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Surrey Hills

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 22 February 2017 and was unannounced.

Surrey Hills is a care home registered to provide accommodation and nursing care to up to 45 people. At the time of our visit, there were 32 people living at the home. Many of the people living at the home were living with dementia and some had more complex health needs.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
At our last inspection in October 2015 we identified concerns regarding infection control. At this inspection we found actions had been taken to ensure the regulations had been met and the service had improved.

People lived in a clean and safe environment. Improvements were made in cleaning processes and the provider undertook regular audits of the home environment, as well as the care that people received.

People were supported by staff who knew how to respond if they suspected abuse. Risk assessments were regularly carried out and measures were in place to protect people. Staff supported people in a way that promoted their independence whilst risks were managed. Where incidents or accidents occurred, measures were put in place to prevent a reoccurrence.

Staff were given appropriate training for their roles. Staff felt supported by management and had input into how the home was run. The provider was working with staff to implement new models of practice that would improve the quality of care that people received.

There were sufficient staff present to meet people's needs. Caring interactions between people and staff were positive as staff had time to spend with people. Staff knew people well and had access to person-centred care plans. People's needs were regularly reviewed and changes in need were met. The provider had carried out checks to ensure that staff were suitable for their roles.

People received their medicines safely. We recommended that the provider ensures best practice is followed when recording administration of creams. Staff worked alongside healthcare professionals to meet people's needs.

Staff offered people choices and involved them in their care. People told us that staff routinely asked them for consent and respected their privacy and dignity. Staff worked in accordance with the Mental Capacity Act (2005) and people's rights were protected.

People and relatives were regularly asked for feedback. Meetings took place for people and relatives where

any changes or concerns could be discussed. People were told how to complain and complaints were responded to appropriately. Where feedback or complaints were received, these were actioned by management.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People lived in a clean environment with measures in place to prevent the spread of infection.

People's medicines were managed safely. We recommended that the provider ensures best practice is followed when administering creams.

Risks to people had been assessed and plans were in place to minimise harm.

Staff responded appropriately to accidents and incidents. Measures were put in place to keep people safe.

There were sufficient staff present to meet people's needs. The provider had carried out checks to ensure staff were appropriate for their roles.

Plans were in place to protect people in the event of an emergency.

Is the service effective?

Good

The service was effective.

People were provided with food in line with their preferences and dietary requirements.

Staff worked alongside healthcare professionals to meet people's needs.

Staff provided support in line with the Mental Capacity Act (2005).

Staff had received appropriate training to support them in their roles.

Is the service caring?

Good

The service was caring.

People were supported by staff that knew them well.

Staff provided support in a way that promoted people's privacy and dignity.

People lived in an inclusive environment in which they were involved in their care.

Staff supported people in a way that promoted independence

Is the service responsive?

Good

The service was responsive.

People had access to a range of activities.

Care plans were person-centred. People's needs were regularly reviewed and changes in need were responded to.

Complaints were acted upon appropriately by management.

Is the service well-led?

Good

The service was well led.

Staff felt supported by management and could make suggestions to improve people's lives.

Systems were in place to measure the quality of the care that people received. The provider identified improvements and acted upon them.

People's feedback was regularly sought.

Surrey Hills

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 February 2017 and was unannounced.

The inspection was carried out by an inspector, a specialist nurse 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 care service.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke to nine people and two relatives. We spoke to the registered manager and four members of staff. We observed how staff cared for people and worked together. We read care plans for eight people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at three staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of meetings of staff and residents.

Good

Is the service safe?

Our findings

People told us that they felt safe at the home. One person told us, "I am safe here, everything is under control." Another person told us, "I do feel safe here. There are several people around. It makes me feel better." A relative told us, "It is safe, I feel very pleased."

At our inspection in November 2015, cleaning was not well maintained and expected standards of cleanliness and hygiene were not always upheld. The provider's infection control policies were not followed and systems were not in place to prevent and control the spread of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, the provider had made the required improvements in infection control. The environment was clean and there were no malodours. A relative told us, "In the past it did used to smell. But now it is great as staff take pride in their work and the home is well maintained." People told us that they felt the home environment was clean. Following our last inspection, the provider had implemented robust infection control audits. These happened monthly and where shortfalls were identified, they were addressed by staff. The registered manager signed off all audits, ensuring there was management oversight of infection control. The provider appointed a member of staff as an infection control lead. They provided staff training and kept up to date with best practice in infection control. A cleaning schedule was in place in which staff completed cleaning tasks and signed off when they were done. This meant that the provider could monitor cleaning at the home and staff were accountable for work they had carried out.

People's medicines were managed and administered safely. One person told us, "The nurse always gives me my medication. They organise it all and I take it." Staff had been trained to manage medicines and they were required to pass a competency assessment before being able to support people with medicines. In their PIR, the provider told us that, 'Medication audits are undertaken monthly and daily, nurses sign to say there are no gaps on MAR sheets.' Our findings supported this. Medicines administration records (MARs) were completed accurately and contained photographs of people. Guidance from healthcare professionals was clearly documented and staff followed this. Where one person's medicines had changed following a visit from a healthcare professional, their records had been updated appropriately. Protocols were in place for PRN (as required) medicines. These were personalised plans instructing staff when to administer PRN medicines to people. We did note that one person had a cream in their room which was not clearly labelled. It was to be administered PRN but MAR records did not reflect when it had been administered. The cream did not have the potential to cause harm to the person, but best practice was not followed in this instance.

We recommend that the provider ensures MARs are kept up to date where PRN creams are prescribed.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Information on risks that people may be exposed to was gathered at assessments and reviewed regularly. One person had become less steady and suffered a fall. The person's risk assessment was updated and staff identified the person was at increased risk of falls. Staff supervised the person when they moved and reminded them to use a walking frame. The person was referred to physiotherapy services and staff

supported them to exercise. This helped to increase their strength and confidence to prevent further falls. Another person living with dementia often became agitated at a certain time of day. This had caused altercations with other people. The risk assessment detailed that staff should discuss the person's working life with them when they became agitated. This distracted them and they enjoyed talking about it. Staff also offered to call the person's relative so they could talk to them and recorded any changes in the person's behaviour. This information could then be given to healthcare professionals to support their decisions about ongoing treatment. Incidents involving this person had reduced following the plan being in place.

Accidents and incidents were documented and staff learnt from these to support people to remain as safe as possible. The accidents and incidents log included a record of all incidents, including the outcome and what had been done as a result to try to prevent the same incident happening again. One person had a fall in their room at night. Staff checked the person for injuries and helped them back up. The person's care plan was updated to include more frequent checks by staff to prevent another fall. Accidents and incidents were analysed by the registered manager and where patterns were identified, these were acted upon.

People were protected against the risks of potential abuse. Staff demonstrated a good understanding of safeguarding procedures and knew their role in protecting people from abuse. One staff member told us, "I would inform my manager. We also have whistleblowing and I can go to social services." Records showed training had been attended and refreshed when required. People were provided with information on how to raise any safeguarding concerns. Staff understood who to contact if they suspected that somebody was being harmed. Safeguarding concerns had been raised with the local authority and notifications had been sent to CQC where appropriate.

There were sufficient staff present to meet people's needs. One person told us, "There are plenty of staff working here. They are all very good." A relative told us, "When I'm here, staff always come quickly." The registered manager had a tool to calculate staff numbers based on the needs of people. We observed that staff were able to take time attending to people's needs and where people needed support from two members of staff they were available. Staff told us they had enough time to meet people's needs. People told us that staff were unhurried and patient and we observed staff spending time talking to people.

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role. The staff files contained evidence that the provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained proof of identity and references to demonstrate that prospective staff were suitable for employment.

People could be assured that in the event of a fire staff had been trained and knew how to respond. Staff were able to explain what action they would take in the event of a fire. A recent visit from the local fire and rescue service had identified some actions to be taken. The provider had addressed these by the time of our inspection. There were individual personal emergency evacuation plans (PEEPs) in place that described the support each person required in the event of a fire. The fire alarm system was tested regularly. There was a contingency plan in place to ensure that people were safe in the event of the building being unusable following an emergency.

Good

Is the service effective?

Our findings

People told us that they liked the food that was prepared for them. One person told us, "The food is lovely quality. There's a variety and it has a nice taste." Another person said, "I get more than enough to eat and drink here." Another person said, "The food is quite good and I always get enough."

People were provided with meals in line with their dietary requirements and preferences. People's records contained information on what they liked to eat. One person did not have a big appetite and preferred smaller portion sizes. Their records stated, 'I like small amounts of food on my plate, this will help me accept my food readily.' We observed this person being given portions of a size that they liked. Another person had allergies to seafood. This was clear in their records and the kitchen had this information. People were offered a choice at mealtimes and people could request a freshly produced alternative from the kitchen. The provider regularly sought feedback regarding the food and it was discussed at resident's meetings. Kitchen staff were aware of people's preferences and staff talked to people about what they wished to eat during our inspection.

Where people had specific dietary requirements, these were met by staff. One person had recently lost weight. This was identified quickly because people were weighed regularly. The person was referred to the GP who prescribed supplements to help the person gain weight. This person was given supplements as directed by the GP. Another person had difficulties swallowing and was seen by a speech and language therapist (SALT). They were prescribed thickener to thicken fluids to reduce the risk of choking. We observed staff providing this person with thickened drinks as directed by the SALT.

Staff worked alongside healthcare professionals to ensure that people's health needs were met. One person told us, "The GP visits me in my room on a regular basis." Another person said, "If I need to see the doctor, they come and visit." In their PIR, the provider told us that, 'Referrals are made to external professionals when required and the GP is involved in all medical issues.' Our findings supported this. One person had recently been visited by the GP. Staff had identified that they were lethargic and had them seen quickly. The person was diagnosed with an infection and had started a course of antibiotics. People's care records contained evidence of input from healthcare professionals. Another person living with dementia had ongoing support from the community mental health team. The person had a history of aggression related to their dementia. A 'positive behaviour plan' was in place and staff recorded any incidents with the person on a behaviour chart. This information was shared with healthcare professionals and was used to inform their clinical decision making.

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 so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager and staff had an understanding of their responsibilities under the MCA. Mental capacity assessments were completed before best interest decisions were made. Where restrictions were required an application was made to the local authority. One person living with dementia was not able to make a decision to remain at the home. A decision specific mental capacity assessment identified that they could not make the decision themselves. A best interest decision was recorded, involving the person's relatives, staff and healthcare professionals. It was decided that it was in the person's best interest to remain at the home. Due to restrictions being in place as a result of this decision, an application was made to the local authority DoLS team.

People were supported by staff who were trained to carry out their roles. One person told us, "The staff are very skilled. They help me dress and shower. They are very good." A relative told us, "The staff are very special, they're really good." Staff told us that they undertook mandatory training in areas such as safeguarding, infection control and medicines management. Staff could also undertake additional qualifications to develop their skills. One staff member told us, "I'm doing QCF Level 3. I asked and they (management) supported me to do it." QCF is a The Qualifications and Credit Framework which staff can complete to further their skills and knowledge in adult social care. Nursing staff told us that they were supported to maintain their skills and keep up to date with current practice.

Staff received training specific to the needs of the people they supported. Some of the people at the home were living with dementia. Staff had undertaken training in dementia awareness and followed good practice when offering people choices and supporting people when they had become confused. Where there had been a series of incidents, management had arranged training in approaches to behaviour that presented a challenge. Staff told us that this increased their confidence in working with people who had these types of needs.

Good

Is the service caring?

Our findings

People told us the staff were caring. One person told us, "The staff here are lovely and always look after me. They're very caring." Another person said, "I would say the staff are caring with all they do for me." A relative told us, "The staff are caring and quite affectionate as well."

People were supported by staff that knew them well. Every person had a keyworker. A keyworker is a dedicated member of staff who oversees a person's care and gets to know them well. Staff demonstrated a good knowledge of people's preferences and life histories. The information they told us matched the information recorded in people's care records. A staff member told us, "Conversation with people is important, but we must also read the care plans." Staff had completed life histories with people. One person's records contained information on where they had been evacuated to in the war. It also contained family information and their favourite football team. Staff were observed talking to this person about their favourite team. Staff were also observed interacting warmly with people and their relatives. Discussions staff had with relatives demonstrated that staff took an interest in people's lives, and showed an understanding of people's needs and backgrounds.

People told us that staff supported them in a way that promoted their privacy and dignity. One person told us, "When staff dress me they always close the bedroom door." Another person said, "I have lots of privacy." Where people needed support with personal care, we observed staff handling this discreetly and sensitively. Staff demonstrated a good understanding of how to provide care in a way that maintained people's privacy. One staff member told us, "Curtains and doors must always be closed. I always make sure people have a towel so they do not feel exposed."

People told us that staff always sought consent and involved them in their care. One person told us, "They ask consent. We all get along nicely and they do what I need." We observed staff interacting with people in a way that involved them. People were offered choices and staff asked people's consent before providing care. Staff demonstrated a good understanding of how to involve people in their care. One staff member said, "I ask permission for each action and talk to them about what I am doing." Another person was unable to express themselves verbally. Staff were working to find ways to enable them to make choices. Staff had started trialling using pictorial flash cards with the person to enable them to identify their choices.

People lived in an inclusive atmosphere. We observed staff and people participating in activities together. At lunch, people sat together and it was evident throughout the day that some people had formed friendships within the home. Relatives visited and sat chatting to their family members as well as other people. This created a homely atmosphere. Minutes of residents meetings showed that people were encouraged to have input into decisions about their home. People discussed activities and foods that they enjoyed. Regular relatives meetings took place. This meant that where people were living with dementia, relatives could represent their views in decisions about the home. At a recent relatives meeting they had discussed problems with the TV aerial at the home which had then been fixed by management.

People were supported in a way that promoted their independence. One person told us, "They (staff) give

me the right encouragement and support." People's care records contained information on what they were able to do for themselves. This meant that staff could provide support where it was needed, whilst allowing people to complete tasks that they were able to. One person was able to carry out most of their personal care but needed support with certain tasks. This information was in the person's records. Staff demonstrated an understanding of the person's abilities when we spoke to them.

Good

Is the service responsive?

Our findings

People told us that they liked the activities that were on offer. One person told us, "I have plenty to do here, I'm happy." Another person told us, "I like the music." A relative told us, "They really listen to people. (Person) likes music so (registered manager) went and bought some they liked."

People were encouraged to take part in activities that suited their interests and hobbies. Activity timetables were on display in the home. There were music activities, quizzes, films, visits from entertainers and arts and crafts. On the day of our inspection we observed a music activity. It was well attended and people joined in. Records contained information on people's interests and what types of activities they enjoyed and these were included in the timetable. One person enjoyed socialising and telling stories from their past. Their records stated, '(Person) likes talking about their family and their past and enjoys if you look at photos with them.' Staff regularly spent time with this person discussing their past and looking at photographs.

Care plans were personalised and information on what was important to people was clear. People received a thorough assessment before coming to the home to ensure that their needs could be met. Assessments captured information about people's needs as well as their backgrounds and lifestyles. This information was clear in people's care plans. People's needs were reviewed regularly to ensure that care plans reflected their current needs and any changes could be identified. The provider used an electronic care planning system. In their PIR, they told us it, 'enables all those involved in the care of our residents to have full visibility of any updates for that individual resident.' Our finding supported this. The system also gave management oversight of reviews and alerted them to when these became due.

Records contained information on what support people needed from staff to meet their needs. They also recorded people's preferences and daily routines. Staff demonstrated a good understanding of people's needs and practice that we observed matched people's care plans. One person took pride in their appearance and liked to start the day at a certain time. Their records reflected what time they got up and they had their hair done by staff regularly. Care provided was responsive to people's needs. One person living with dementia had become orientated to an earlier time in their life. They thought they were working at the home and this gave them a sense of fulfilment. Staff worked with the person, giving them a briefcase, to enable them to live out this time in their lives. This demonstrated a commitment to providing care in a way that suited people's needs, as well as minimising restrictions to people.

People told us that they knew how to make a complaint. One person told us, "I have not had any complaints but if I did I would tell whoever is in charge." The complaints policy was visible within the home. Staff told us that they would report complaints to the registered manager or senior staff. Complaints had been responded to and actions taken to ensure they reached a satisfactory conclusion. A relative had recently complained as there had been a miscommunication regarding when one person saw the hair dresser. Staff were made aware of the error to ensure it would not happen again. The registered manager sent a letter of apology to the relative.

Good

Is the service well-led?

Our findings

People told us that they felt the home was well-led. One person told us, "It seems quite well run." A relative told us, "The manager speaks to me when I visit, so do all the staff."

Staff told us that they felt well supported by management. One staff member said, "The best manager. Very approachable and I do not feel intimidated when I go to them." In their PIR, the registered manager told us that, 'I operate an open door policy within the home, and all are welcome to come and discuss any concerns or issues they may have.' Our findings supported this. During our inspection we observed that the registered manager's office was open and staff were able to speak directly to management. The registered manager spent time in communal areas, helping staff and speaking to people, when not dealing with specific managerial tasks.

Staff said team meetings took place regularly and they were encouraged to have their say about any concerns they had or how the home could be improved. At a recent meeting, staff had discussed new people coming to live at the home. They identified that they would require increased staff numbers to meet their needs. They discussed the dependency tool and staff ensured that reviews took place so people's current needs were up to date when calculating staff numbers. Staff input at meetings demonstrated that there was an inclusive atmosphere amongst staff. Staff could raise concerns and identify improvements that could be made to people's care.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The registered manager and provider carried out regular audits and documented their findings and any actions taken. Audits covered areas such as medicines, pressure sores, infection control and care plans. They also frequently audited the home environment and health and safety. Where improvements had been identified these were actioned by management. An ongoing service improvement plan was in place that documented actions from audits and allowed management to track them. A recent audit had identified relatives meetings had not taken place as planned. These had been scheduled and relatives told us that they had attended a recent meeting. Another audit had identified some decorating work needing doing in a bathroom. This had been actioned by maintenance staff. The provider carried out a monthly holistic audit. A recent visit had identified some information missing from care plans. These had been updated by staff and information in care plans that we looked at was up to date.

People had opportunities to make suggestions and provide feedback on how the home was run. One person told us, "They ask me periodically." The last feedback survey showed that people were happy as the comments were all positive. One relative noted, "The level of cleanliness has improved." Another said, "From the moment you enter the main door you are made to feel so welcome." Regular residents meetings provided people with an opportunity to raise any concerns they had or to make suggestions.

The provider demonstrated a commitment to best practice and improving staff skills and knowledge. The provider was in the process of implementing a new nursing strategy, focussing on developing people's daily living skills and improving their independence. They were also introducing 'Harm Free Care'. This is a

nursing approach focussing on avoidance of harm to people such as pressure sores and infections. Staff took a proactive approach to risk in areas such as infection control and pressure sores. Audits had started to show a reduction in pressure sores and infections with this approach being introduced.

The registered manager was aware of the responsibilities of their registration. Registered bodies are required to notify us of specific incidents relating to the home. We found when relevant, notifications had been sent to us appropriately. We had been notified of a recent safeguarding incident in which the registered manager had taken appropriate actions and informed us of these.