

# Sheerwater Healthcare Limited

# Sheerwater House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Good</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service:

Sheerwater House is a residential care home providing support to older people and people living with dementia. The service is registered to provide support to up to 20 people and there were 15 people living at the service at the time of this visit.

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

People told us they felt safe living at Sheerwater House. Relatives told us they felt their loved ones were safe and well cared for by kind and caring staff. People and relatives told us that staff had the appropriate skills and training to be able to support people.

People had their medicines administered in safe way and medicines were stored correctly and as per the recommended guidelines.

The provider had improved the way risk was assessed for people. People had appropriate guidance in place around risk to ensure it was robustly managed and reduced. People had specific guidance in place around any specific conditions which enabled staff to have the most up to date information to be able to support that person. Staff had good knowledge of people and their needs.

Staff received appropriate training and support in their role. This included specialist training specific to the needs of the people using the service. They were also actively looking for additional training which they felt would be beneficial to support people more effectively.

People received opportunities in developing the menu and their nutritional and hydration needs were met and independence was promoted. People were supported with their health care needs and accessed external healthcare professionals and services. Information was shared with external healthcare agencies to support people to receive consistent care.

Staff had access to policies and procedures that reflected legislation and current best practice. The manager and nominated individual were enthusiastic and had a positive approach to developing the service and looked towards continued improvement.

People lived in an environment that was maintained and cleaned to a good standard. People and relatives told us they could remain independent. However, people living with dementia did not always have a suitable environment that considered their needs or offered stimulation. We have made a recommendation to the provider to seek best practice guidance around dementia care and the environment.

People's care plans were detailed and staff used these to understand the care people required. However, we did find some areas of documentation that required improvement in terms of ensuring care plans were reviewed and developed consistently across the service. The manager had started to review all care plans

prior to our inspection. We observed an example of a care plan that had been reviewed and contained all the required information in terms of personal life history, likes and dislikes.

People had access to a variety of activities and we observed some people taking part in the activities. However, for people living with dementia there was not enough in the way of activities to keep them stimulated or engaged with activities.

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 given privacy when they wished, but also enabled to move around freely and independently in a safe way.

Quality monitoring and audits were robust and monitored every aspect of the service. These were carried out by the manager who also shared involvement of the process with staff. This ensured that if an area of the service required attention, this was done immediately as through the auditing, every aspect of the service was continually under scrutiny. This was something that the manager had brought in after taking on the role of manager to improve quality monitoring.

The manager and nominated individual were open and honest during the inspection. They had made improvements across the service since the last inspection and as a result these changes were starting to show improvements to the quality of life of people living at Sheerwater House. Both the manager and the nominated individual were open about there still being some work to improve the service to bring in everything they want to achieve. These changes will need to be embedded and maintained.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
Rating at last inspection (and update). The last rating for this service was requires improvement (published 04 June 2019).

Following the last inspection, we asked the provider to complete an action plan to tell us how they planned to address the shortfalls. At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulations. The service will still be rated as requires improvement overall as it will need to show the changes made can be maintained over a longer period of time, but now has a good rating in three key questions (Safe, Effective and Caring).

This service has been in Special Measures. During this inspection the provider demonstrated that Improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Sheerwater House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Sheerwater House 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 who was in the process of registering with the Care Quality Commission. The manager had been in post for six months prior to the inspection. The nominated individual was also present during the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before the Inspection: We reviewed feedback we had received about the service. We checked statutory notifications that we had received from the provider. Statutory notifications are reports of important events that providers are required by law to tell us about. We contacted commissioners and reviewed information we held about the service.

#### During Inspection:

We spoke with five people and made observations throughout the day. We spoke with the manager, the nominated individual, a senior care worker, a care worker, the chef and two visiting professionals. We also spoke with four relatives on the day of inspection.

We reviewed care plans for four people including medicine records. We checked four staff files and records of staff training and supervision. We reviewed meeting minutes and a variety of checks and audits. We looked at records of complaints as well as accident and incident records.

After our inspection visit:

We continued to seek clarification from the manager to validate evidence found. We looked at training data, quality assurance records and risk assessments.

# 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 has now improved to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to manage risk. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks associated with people's health and medical conditions were assessed, reducing the risk of harm to people. This included risks of falls, pressure injuries, malnutrition, dehydration and risks associated with people's medical conditions. For example, a person who was at risk of seizures had a risk assessment in place which described the known risks and actions to be taken by staff should the person experience a seizure.
- The manager had introduced a new support tool to assist with assessing the risk of pressure sores. This had been introduced as a mandatory risk assessment for everyone. The manager told us, "There was nothing in place to prove things were in place for people to manage and assess risk. I have now made changes to this and have implemented changes to risk assessments."
- Where people were at risk of choking, they received modified food in line with guidance from professionals, such as the GP, speech and language therapy team or the dietician. We observed one person being provided with pureed food in line with their care plan.
- The manager had developed support plans with regards to managing challenging and changing behaviours. For example, one person who presented with challenging behaviours had a detailed support plan in place. This plan identified events that may trigger behaviours and contained guidance for staff about how to provide effective support.
- Each person had a personal emergency evacuation plan (PEEP) in their care plan which outlined what support they would need to safely leave the premises in the event of an emergency, such as a fire. We also noted regular fire drills and fire checks took place.
- The provider had sought support from Surrey Fire and Rescue Service who had conducted a fire safety visit. The outcome of the visit was that the provider had followed the appropriate guidance to mitigate risk around fire safety.

### Using medicines safely:

At our last inspection we found the provider had failed to manage medicines safely. This was a breach of

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines systems were organised, and people were receiving their medicines when they should. Since the last inspection the manager had developed individual medicine care plans for people. These recorded any risks associated with the medicines people took and how people preferred to take their medicines.
- We observed medicines being administered and saw that the staff took time with people and explained what the medicines were.
- Some people were prescribed medicines to take as required; for example, for pain management. There was guidance in place to support staff to know when this was needed. For example, detailed guidance was in place for Lorazepam. This contained guidance for staff regarding when the administration of Lorazepam should be considered.
- People who required topical creams had the appropriate body maps in place. This gave guidance to staff on how the topical cream was to be used and directions to identify the areas of the body which required application.
- Medicine administration records (MARs) were used to record when staff administered medicines for people. Known allergies were also recorded on the MAR. All MARs were completed correctly with no gaps in records.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe. One person said, "Yes, I feel safe, I have no fear about anything." Another said, "I do feel safe living here." A relative told us, "I can't praise them enough, the way they look after people, [my relative] had a couple of falls they ring me immediately. I don't have any problems I recommend it."
- People were cared for by staff who understood their responsibility to report any concerns they may have that would constitute abuse. A staff member told us, "I would definitely report any concern I had, either to the manager or through the safeguarding channel."
- We reviewed notifications we had received in conjunction with the incidents records held at the service and found incidents that may have been potential abuse had been reported to the appropriate authority as well as CQC. There was evidence of the service working with the safeguarding authority to investigate any concerns.

Staffing and recruitment

- There were enough suitably skilled and knowledgeable staff to meet people's needs. People and relatives told us there were enough staff to meet their needs. One person said, "Yes, there are enough staff. They are busy and always do their best." A relative told us, "If [my relative] is in the day room there is always staff there. If someone is calling for help someone is there, you don't have to go hunting for staff."
- We observed safe staffing levels within the home. We observed call bells being answered quickly, staff being able to spend time with people to talk and people being assisted as and when they needed it. However, at busier times such as lunchtime staff were not always able to spend time with people and they were task driven. We spoke to the manager about this and they told us that as part of their staffing review they are looking to implement an additional shift to cover this busier period.
- Staff were recruited safely. This meant people were supported by staff who were of good character and suitable to work with vulnerable people. Checks were done on applicants before they were offered employment. These checks included checks with the Disclosure and Barring Service (DBS). The DBS inform



potential employers of any previous convictions or cautions a person has.

#### Preventing and controlling infection

- The home was clean and hygienic. There was a regular cleaning schedule in place, which helped to maintain the level of cleanliness in the home. People's rooms were clean and tidy. Beds and linen were fresh and free from any stains or bad odour. A relative told us, "The cleaners, whenever I'm here two of them are buzzing around cleaning something. Someone is always cleaning something."
- The home had safe practices in place for infection control. We observed staff members using personal protective equipment such as gloves and aprons when delivering care.
- The service had received a rating of five, by The Food Standards Agency in October 2019. This reflected a high standard of cleanliness and food hygiene.

#### Learning lessons when things go wrong

- The manager reviewed all records of accidents and incidents to identify trends, causes and actions in response. For example, one person who had a recent fall and had an increased risk of further falls. This person's bedroom was located on the first floor so had their room moved to the ground floor following discussions with the person and their family.
- The manager also told us they had learned lessons from the previous inspection report as they were not the manager at that time. This lesson was in relation to people's medicine profiles lacking detail and leading to medicine errors. Improvements were made around the detail these profiles held around how people like to take their medicines, what their history is around taking medicines and what the medicine is for. This had decreased medicine related errors.

# 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.

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

At our last inspection we found the provider had failed to implement a robust assessment process. This was a continued breach of regulation 9 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- We spoke with the manager about our concerns from the previous inspection. The manager showed us the new pre-admission assessment tool that is used to assess all new people coming to live at the home or for a respite stay. As a result, the pre-assessment process had been improved..
- People's needs were recorded prior to them moving in to the service to ensure their needs could be met. This included their medical needs, preferences, likes and dislikes. One person who had recently moved into the service had a detailed assessment of their needs. Alongside this the manager met with a family member who attended the home to discuss their relative's needs. The manager also visited this person in hospital and during the visit this person was supported to the toilet which assisted in their assessment of the person's mobility. As a result, a detailed falls risk assessment was in place as an outcome from the pre-admission assessment.
- People had oral health assessments in place. This was conducted in line with best practice guidance and referrals were made for a dental appointment as and when required.

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

- Some people were living with health conditions. An improvement from the last inspection was that people's care plans contained details about their medical conditions and how improvements had been made. For example, one person with a specific mental health condition had detailed guidance around this condition and guidance to staff on how best to support this person. As a result, this person had engaged with a psychiatric nurse and staff were able to effectively manage this person's condition.
- People were supported to maintain good health and access the healthcare services they needed. People had active lives and ate a healthy diet. When people needed they saw doctors and other healthcare professionals. There were clear records of these consultations and staff followed guidance. Each person had a hospital passport. This was a document designed to support staff in different services to understand about

the person's needs. A relative told us, "[My relative] has seen the Doctor and the Dentist. Feet people have been here, and [my relative also had a hearing test."

- People had access to healthcare services when they required it. The staff made sure they provided the care and support people needed. For example, one person received visits from the district nurse due to picking at their skin and making it sore. Staff worked with the district nurses to find a solution which involved bandaging this person's arm and this worked which meant their skin had started to heal.

Staff support: induction, training, skills and experience

- People and relatives told us they felt staff had the right skills to support them. A person told us, "They [staff] are great. They always know how to treat me and what I need. I only have praise for them." A relative told us, "[My relative] really likes his carers, he has such a good relationship with them. Another relative told us, "One happy family. I know the staff names. All the staff seem knowledgeable of the residents."
- Records confirmed staff had supervisions with the manager to discuss their role, any concerns they had, training needs and details about the people they were supporting. The manager had implemented this to ensure that staff received the appropriate support as supervisions had not been happening regularly with staff prior to them coming in to the role.
- All new staff completed an induction programme which included mandatory training and shadowing another experienced staff member. This was until they were confident and competent to deliver effective care and support. Staff that were new to the role of care also completed the Care Certificate, this is a nationally recognised induction training programme.

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

- The provider had not always ensured the building was adapted to reflected changes in people's needs. People were living with dementia at Sheerwater House but there was a lack of decoration and sensory elements to make the home dementia friendly. We spoke to the manager and the nominated individual about the dementia environment. The manager said they would investigate the options available to make the home more dementia friendly. We will check on any improvements to the environment at the next inspection.
- Other areas of the home were suitable for people. People and relatives told us they liked the environment. People could access areas of the home freely and there was suitable room for people with walking aids. A person told us, "I like it here. There's a lovely garden." A relative told us, "It's so relaxed in here, it's so cosy here, like stepping into your home."

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

- People and relatives gave positive feedback about the food. One person said, "The food is great. I have a choice over what I want to eat." A relative told us, "They are very good, they make an alternative for her, so she doesn't miss out." A relative told us that their family member had recently returned to the home from hospital and they had not felt like eating much upon their return, they said, "They made her things she enjoys, like soup, as she didn't feel like eating much."
- Where people required a special diet appropriate professional advice had been sought. We saw from records that two people had been referred to the Speech and Language Therapist (SALT) team for assessment and where this assessment had not yet taken place GP advice had been sought for advice on interim precautions to take.
- People received regular drinks and snacks throughout the day, together with a choice of meal at lunchtime appropriate for their individual requirements. Staff had access to the kitchen at any time so could provide people with snacks or drinks whenever they wished.
- The kitchen staff knew people's individual needs which included those on a puree or fortified diet and those people who had allergens.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity had been checked where it was felt restrictions were needed to keep them safe. We read decision-specific capacity assessment had been undertaken to see if people had the capacity to know why they needed to live at the service or required bed rails or moving rooms.
- Following a capacity assessment, a best interest discussion (BID) took place to check that action taken was the least restrictive and most appropriate to keep the person safe. DoLS applications had then been made as a result of restrictive practices.
- We did however, identify two people who lacked a capacity assessment and BID for their flu jab. Immediately following our inspection, the registered manager sent us evidence to show these had been completed.
- Where people had capacity we saw evidence of them signing for consent to their care.

# 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 now improved to 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 had good relationships with the staff and each other. There was a friendly atmosphere at the service. People told us they liked and trusted the staff. We witnessed kind and considerate interactions which showed affection between staff and people using the service.
- Relatives told us they felt staff were kind and caring towards their loved ones. A relative told us, "[My relative] is very well looked after. They are very attentive. There's a family feel here. I can approach the staff about anything." Another relative told us, 'If [my relative] is upset she will cry, they will cuddle her and kiss her on her head which is so nice, if she doesn't want her meal they don't force her to have it, they will put it to one side and she will have it later.'
- There were policies and procedures in place to help ensure people were not discriminated against in relation to any of the protected characteristics identified in The Equality Act 2010. Information about their diverse needs were considered as part of the provider's assessment processes and recorded in their care plans. The manager told us about one person who spoke English as a second language.. The manager had obtained a CD of music in this person's language for them to listen to. The cook had also prepared culturally appropriate food for the person to sample.

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

- People were supported to express their views and be involved in making decisions about their individual care and about the service. Care plans demonstrated people had been consulted about all of their decisions. There were regular reviews which people had contributed to and everyone met with a key member of staff to discuss their care plan at least once a month. This was something that the new manager had installed at the service and has been in place over the past six months.
- People had access to advocacy services as required. Advocacy services are independent bodies who represent people's interests when they may struggle to communicate their views.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as they wished. Staff encouraged people to walk around the home as much as possible and complete everyday tasks where appropriate. A relative told us, "[My relative] can remain relatively independent here, it's small and [my relative] knows the layout so she can find her way around."
- People were treated with dignity and respect. People were supported to present themselves in a way which suited their preferences, which were identified in their care plans. Staff spoke to people with respect

and understood people's right to decline help if they did not wish to receive it.

- Staff were observed knocking on people's doors and waiting for permission before entering. Where people received personal care, this took place behind closed doors.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At our last inspection we found the provider had a lack of detail in care planning. This was a continued breach of regulation 9 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9. However, more time is required to implement and embed changes to be consistent across the service.

- People's care records did not consistently contain sufficient details about their life history, likes and dislikes. This was something that was raised on the previous inspection. The manager told us they are aware of the lack of detail concerning people's life histories. This was something they were working on and developing for people. The manager told us, "Life histories are still a work in progress and have not yet been completed for all people." The manager showed us an example of a care plan where improvements had been completed and this did contain all the relevant information to capture the person's life history, likes and dislikes. This will require more time to embed and capture consistently for all people. We will check for continued consistency at our next inspection.
- People's care plans contained enough detail around specific conditions. On our last inspection we found that care plans were missing detail around specific conditions. On this inspection we found this had improved. For example, one person with a mental health condition now had a support plan and guidance in place to guide staff on how best to support this person.
- This was also the case for people at risk of falls. A detailed falls plan was in place for people with advice for staff on how to support people.
- People's care plans were in the process of being reviewed at regular intervals with people, relatives and where relevant health or social care professionals. This helped ensure care plans were reflective of people's most current needs. The manager had started a new process around reviewing people's care plans and we saw from people's plans that had been reviewed they reflected their current needs. The manager has been working on this and other changes and will require further time to ensure this is consistent across the service.
- People had been asked for their thoughts and wishes around their end of life. There was evidence of people speaking to staff about this and others who chose not to discuss it. No one was receiving end of life care at the time of our inspection. The manager said they had a link with a local hospice and could seek advice and additional support from them if and when required.

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 not always supported to take part in activities that interested them. People living at the home who lived with dementia did not have a variety of activities which were suitable for them and offered stimulation. We observed a game taking part on the day of the inspection which people who were able to did engage with. However, for those people living with dementia they were unable to grasp the game and no individual support was given to them in order for them to understand and take part.
- We did see a variety of activities on the day of inspection and also from the activity record book. These were available for people within the home which again those who were able to take part did so. The activities included dominos, singing, entertainers, and games. There could be more thought around how to engage those people living with dementia better so that everyone has the same access to activities.
- Staff we spoke with knew about ensuring alternative options were offered to people who did not wish to take part in an activity. All activities had been recorded and the manager had an overview of who had participated. The manager told us they review the participation levels and if people are not taking part then they can look to offer something as an alternative. An example of this was one person who chose not to take part in the group activities had their nails painted by staff instead as this is what the person preferred.
- People were provided with trips out into the community. We saw from records that people had been to local tea rooms, garden centres, local church and also trips to different towns and cities. People also had access to a local day centre and could attend there whenever they wished to socialise with other people from the community.
- Visitors were welcome to visit any time which supported people to maintain relationships. One relative told us, "When [my relative] first came here they said I could visit day and night. I come eight o'clock in the morning, I can come straight in."

We have recommended that the provider scope for best practice around dementia care and support in terms of person-centred activities.

Improving care quality in response to complaints or concerns

- People and relatives felt confident that complaints would be listened to and handled appropriately. A relative told us, "I've never had any complaints. I know I can pick up the phone any time and voice any concerns." Another relative told us, "I'm forthright enough to go to the manager. I've never had to complain."
- There was a complaints policy in place, which outlined how complaints would be investigated and responded to. The registered manager kept a written record of all complaints, which they had responded in line with the provider's policy.

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.

- Since the last inspection, the manager had developed communication care plans for all the people living at the home, we saw examples of these. They detailed any needs people had in relation to communication and any support they needed to communicate effectively. For example, one person who is registered blind had details of how they liked to be spoken to about changes in a certain way and how they liked staff to ensure their room was clear of clutter.



# 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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created 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

At our last inspection we found the provider had shortfalls in governance and record keeping. This was a continued breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, more time is required to implement and embed changes to be consistent across the service.

- The manager was clear about her role. The manager told us they knew some areas required improvement and they had been open and transparent with us about these areas at the start of the inspection. The manager and the nominated individual had put into place a plan of actions to improve the identified areas and had started work on these areas prior to the inspection.
- The manager acted on the feedback from the previous inspection. Although they were not the manager at the time they had taken on board the feedback received and had implemented change to improve the lives of the people they were supporting. For example, the manager had fully reviewed risks to people and had developed new risk assessments to ensure all known risks to people were reduced.
- The manager had introduced new quality audit processes. The manager had developed audits for care plans, infection control, medicines, staff files and catering. These processes had identified areas requiring improvement. For example, the care plan audit had identified that the information held for people was not consistent with regards to life histories, likes and dislikes. The manager had already started to review care plans to ensure they would be consistent. However, to ensure all people had consistent plans this review process would need to be monitored and maintained. We will check this at the next inspection.
- Services registered with the Care Quality Commission are required to notify us of incidents, accidents or safeguarding concerns. The registered manager met their requirements of registration as statutory notifications had been submitted as per guidance.

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

- The manager and nominated individual were open and honest with us during the inspection. They told us

that since the manager took over following the last inspection (six months ago) there had been a lot of required changes that had been identified to take place. The manager said they had implemented a lot of the changes but there were still areas that were a work in progress, like the review of everyone's care plans.

- Staff told us they felt supported by the manager and had seen the difference in atmosphere the manager had developed. A staff member told us, "The manager is committed to making improvements and I am motivated by the prospect of improving the service people receive."
- Relatives gave positive feedback about the nominated individual and the manager. One relative told us, "If you are comparing like for like, staff morale appears a bit better, just friendlier and the new manager seems to be much more on top of things, very approachable." Another relative told us, "The manager knows what she is doing. She is nice and friendly. She talks to you and explains things in a way that is simple to understand. I think she has brought a really friendly attitude to the home." Another relative told us, "Wonderful, I can't praise them enough. [My relative] had a couple of falls they ring me immediately. I don't have any problems. I recommend it they are friendly and loving."
- A visiting professional told us, "The manager knows her residents and she knows what they need. She will come with us and help to look at people when needed and she always knows what is going on."
- Although we have seen improvements implemented by the provider and the manager from our previous inspection. The provider will need to implement and maintain these changes for a longer period of time to ensure that the changes can be sustained.

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 registered manager understood their responsibility to respond to accidents, incidents or complaints. There was evidence of meeting with or writing to relatives following a complaint and apologies given to people and their family member's following an accident. One relative told us, "They always keep me updated. I get a phone call if things go wrong. [My relative] went to the hospital due to choking and they called me to tell me what had happened."

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

- People had the opportunity to express their views on their care and be involved in making decisions for the service. Regular residents' meetings took place which were well attended and allowed for people to have their say on upcoming events, food, staff and decorating. We saw from recent minutes that people had been asked for their views on new carpets and colours to paint the walls.
- Feedback surveys were carried out to obtain people's views. A recent satisfaction survey has been sent out to people, relatives and professionals. On the day of inspection the service had received positive replies, the full analysis of responses is due to be completed in December 2019.
- The manager had reintroduced staff meetings which allowed staff to meet and discuss a range of topics, including training, infection control, meals, personal care and policy changes.
- The manager and nominated individual were present around the home to speak to people. We observed them both taking time to speak to residents and their families. We also observed them both walking around the home to maintain a visibility to people.

Continuous learning and improving care; Working in partnership with others

- The manager had sought out opportunities to personally develop. Once the manager had taken over they enlisted support from an outside consultant to come in and support with improving and maintaining care quality standards. The manager told us, "I have learnt a lot from the support I have received. It has helped me to make changes across the service to improve the lives of the people living here."
- The provider and manager had also worked closely with Surrey Quality Assurance Team. This meant the

provider and manager had been open to receiving feedback with regards to any improvements or changes that could be made to improve and maintain the quality of service delivery.