Rosehill (UK) Limited

# Rose Hill Nursing Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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? | Requires Improvement |

# Summary of findings

## Overall summary

About the service
Rose Hill is a care home providing personal and nursing care for up to 35 older people, including people living with dementia. At the time of the inspection there were 26 people living at the home.

The accommodation is an older style, large residential house, which was converted into a care home. There are two floors and a lift to provide access to the first floor. Rooms are single occupancy, and some have en-suite facilities. There is a large garden to the side and rear of the house.

People's experience of using this service and what we found
The provider had tackled the issues we had reported on at the last inspection. Improvement had been made but more could be done to ensure that good quality care was monitored and maintained. We made a recommendation about having a more robust quality assurance system and frequent checks in place to keep standards high and to ensure improvement plans covered all aspects of the service.

People were kept safe and safeguarded from harm. Improvements had been made since the last inspection to address safety risks in the environment. People were also protected from the spread of infection. There were enough staff at the home to meet people's needs and the recruitment of staff was done safely.

People's living environment had been improved and further work was planned to enhance physical standards in the home.

People received effective care based on an assessment of their needs. Nutritional needs were known and met. People's health and wellbeing was prioritised, and referrals made in a timely way for specialist health advise. Staff were trained and supervised appropriately.

Staff had been trained in the principles of the mental capacity act since the last inspection. 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 dignity and experienced care from staff who were respectful and kind. However, we raised with the provider that staff needed to remember to talk with and engage people when undertaking any care task.

People's wishes were known and sought. Visitors were welcomed and, where possible, people were enabled to be independent. There was a range of social and one to one activity on offer during the day. People's communication needs were known and met wherever possible.

The service had a complaints process, and this had been used effectively to make improvements with a

person's care. The service responded openly and honestly to complaints and suggestions, using the opportunity to improve.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 2 August 2018). There had been three breaches of Regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation. There were some improvements which needed to be made and sustained, and we made one recommendation. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rose Hill Nursing Home on our website at www.cqc.org.uk.

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.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br><br>The service was safe.<br>Details are in our safe findings below. | **Good** |
| **Is the service effective?**<br><br>The service was effective.<br>Details are in our effective findings below. | **Good** |
| **Is the service caring?**<br><br>The service was caring.<br>Details are in our caring findings below. | **Good** |
| **Is the service responsive?**<br><br>The service was responsive.<br>Details are in our responsive findings below. | **Good** |
| **Is the service well-led?**<br><br>The service was not always well-led.<br>Details are in our well-Led findings below. | **Requires Improvement** |

# Rose Hill Nursing 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 Care Act 2014.

Inspection team
The team consisted of one inspector, a nurse specialist advisor, and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

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

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

Notice of inspection
This inspection was unannounced on the first day. The inspector returned on a second day to collect more evidence.

What we did before the inspection
We reviewed the information we held about the service and the registered provider. This included any notifications and safeguarding information that the service had told us about. Statutory notifications are information that the service is legally required to tell us about and includes significant events such as accidents, injuries and safeguarding incidents and investigations. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to

make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection
We spoke with eleven people and three relatives. We observed the care that people received and how staff interacted with people. We spoke with eight staff during the day, including the registered manager, two nurses, three care staff, the chef and the housekeeper.

We reviewed the care plans of four different people including risk assessments and medicines records. We looked at mental capacity assessments and any applications made to deprive people of their liberty. We looked at records such as accidents and incidents, staff training, environmental checks and whether mandatory policies and procedures were in place. We checked what audits and quality assurance systems were in place and how people's and relative's views about the service were captured and used.

After the inspection
The provider sent us some additional information that we had requested. We heard from two professionals who regularly visit the service.

Good

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question had improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to upgrade and repair some window restrictors in the home causing a risk to people living with dementia. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Safety and Suitability of Premises.

At this inspection we found improvement had been made to the safety of windows and doors and the provider was no longer in breach of Regulation.

● Environmental risks to people, such as leaving the building unsupervised, were addressed. Staff support was readily available and there were safety locks on doors and windows. When people at risk of being confused were in the garden, staff were always present. As the garden was used frequently in the summer, a risk assessment had been completed with measures to be taken identified. However, two unlocked doors on the ground floor did present a risk to people living with dementia due to a sudden step down when opening the door. The provider had assessed this risk as low, due to staff supervision, but came up with additional solutions to minimise any potential harm.
● People were kept safe. The risks relating to people's health conditions were assessed and action was taken to address these. Some people could not use their call bell. When alone in their room, staff had to check on them at least once every hour and a record was completed. People's behavioural needs were known, and staff knew how to respond positively and with patience when people were challenging them. People at risk of falling from bed had been assessed for the use of bed rails. People at high risk of skin breakdown or sores had guidance and repositioning charts in place, which were followed and completed by staff.
● People were kept safe from the risk of fire. The provider had acted following their own fire risk assessment and the Fire Service visit last year. These improvements included the purchase and installation of fire-resistant materials in the lift and kitchen, new doors to the nurse's office and replacement of some emergency lighting in the home. There was a record to show that fire equipment checks, and fire drills were being done. There were personal evacuation plans (PEEP) in place. This detailed each person's health condition and any physical constraints that needed to be managed in case of evacuation from the building.

Preventing and controlling infection

At our last inspection, we recommended the registered provider make changes to maintain a safe, clean and appropriate environment. The provider had made improvements.

● People's living environment was clean. There was a full-time housekeeper and additional staff to help with people's laundry. There was an improvement in the cleanliness of sluice rooms, where soiled items were cleaned and disinfected.
● As part of the environmental improvements undertaken since the last inspection, the laundry room floor had been replaced, to address infection control risks, and a new sink was also in place.
● Staff were aware of the need for safe infection control practices. One of the care staff said, "We use gloves and aprons for personal care." People we spoke to confirmed this happened. We saw that staff washed their hands before giving any medicines. The clean and soiled laundry was kept separate to prevent any cross infection.

Staffing and recruitment

At our last inspection, we recommended to the registered provider the use and implementation of a staff planning tool that is based on people's needs, risks and dependency levels.

● People were cared for by enough staff. People told us they had help when they needed it and we did not see anyone waiting. At lunchtime, people who needed help to eat their meal received this in a timely way and all the staff in the home were involved. One of the care staff said, "There are enough staff, we have no problems. We recently reduced to five in the day, as two people passed away. We work as a team and manage well."
● The registered manager showed us the type of 'dependency tool' they used to help them assess staffing requirements based on people's needs. This was a recognised NHS tool used mostly in hospitals. We asked for some information about how this was used and received a completed tool that evidenced this.
● Staff were recruited safely. Staff files demonstrated the application process included an interview and that two references were always sought. A formal check with the Disclosure and Barring Service was undertaken before staff started work. DBS checks identify if prospective staff have a criminal record or were barred from working with people who use care and support services. The nurses were also registered with their professional body.

Using medicines safely
● People's medicines were administered safely. The nurse demonstrated good knowledge and safe practice when giving people their medicines. They were also able to describe the process for ordering medicines including if anything was needed out of hours. Specialist drugs were recorded and signed by two nurses. There was evidence of weekly checks of these medicines and numbers tallied up. People's medicines records were completed correctly.
● There was safe storage of people's medicines. These were kept in a locked cabinet or trolley in the clinical room. Keys were held only by staff trained to administer medicines. The room temperature, and that of the refrigeration, used to store some medicines, were being recorded and were within normal range.
● The service had good oversight of medicines practices. The pharmacy completed a full audit of medicines practice every six months. The last one was done in March 2019. This showed good practice was being followed in line with their policy. There was one action that a person's blood test date and result needed to be recorded in their care plan and advice was given to check with the GP about another person's medicines. The nurse in charge told us, "I am happy that all is going smoothly in terms of medication ordering and delivery and all the correct paperwork is in place."

Systems and processes to safeguard people from the risk of abuse
● People were helped to stay safe because staff understood their role to safeguard people from harm and

abuse. One staff member said, "I have completed the safeguarding training and I would report to one of the nurses if I saw anything." The nurse described what they would do, "An investigation would start. Information from other staff members would be collected. We would inform the safeguarding team, take appropriate action against any staff involved and make sure that the person is always protected."

● Processes were in place to protect people from abuse. The service had been involved in two safeguarding investigations. One of these involved the suspension of a staff member. The records showed the manager had appropriately investigated concerns and been open with all those involved.

Learning lessons when things go wrong

● Lessons were learnt from incidents and action was taken to promote safety. The home had a process for recording any accident and incidents. A separate log was kept of all the falls that occurred in the home. The registered manager could tell us what action was taken to prevent further falls or injury, such as increased staff supervision, putting sensor mats in the person's room and use of bed rails. We did, however, feedback the records and management overview of incidents occurring in the home could be improved.

● Staff were involved in learning from a complaint about one person's care. A meeting was held to discuss the issues raised and when and why they might occur. A daily diary and been introduced so that the daughter was able to see what had happened each day, and what the staff were doing for the person. This included if the person refused to have care or chose something different. This has improved communication with the family and helped them feel more reassured.

Good

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection, the provider had failed to act in accordance with the Mental Capacity Act 2005 and code of practice which was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 11.

● People rights were protected as they were supported to make decisions. Staff had received training and understood of the principles of the MCA. One staff member told us, "We treat everyone as if they have full mental capacity unless otherwise suspected, then we'd complete the capacity assessment. If someone is refusing their personal care, I would leave them and go to another resident and try again later. I might ask a colleague to help provide the care." Another of the care staff said, "It can depend on the time of day and what mood people are in. We understand what they are feeling. I can help them decide with just two choices sometimes."
● Where people lacked capacity, decisions were made in their best interests. There were mental capacity assessments in place for decisions such as use of bed rails and taking medicines that they person could not consent to. People's families and those with the legal powers to decide were involved in decision making and this was recorded. One person had an appointed independent advocate, as they had no family, and the service worked with them and sought out their help and views. Where a relative, or the local authority, had the legal powers to act for the person this was recorded on the person's care plan and evidence was requested.

● People who had been assessed as needing constant supervision had a DoLS application in place. There was a record of when applications were made to the local authority, and when they were authorised.

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

At the last inspection, we recommended to the registered provider that improvements were made to the physical environment at the home to have a positive impact on the well-being of people. The provider had implemented improvements and there was a plan in place to continue these.

● People's living environment had been improved by the redecoration of communal areas, such as the lounge, dining room and hallways. Since the last inspection another seven bedrooms had been refurbished and redecorated. Replacement flooring was laid which meant the rooms were more accessible for wheelchair use. There was a plan in place to upgrade all bedrooms, when they became free so that disruption to people was minimised.
● People benefitted from a good sized and attractive garden. There had been a project this year to develop this further with new plants and items of interest for people living with dementia being purchased. Garden furniture had been repainted promoting a stimulating area. Staff supported people to access the garden as much as possible, on the warmer days.
● People living with dementia were supported to find their way in the home with signs on some of the doors, for example the toilets and bathrooms. There were also signs directing people to other parts of the home. However, some signs were still small and in parts of the building it was easy to get disorientated. We mentioned this to the provider so that they could consider in their improvement plan.

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

At our last inspection, we recommended that all staff were made aware of people's dietary needs including any with diabetes. At this inspection, staff awareness had improved.

● People's dietary needs were known. These were well documented in people's care plans and noted on the daily meal choices sheet. This identified for care staff and the kitchen staff those who were diabetic, on pureed or a soft diet, vegetarian and what help people needed with their meals. One person told us, "The food is nice, I eat everything." Another person said, "My food is always cut up for me."
● People had a choice of meal each day and this was added to the daily sheet that informed the chef. The care staff assisted people to choose their meals, wherever possible, using picture cards with some people. The chef also talked to people about the food each day and was prepared to change orders if someone did not like or want the meal. The one person who was vegetarian also lacked the mental capacity to choose meals. The chef told us, they had to make a choice in the person's interests and gave variety during the week. One person told us, "There's enough choice for me."
● People's nutritional and swallowing needs were monitored for any risks that needed to be addressed. There was a monthly record made of people's weight and a daily check of their fluid intake. Referrals had been made to the dietitian for two people who were frail and had losing weight. Where required, fortified drinks and food was given. Several people had been seen by the speech and language therapist (SLT) due to swallowing difficulties. There were clear instructions of the SLT guidance about the assistance they required, and staff followed these.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs had been assessed so that the right care could be provided. This included their physical

care, medical history, their mental and emotional health, as well as their interests and personal characteristics.

● The service used recognised clinical assessment tools, for example, to measure people's skin integrity, their risk of falls or their nutritional needs. People's care needs, and records were being kept under review monthly. The staff were provided with printed information and guidance to deliver effective care and treatment, situated on various walls and in the clinical room.

Staff support: induction, training, skills and experience

● Staff were supported to carry out their role effectively. Staff told us about the training they received. One staff member said, "Besides dementia care training, I have had training in safeguarding, safe moving and handling and infection control." There was an up to date record of all staff completion of training modules which were mostly taken online. This demonstrated mandatory skills and knowledge were updated regularly. Agency staff were also able to access the same training and this was recorded.

● Staff were receiving regular supervision. A record of the dates of these meetings was shared with us. This showed that six staff received frequent, unplanned supervision when it was needed. Otherwise these meetings happened once a quarter. The registered manager told us, "I like to address things as soon as possible, as we go along." The nurses received clinical supervision and were supported to be revalidated in their practice when this was due.

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

● People had access to the services they needed in a consistent way. People told us about the podiatrist who came into the home to provide their foot care. One person's advocate told us how when the person needed new dentures these were arranged and fitted very quickly. People's dental and oral care was detailed in their care plans. On the day of inspection, the hairdresser visited, and we were told that the optician came once a month to give eye tests or check and repair people's glasses. The diabetic nurse also came to monitor a person's care.

● There were good relationships with professionals which benefited people's health care. The GP practice supported the home and visited or gave advice over the phone whenever it was requested. The physiotherapist also came regularly and had advised staff about specific exercises for some people. One person had a note displayed in their room to remind them and staff to do these daily. One visiting professional told us, "We always find the home to be very welcoming and ready for our visit. They always act on our suggestions and recommendations and work with us."

● People who needed medical support were referred in a timely way. One person told us, "When I was unwell they took me in urgently, in an ambulance." A person with complex needs had been seen by the occupational therapist following a concern about the wheelchair the person was using. We also noted how the GP had been called out when a person was unwell, and staff were concerned about the symptoms.

Good

# 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 Requires Improvement. At this inspection this key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection, we recommended the provider set a required standard of spoken English for staff to ensure they can respond to people individually when meeting their needs. At this inspection, this communication was improved but some staff needed reminding to engage with people when undertaking tasks.

● Staff did not always talk with people when undertaking tasks. One person was asked to stand up and helped into their wheelchair. The person asked them, "Where am I going?" Another person was served their lunch, and nothing was said to them. When people were brought in from the garden due to the rain, this was done smoothly but we heard little conversation between staff and people. We asked the registered manager to check and remind staff of the need to always engage with people to enhance people's experiences of care.
● People had however formed good and trusted relationships with staff and we saw this in the way they asked for help when needed. One person was feeling a little cold and staff went to find their cardigan. Another person, who was sight impaired, was talkative and relaxed when staff helped them at lunchtime. One person told us, "I don't always know where I am, but the care is very nice here. I have been very comfortable."
● People were encouraged to express themselves and their emotions. One person, coming into the lounge, was happy and started to dance when they heard some music. A member of staff joined in with them and they had a dance together. Later, another person was expressing their anger at having to be in a care home. The person lacked capacity to understand and staff were patient and listened to them, responding appropriately and calmly.

Ensuring people are well treated and supported; respecting equality and diversity
● People were treated well, with kindness and care shown by the staff. During the day we observed staff talking with people in a considerate way and using humour appropriately. Staff showed a calm and patient approach when delivering care and support. One person said, "I am very happy here. I feel wanted. They are kind and good to me." One relative had written to say, "We've always found Rose Hill a warm, friendly and very caring home."
● People's individual needs and wishes were respected. Some people enjoyed a church service and different Christian churches visited those who wanted this. Where people's illness or disability had affected them,

staff were mindful of the person they were and what they enjoyed, for example music they liked in their room. Another relative had told us, "The staff could not be more kind or helpful."

Respecting and promoting people's privacy, dignity and independence

● People's privacy was respected. When people's families or friends visited a private room or area was made available. People's care plans had a section to record privacy and dignity wishes of people. Examples were, "Staff should obtain consent and knock on the door before entering, close door and curtains when giving personal care." People were called by their preferred name. One professional told us, "I always feel that everyone is treated with respect and dignity."

● People were supported to be independent where possible. Some people were independently mobile and able to access the garden and the home just as they liked. We saw this happening in the afternoon when a group went out to the garden. One staff member said, "Some people, [names] can do more for themselves. [Name of person] likes to be left alone in the bathroom to do their care and decides what they want to wear. We encourage people to decide or support them with decisions."

Good

# 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 add rating. 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 support that was tailored to them individually. Their care plans contained information to enable staff to give personalised care. There was an overview written with the person, including their personality, likes and dislikes, important relationships, and specific daily routines they liked. Some people had agreed to have their photo, preferred name and some information about themselves on a poster for the door of their room. This allowed staff, and visitors, to easily know the person and talk with them in a relevant way.

● People's preferences for daily routines were met as far as possible. For example, some people liked to get up late and breakfast alone, and this was accommodated. People were encouraged to choose the meals they liked, and staff reminded them what they had chosen at lunchtime. People were helped to have the music or television programme they liked in their room or to get a daily paper if they enjoyed this.

Meeting people's communication needs

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

● People were enabled to make decisions and supported with their communication. One person who had word finding problems had received support from a speech and language therapist. Staff knew they had to be patient and reassure the person when they became frustrated. The menu board on display was in pictorial format to assist people living with dementia. There was a large supply of pictures of different meals used to enable people to choose what food they wanted.

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 were supported to have interests and be socially active. There were group activities arranged at the home each day, such as balloon games, arts and crafts or bingo. The activities co-ordinator was integral to the service. We observed an activity and how they involved people by name and with understanding of each person.

● People's preferences were considered and each day a record was made of what they took part in. Everyone was also offered one to one time with the activities co-ordinator in their room if they wanted this. Some people were friends and we saw they enjoyed spending time together in the garden.

● People had social stimulation that was appropriate for them. There were regular visitors to the home from the community and local churches. One person, who was sight impaired was visited by a volunteer from a

local charity. Another person, who could not participate easily in group activities had individual support visits. Outings to the theatre were arranged a few times a year which people told us they really enjoyed. People's birthdays were celebrated with a group event and cakes.

Improving care quality in response to complaints or concerns

● People and their families were able to use the complaints process. There had been three complaints in the last eight months. In one case, this led to a joint meeting with professionals and specific issues of concern were considered. The staff had put in place the recommendations from the meeting. Another complaint had come through the regular quality survey. As a result, a new daily diary was put in place to enable the family to see that their specific concerns were being addressed by staff.

End of life care and support

● People's wishes for end of life care had been explored. Some of the recorded information was quite basic. The staff told us that not everyone, nor families, liked to discuss this. Where people had stated their wishes for end of life care this was recorded. The GP had been asked to review the end of life care for one person recently and the preferred place of care and wishes was agreed.

● The home cared for people at the end of their life. Families had written in to thank the staff for their kindness and care at these times. One said, "[Person] was very well looked after, with great care and compassion during their last weeks."

Requires Improvement

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remained Requires Improvement. This meant the leadership did not always support the delivery of high-quality, person-centred care.

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

At our last inspection, the provider had failed to assess, monitor and improve the quality and safety of the service, identify all risks and to maintain accurate, contemporaneous records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, care records had improved, and the safety and environmental issues had been addressed. There was no longer a breach of Regulation 17. However, more could have been achieved through consistent and robust quality assurance and standard setting.

● The service had in place an 'overview audit' which enabled a review of quality and care standards. It covered criteria such as care plans, infection control, meals, laundry and medicines. However, this was completed last in February 2019. The registered manager said they no longer used it as they now added improvements to their action plan as they noticed them. The action plan covered environmental issues and repairs, but not any actions to improve people's care, or any learning from management oversight or best practice.

● Further improvement was needed to ensure quality checks and oversight of staff practice was maintained. For example, in two sluice rooms recent cleaning schedules had not been completed. We were informed the rooms had been cleaned, but records had not been done. The registered manager told us, "I am here every day and can pick up on things as I see them." However, there were no spot checks recorded. We had also noticed that staff communication needed to be checked to help their learning and improve care.

● People's needs, and their care delivery was reviewed but there some inconsistencies in care records. One person's skin care plan was out of date as their wound had now healed. Two care records also did not show the correct risk rating based on assessment tools. This was a system error and the nurse agreed to investigate this.

● Since last inspection, the recording of incidents and falls monitoring in the home had improved. Individual actions were taken at the time and people were safe. However, any overall analysis of trends and outcomes or learning, that would help staff develop and the service to improve, was not recorded or used in the manager's action plan. The registered manager said they would look at this again and stated, "We want to continue to improve."

We recommend a robust quality assurance system is used to monitor the service and drive improvement; including more frequent checks of staff practice, records and cleaning to ensure good standards are always maintained.

● Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager and forgotten to inform us of a safeguarding incident where a staff member had been suspended. The matter had been dealt with the correct local agencies involved. This was a single oversight and other notifications had been sent correctly.
● The provider maintained a good oversight of the checking of equipment and environment in line with health and safety regulations. There were a monthly audit of people's beds and bed rails for safety. Where environmental tests were completed, the certificates and evidence were well organised. The kitchen and food storage areas were recently audited to ensure safe standards were maintained. The registered manager kept an action plan updated which tracked any maintenance requirements and when it was done. Items that needed to be replaced or repaired were quickly identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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
● The provider promoted a homely and open environment for people. The registered manager and staff were well thought of. One person said, "She is always around, I can talk to her easily." A relative said, "I can always ask [name of manager] anything." Staff also enjoyed working at the home. One staff member told us, "We work as a team here, we are very involved with everything. Everyone is friendly."
● The provider understood and acted on the duty of candour. There was an open approach to dealing with concerns and problems. Families were kept well informed and meetings had been held to address specific concerns or when people's care needs caused concern. There was a record made of meetings and the actions taken which benefitted individuals

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their families were formally asked for their views through a questionnaire at least once a year. This had recently been undertaken and seven people and 15 relatives had completed it. The answers were analysed and shared with people and families. There was positive feedback about the staff, food and care. Improvements requested from relatives concerned the home refurbishment and being kept informed. Some people referred to the poor heating at the home and one asked for more activities at weekends. The registered manager said, "We will take on board all comments, suggestions and criticism and make any necessary improvements."
● People were involved in less formal ways in the service. The registered manager said, "As this is a small home communication is ongoing." An example was about getting people's views on activities and their ideas to change the garden. More recently the home was planning a summer party and everyone who wanted to had got involved.
● Staff had opportunities to share and be involved. They were asked their views through an anonymous questionnaire as well as at staff meetings. One staff member told us, "The meetings with management are good. They listen." One change staff had requested this year was for a small room where they could take a break. Space was an issue in the home, but the provider was exploring options to make changes based on the request. Other views of staff were about training they asked for, such as on skin care or sepsis, and this had been put in place.

Working in partnership with others

● People benefitted from the way the service worked with other agencies in the community. Volunteers and professionals visited the service to support people and to advise staff. For example, the Stroke Association and Sight for Surrey sent support workers to see people. There were good relationships in place with the hospice and dietitians when required.

● The service had joined the local health commissioner's improvement projects which focused on reducing falls, medicines errors and pressure sores for people in care homes. This involved the staff collecting and monitoring information as well as using any good practice that was shared with care homes.