staff employed. One staff member told us, "I had a comprehensive induction. They are very selective here when it comes to staff and that includes agency staff. They don't allow new staff members alone with residents until they trust them. I shadowed for four full day shifts and they would observe me before I could work alone."
- Staff completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- The majority of people told us they enjoyed the food and there were always options available. Comments included, "The food is good. I pretty much eat all of it." And, "The food is great and there's always plenty of it. It's beef casserole today and it's all cooked here fresh. They always give you a choice and if there's certain things some people can't eat, they accommodate."
- We observed one person discussing their food with the provider. The provider told them, "If you don't like any meal, you must say and we will make you something else. That is what we are here for. We want things to be right for you."
- Staff demonstrated an understanding of people's dietary needs and preferences. Staff were able to tell us where people preferred their food to be of a softer consistency. Where people required support to eat staff were aware of their guidelines and ensured they were supported in a safe and dignified manner.
- People had access to drinks and snacks throughout the day. We observed staff frequently encouraged people to drink and offering people different choices they knew they enjoyed.

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

- People described the design of the service as being very homely. One person told us, "It really is a home from home here." They went on to describe all the pictures, ornaments and furniture around the home made it feel like a comfortable place to be.
- People's rooms were arranged on both the ground and first floor. The first floor was accessed by a chair lift which we observed being used safely throughout the day. People were able to mobilise throughout the home.
- There were a number of communal areas including a lounge, conservatory and dining area. This meant there was space for people to sit and chat or read their paper undisturbed whilst others were able to watch television. People were able to access the large garden and grounds when they wished. People told us they enjoyed spending time outside in the warmer weather.

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

- People told us they were able to access healthcare support when needed. One person told us, "If you're ill, they will call the doctor without hesitation."
- The registered manager told us they had established good relationships with healthcare professionals and staff confirmed they felt this was the case. This included the GP practice, community nursing service and the mental health support team.
- Records showed people had regular access to healthcare. Staff were aware of any guidance recommended by healthcare professionals and ensured this was incorporated into people's care plans.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 and their relatives told us staff were kind and caring. Comments included, "Staff are very kind.", "They are all caring, always kind and think of the little things." And, "They are very, very thoughtful."
- We observed staff were caring in their approach to people. When one person was disorientated, staff gently guided them to a seat in the lounge saying to the person, "Come in here where it's nice and warm. I'll get you a blanket." On another occasion we heard staff reassuring a person their relative would be there to see them soon. Staff offered to paint the persons nails for them to pass the time while they waited. They engaged the person in conversation whilst doing this which brightened the person's mood.
- Staff were heard to compliment people and pay attention to details. For example, one staff member was complimented a person on their clothes, noting they were new and asking if they had bought them on their recent shopping trip.

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

- People were supported by staff who knew them well and understood their needs. Staff spent time speaking with people throughout the day. These conversations included discussions around people's families and things of interest to the person.
- People told us they were in control of their care. One person told us, "It's not regimented, it's not institutionalised. It's our home." People made choice and were offered options throughout the day. This included where they chose to spend their time, who they wanted to be with, things they wanted to do and what they would prefer to eat and drink.
- Staff responded to people's choices promptly. One person said they were unsure where they wanted to eat lunch and may like to stay in the lounge. The staff member brought a table and set this for the person. When they later changed their mind the staff member reassured them this was not a problem and supported them to the dining room.

Respecting and promoting people's privacy, dignity and independence

- People told us staff encouraged them to maintain their independence. One person told us, "Staff know I like to be as independent as I can but they will help me with things when I need them."
- People were encouraged to do things around their home. We observed one person collecting people's mugs after tea and taking them to wash up. Another person with an interest in gardening was encouraged to water the house plants. The provider told us, "Residents will be involved in everything, folding washing, making tea. It's really important, it's their home but they know they can approach us at any time as well."
- People's dignity and privacy were respected. Staff members supported people with their personal care in

private and were discreet when approaching people. One staff member told us, "I will always encourage them (people) to do as much for themselves and be as independent as possible. I will step outside the room when they are using the bathroom, so they can have privacy."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care in line with their preferences. Staff were able to describe the care individuals needed and how they liked this to be provided. They were able to tell us about people's interests, what may make them anxious and how they offered reassurance at these times.
- We observed staff approached people and offered support in line with their care plans. One staff member told us, "We make sure (people's care) is person centred to them and pay attention to the details of it. So when (person's name) is disorientated it's about giving her that homely feeling, so we will go to her room and look through photos together."
- Staff were vigilant to changes in people's needs and worked alongside families and healthcare professionals to respond promptly. This included responding to changes in people's mental health support needs, mobility and health.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were known and responded to by staff. One person's communication care plan highlighted the importance of them being able to lip read. Staff were observed to remove their face mask when speaking with the person whilst maintaining a safe distance. Staff were also aware the person did not respond well to physical touch and did not find comfort in this when they were upset.
- People's communication plans included details of how they responded dependant on their mood and how they were feeling. This information enabled staff to respond appropriately to ensure the person felt supported and reassured.
- People's sensory needs were considered when planning care. For example, a vibrating pillow had been purchased to alert one person with hearing loss should the fire alarm be activated.

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 told us they were able to choose how they spent their time and enjoyed the opportunities available to them. One person told us, "(Activity co-ordinator) comes along and we join in everything, quizzes, films, competitions to keep the old brain going." Entertainers were also welcomed to the home

regularly and people had the opportunity to go out should they wish to do so.

- Staff spent time with people individually. One staff member told us, "What I like here is they encourage you to spend time with the residents. Painting their nails, doing activities, chatting. They also tell us a lot about the residents; what they enjoy, what they used to do. It's a small care home, so we get to know them as family. We have a lot of residents who are independent. They do the things they enjoy. They do really cool activities here." We observed staff spending time with people throughout the day.
- People were encouraged to maintain contact with those who were important to them. One person told us, "My family can visit any time. My sister was here this morning, my son comes at any time and my daughter comes on a Saturday." One person's relative was not able to make the journey to visit them. The registered manager therefore accompanied the person to visit their loved one each week to ensure this important contact was maintained.

Improving care quality in response to complaints or concerns

- People told us they would be able to raise concerns with the registered manager or provider and felt confident they would be addressed. One person told us, "I know (registered manager) very well. You can talk to her about anything and she would listen and sort things out."
- The provider had a complaints policy in place which provided information regarding how to raise concerns, how these would be investigated and the timescale for expecting a response. The registered manager told us no complaints had been received in the past year. "We all know everyone so well so if they mention anything, we just do it so it never gets to a complaint. We have really supportive families as well."
- Staff were aware of how to respond to complaints. One staff member told us, "I would discuss it with the senior or manager and record it. If we could do anything to make it better straight away, we would."

End of life care and support

- No-one was receiving end of life care support at the time of inspection. The home had received a number of thank you cards and compliments regarding the care they had provided. Comments included, 'I will miss (loved one) but will have comfort she had the very best care she could get.'
- Staff received training in supporting people at the end of their life. The registered manager told us if people required additional healthcare support during this time, they were accessed through community healthcare professionals.
- People had RESPECT forms in place which highlighted where they would like to receive care at the end of their life and who they wished to be informed. In addition, more detailed end of life care plans were completed with some people. These included details regarding how they would like to be cared for such as the type of music or television programmes that may bring them comfort at this time. The registered manager told us they continued to look at ways to encourage others to make plans such as these going forward so they received care in line with their wishes.

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 our last inspection we rated this key question good. The rating for this key question has remained 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; 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

- There was a strong ethos of providing personalised care and staff had a good understanding of people needs and preferences. However, care plans and records were not always updated promptly and were not audited to ensure they were of a consistent standard. We did not see evidence this impacted on people's care of choices. We discussed this with the registered manager who assured us records would be reviewed and a more robust auditing process established. They told us, "We have new software so the whole process of updating (care plans and records) will be easier. We're aware it's something that needs to be done."
- The registered manager and provider were very involved in the day to day running of the service. People and staff both told us they were always available and they saw them on a daily basis. The registered manager told us this meant they were always able to observe the care people received to ensure this was of a high quality.
- The provider had a duty of candour policy in place which set out their responsibilities in responding and offering apology when things went wrong. The registered manager confirmed there had been no duty of candour incidents since the last inspection.
- The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred in the home. Notifications were forwarded to CQC as required to ensure risks within the service could be monitored.

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

- People and their relatives told us there was a positive culture in the home with staff and the management team working to create a personalised and homely environment. One person told us, "We can do just as we like. (Registered manager and provider) are both great and get involved in everything." One relative said, "I can't fault the staff. They are so friendly and welcoming. We looked at several homes but this was the one that felt like home. It's cosy and the staff are so kind."
- Staff had a clear understanding of the ethos of the home. One staff member told us, "I like working here." You can be open with the manager and speak with her. I cannot recommend it enough. Everyone genuinely loves the residents. There is a lot of effort for people. (Registered manager) will buy things especially for them, particularly when they are new to help them feel at home. It's important for them."
- There was an open, welcoming and homely atmosphere. We observed people were relaxed and comfortable with staff. Conversations were heard throughout the day which were calm, respectful and jovial.

Staff demonstrated an understanding they were in people's home through the way they addressed them and offered options.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People told us they felt listened to. One person told us, "They are all conscientious and if there is anything, we can speak up. It's all done so we are happy and feel at home." The registered manager told us having group residents' meetings during the pandemic had been difficult but these were due to start again. The activities staff confirmed these had been scheduled. Feedback from relatives' surveys were all positive.
- Regular staff meetings were held to enable staff to discuss any concerns. Meeting minutes showed each person's care was discussed to enable staff to share information. Plans and routines within the home were also reviewed.
- The provider and registered manager worked alongside partnership agencies to make improvements to the service. The provider described the support from the Care Home Improvement Team as being invaluable. They told us, "We are always looking to improve. The whole ethos is continual improvement and be as open and transparent as possible as a culture." They gave the example of the introduction of individualised menu's where people preferred this. The registered manager told us their next project was to look at supporting people to have weekend breaks during the summer months.

Working in partnership with others

- The registered manager and provider were committed to working with others to promote good care. Whilst working with others such as the church and local schools had understandably been difficult during COVID-19, these opportunities were being explored again. The provider told us, "We very much make an effort be part of the village and the community. They were all so supportive during the pandemic."
- The registered manager and provider were part of a number of forums to ensure they remained up to date with current practice. They told us, "We attend all of the Surrey Integrated Care Systems (ICS) conferences and attend the Skills for Care forums. The information we have received from Surrey Care Association has been very valuable."