

Surrey Hills and Heights Dementia Care Centre Limited

Surrey Hills

Inspection report

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Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

About the service

Surrey Hills is a nursing care home providing accommodation, nursing and personal care to up to 45 people. The home provides care and support to older and younger adults, people with physical support needs, multiple health related care needs and people with dementia. At the time of our inspection there were 34 people using the service.

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

People received support which was overall personalised. However, staff did not always address people's specific dementia support needs around their distress in a consistent way. The home provided support to many people with advanced dementia, so staff (especially new) required additional guidance and training. The home environment and specific adaptations around dementia and the availability of meaningful engagement required improvement. We shared our feedback with the management who took immediate action to provide additional support and resources to staff to support people with complex dementia needs better.

People were supported safely with medicines. People's individual risks and health needs were addressed in their care plans. There were enough staff to provide care to people in a timely way. New staff were recruited safely. People were supported to access healthcare as needed. Staff followed good infection prevention and control practice.

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's care plans were personalised. People received support to eat and drink well. People had opportunities to attend activities and events in the service and to host visitors. Staff respected people's choices and independence.

People and their relatives were complimentary about staff and the management. A relative told us, "[Staff] are lovely and kind." Staff felt supported and listened to and were very positive about their manager. One staff member told us, "[The registered manager] is a nice man with a big heart, very human, he talks a lot to the residents."

The provider had good governance systems in place which enabled the management team to monitor the key areas of quality and safety of the service. The management team had identified actions and lessons learnt which were then implemented to improve the care provided to people. For example, clinical meetings were held to review and adjust individual people's care. Staff were also supported to improve recording of the day-to-day care they provided to people.

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

Rating at last inspection

This service was registered with us on 11 August 2021 and this is the first inspection with ratings. The last rating for the service under the previous provider was good, published on 20 December 2019. The service was inspected but not rated and assured around infection prevention and control practice, published on 3 March 2022.

Why we inspected

This inspection was prompted by the length of time since the changes in registration of this service.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Surrey Hills

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection site visit was carried out by 2 inspectors and a specialist nurse advisor. It was supported remotely by an Expert by Experience who is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Surrey Hills is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Surrey Hills is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 6 relatives of the people about their experience of the support and care provided. We observed the care and support people received in the communal areas of the home. We spoke with 10 members of staff including the registered manager, the regional manager, nurses, care, activity and housekeeping staff and the chef.

We reviewed a range of records. This included 5 people's care plans and elements of specific care documentation for other people, as well as multiple medicines records. We looked at recruitment checks and training records for 3 staff members. A variety of records relating to the management of the service, including quality assurance checks, policies and procedures were also reviewed. We received feedback from 2 healthcare professional working with the home.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with and their relatives told us they felt the home was safe. One relative said, "Generally, [person] is happy there. Yes, she feels safe."
- Staff were trained in safeguarding and knew how to recognise and report abuse or neglect. One staff member said, "I would tell the manager or call police, take immediate action." Another staff said, "I would make sure person is safe." Staff knew to contact the local authority with any concerns and when and how to report concerns.
- The provider had clear and effective safeguarding procedures in place and reported any concerns externally. When we raised some concerns around one person's distress on the day of the inspection, the registered manager took appropriate action to make sure they were safe and protected from abuse.

Assessing risk, safety monitoring and management

- People received care and support addressing their individual needs and risks. One person told us staff knew their needs well and showed us what equipment they needed to move around. They commented that staff helping them knew how to help them to do so safely. One relative said, "[Staff] seem to be coping with [person's specific need] very well.", and explained appropriate care was provided to their loved one daily.
- Staff knew people's individual risks and what to do if people's needs changed. One staff member said, "I know [people's] risks, I know who's on soft diets and who needs help walking." Another staff member told us, "If I noticed anything different I would make a note of it. I would then tell the senior [staff] and they would complete a risk assessment." People had risk assessments around key individual risks, for example in relation to moving and handling, falls, skin integrity, continence or specific health needs.
- The provider regularly monitored health and safety, maintenance and fire safety of the building. There was evidence of regular checks of the building, amenities and equipment used. The registered manager had a business contingency plan in place in case of an unforeseen or crisis situations. People's personal emergency evacuation plans were easily accessible for staff and emergency services.

Staffing and recruitment

- People and relatives overall told us there were enough staff in duty to assist people in a timely way. One person told us staff checked on them in their room regularly and were 'always around'. A relative of a person said, "[Staff] are always there by her, talking to her, seeing if there's anything she needs. I saw the difference in her from when I saw her in hospital, much more relaxed." Another relative commented, "[Person] has a pendant in there. She doesn't like using it, but [staff] pop in regularly. It's hooked by the bed so she can reach it at night."
- Staff told us there was enough of them to support people safely, although at times it got very busy. One staff member said, "We always constantly check on people and make sure they get help if they need it."

Another member of staff told us, "It would always be great to have extra staff but we always manage to do everything and care for people." The registered manager monitored the time it took staff to respond to people's calls for help and took action to address any issues which was also recorded.

- The registered manager continuously monitored staffing levels comparing to the levels of people's individual care needs and ensured staff rosters were well-managed. The provider supported the registered manager with recruitment and to manage any staffing pressures. One staff said, "The team are very good and often do an extra shift if someone doesn't come in. If not, we have agency workers but they have worked here many times before so they know the people and the team well."
- New staff were recruited safely. The provider requested Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. They also interviewed any prospective staff and carried out reference, identity, right to work and employment history checks.

Using medicines safely

- People received safe support with their medicines provided by trained staff. One relative said, "Yes, [medicines] are given on time. The carer giving it wears a jacket saying, 'Do not disturb, medication round.' The doctor at the local surgery comes in regularly to check [medicines] and general wellbeing."
- Another relative told us, "[Person] has recently been on [medicine]. [Staff] are really polite and gentle in the way they give it to her." We observed staff followed good and safe practice when helping people to take their medicines.
- Staff recorded what support they provided on medicines administration records (MAR) for each individual. They also ensured information about prescriber's directions, high risk, time critical medicines or medicines with specific administration requirements was available in people's care documentation and adhered to. Medicines were regularly checked and stored safely.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Staff were completing cleaning tasks throughout the day and the home was clean and hygienic. However, multiple dispensers for sanitisers and hand soap as well as paper towels were empty on the day and there were some areas which required deep cleaning. We brought this to the attention of the registered manager on the day who took immediate action to address this with staff and remedy any shortfalls. We have also signposted the provider to resources to develop their approach.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People were supported to host visitors safely and freely.

Learning lessons when things go wrong

- The registered manager regularly reviewed incident, accidents and other adverse events in the service to identify lessons learnt. They analysed and signed off all incidents and accidents to ensure appropriate action was taken to minimise risks to people in the future.
- For example, when people suffered falls or other accidents, their care plans were reviewed and action was taken to gain additional information from their family, to source appropriate care equipment or to refer them to other health and social care services for additional support. This ensured people's care was modified to improve their experience and protected them from harm.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff required further support and guidance to be able to consistently and effectively support people with dementia when they became distressed. Although staff completed basic training in dementia, we observed multiple occasions throughout the day when staff addressed people in distress in a way which increased their response and anxiety or did not respond to distress at all.
- For example, one person had a specific request they kept verbalising. Staff responded in a way which further confused the person and caused them to shout out throughout the day. Although this person's distress had been caused by multiple factors, staff did not follow best practice of helping people with dementia in situations which were challenging to them. We raised this with the provider who assured us they would equip staff with more detailed, better quality guidance, day to day support from senior staff and additional more advanced training in dementia.
- People and their relatives told us overall staff were competent and knew how to provide quality care. One relative said, "I have no concerns. I thought the gentleman who helped my wife seemed very competent. I was satisfied [staff] were doing what they could do, I was confident to think that." Staff completed a range of training courses, both online and face to face. For example, health and safety, moving and handling, mental capacity, falls prevention, diabetes or record keeping. Staff also completed a range of training courses specific to people's needs and clinical staff were supported to keep their skills up to date.
- Staff told us they felt supported with good training and supervision from management. One staff said, "Supervision is every 2-3 months and appraisal every year. It helps with personal development and they [managers] listen." Another staff said, "I also recently did autism and brain injury [training courses] and it was really interesting."

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

- The home was equipped with some adaptations although further work could be done to support people to orientate themselves and to have opportunities to engage and spend their time in a way which was meaningful and enjoyable for them. This was, for example, around how noise levels were managed to support people to be able to find quiet spaces to engage in individually supported activities.
- The home and people's individual rooms were adapted to meet people's individual mobility needs. People could access communal lounge, dining room and garden as well as conservatory area. There were accessible bathrooms with appropriate equipment in place for people. Signage in some key areas supported people to orientate themselves.
- People were encouraged to personalise their bedrooms. We saw some people had decided to decorate their rooms with personal objects or photos. One relative told us, "[Staff] said if we want to bring anything in

from home. We took her footstool in. They raised the chair in her room. We have taken photographs in."

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

- People's needs were assessed by senior staff prior to them moving into the home. Staff knew what support and care people needed and had access to appropriate guidance. People had care plans in place around key areas of daily living and their individual health and care needs.
- People and their relatives told us they were part of the initial needs assessments and they were asked about their preferences which were then respected by staff. The registered manager had a clear process in place around gathering information from other health and social care partners to facilitate effective pre-admission discussions and assessments with people and this had been praised by healthcare professionals as enabling successful and person-centred transitions in care.
- The provider maintained up to date knowledge of any updates to the national COVID-10 and best practice guidance and supported the registered manager to implement this in the home. For example, they regularly updated the risk assessments and infection prevention plans throughout the pandemic.

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

- People were supported to eat and drink well. We saw people were offered regular fresh drinks, snacks and had a choice of daily meals. One relative told us, "[Person] drinks in the morning, coffee, tea, fruit juice. There are cakes morning and afternoon. The main meal is at lunchtime, and at 5 p.m. there's a snack meal. They always have snacks, so they can have them whenever they want. There's a relaxed atmosphere there, they are not pushed about and told what to do. I don't know if she enjoys the food, but when I am there she does. She wolfs down her meal. "
- Staff supported people to eat and provided them with appropriate, safe choices of meals and drinks. Information around people's individual dietary needs and risks was easily available and followed by care and kitchen staff. People's preferences were recorded and considered in menu planning and shopping. People were encouraged to choose what they wanted. One relative said, "The staff help her, ask her if she wants a drink. She can choose what she wants to eat. They have asked me what her favourite foods are, and I told them. I think she can ask for something else [if she doesn't like what she is given]."
- Staff monitored people's weight and dietary and fluid intake for those at risk of dehydration or malnutrition. People were supported to increase their calory intake and supported to contact their GP and to have oral nutritional supplements where needed. Staff monitored and addressed any individual people's changes around eating, drinking or choking risk.

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

- People were supported to access healthcare and emergency care when needed. One relative told us how staff promptly contacted a person's GP to ensure they had the right support around changes in their health, including treatment for a specific short-term condition. They commented now the person's health was improving.
- Another relative told us, "I can't fault the care home, the carers. They update me when she is poorly, and I see the hard work they do for her." Another relative told us how they were impressed and reassured by how staff managed an emergency situation and communicated with ambulance service to ensure timely support for the person who needed to go to hospital.
- People were helped to access specialist services where needed. For example, staff made referrals to specialist nurses, speech and language therapy team, mental health specialists when needed. People were supported to access optician, dental or physiotherapy services as well. One relative told us, "[Person] got a GP. He's going to try to get a physiotherapy for her. They do all that in the home – the dentist, the eyes, the hairdresser. [Staff] are very good."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff received training in MCA and applied it. We saw them asking people for consent and their choices prior to providing care and support. One person told us staff always asked what they wanted and listened to them. A staff member said, "I like to ask people about everything, like when I help them in the morning, and they choose what they want to wear." Another staff told us, "People even if they don't have capacity can still make decisions about what they like to do and what they like to eat."
- People's care records included appropriate mental capacity assessments, best interests' decision records and information around people's legal representatives when people might have lacked capacity to make certain decisions themselves.
- The registered manager followed appropriate processes where people could be deprived of their liberty due to the specific care they required. Where people had authorisations to deprive them of their liberty, this was closely monitored by the management, so any conditions were also met.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were kind, caring and compassionate. One person told us staff who helped her that morning were very nice. A relative said, "[Staff] are brilliant. They are looking after [person]." Another relative said, "[Staff] are lovely and kind."
- Staff could recognise when people required reassurance, although we did address that some needed additional training around supporting people with dementia who became distressed. One relative told us, "Yes, they are [caring] very much so. They have a hoist. She was a bit worried at first but is getting used to it now. [Staff] give her reassurance all the time. It's the way they talk to her, reassuring her all the time"
- People were treated well by staff. One relative told us, "I think it's the way they talk to her, they are friendly, make a fuss of her, give her a hug and it feels welcoming. She is happy there." Another relative said about staff, "They are very sensitive and kind." Another relative added, "One day a lady came on the patio and said, 'I am lost'. I called one of the staff and she spoke to her very nicely. They [staff] seem to know their names."
- Staff spoke about people in a respectful and caring way and demonstrated good values. One staff member told us what most important thing in their job was, "[People's] happiness. They left their homes, so we want them to be as happy as they were at home." Another staff said, "I think we just need to make sure everyone is comfortable and as happy as they can be."
- We saw staff addressing people with respect and protecting their dignity. For example, staff made sure people's privacy was respected before providing help with personal tasks. One relative told us, "If [person] says no, they respect that." Another relative told us, "The staff will leave us [when I visit], so it's private."
- One staff member told us, "It's important to be polite and always treat people with respect, especially when you are helping people with personal care." Another staff said, "I always ask people if they are okay for me to enter their room." People's care plans also included information on what they could do for themselves.

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

- People and their relatives told us they felt involved in their care and asked for their preferences. One person told us they chose to stay in their room and staff would help them to go to the communal areas later on that day which was their choice.
- People and their representatives were involved in planning their care and knew their care plans. One relative said, "Yes, [staff] gave me [specific information around person's care] today, a copy for me and I left it with her. The care plan was in the room and I had a read through it."
- People's wishes were respected by staff. One relative told us, "As far as I know they just ask [partner] and if

she doesn't want a wash she says so. [Staff] respect that." Another relative commented, "From what I have seen, they will always say 'we are just going to take your arm out', do you mind if we wash this food off your face?'"

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People were supported in a person-centred way and their care plans guided staff how to provide personalised care. A relative told us, "Before she moved in one of the staff asked for my wife's background, her interests, how she would like to be addressed." People's care plans included information on things important to them, their life stories and preferences.
- The management team championed person-centred practice. One relative told us, "The manager told me that the resident's wishes usually come first. If [person] doesn't want to go to bed, there's no regimented time to go to bed, or get up. Even mealtimes. [Staff] will keep it until they want it." Another relative said, "The care is very, very kind and personal. [Staff] are lovely with [person] and he responds to that."
- Although there were a lot of new staff in the team, they made effort to learn about people to provide person-centred support. One staff member told us, "You talk to people and get to know them and then you know people's likes and dislikes." Another staff member said, "I would also refer to care plans."
- People had individual plans around their wishes for end of life care. Where needed, other healthcare professionals and people's representatives were involved in those plans to ensure people's wishes were protected and their comfort maintained at all times.
- Although no person received end of life care in the home at the time of the inspection, staff received appropriate training and provided such care to people in the past. One staff member said, "I made sure [person] was as comfortable as possible and followed their care plan and spoke to their family."

Meeting people's communication needs

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

- People's communication needs were described in their care plans. For example, care plans included information on how people indicated their preferences or how they expressed their needs or emotions.
- Staff knew how to support people effectively. One staff member said, "I always make sure people have understood me. I speak clearly and repeat myself if needed." Another member of staff told us, "I wait for them to respond."

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 maintain relationships important to them and to do what they liked. One person told us they liked the arts and crafts they did on the day. A relative said, "It feels homely. It has a veranda that looks down to the South Downs. I go there and find other families visiting. It has a community spirit. The staff can take her out." Another relative told us, "[Person] likes her newspapers. She is kept amused by the TV. She has her own radio."
- Staff knew people's interests and what they liked doing and supported them when needed. One staff member told us, "Some people like to walk in the garden, if they're at risk of falls we will support them, so they can still do things they enjoy." Another member of staff said, "One person likes to read, I always suggest new books."
- Staff organised different events and celebrations for people to enjoy. Staff sought out new activities to offer for people. For example, one staff member told us, "Everyone's care plans detail their hobbies and we always ask if they want to do them. We have just started baking as an activity and a lot of people enjoy this." The provider planned further improvements around the activity and events offer in the home and was recruiting additional staff to be able to make those improvements.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew the manager and would not hesitate to complain to staff. One relative said, "[Staff] all listen. No complaints, no need to." Another relative commented staff quickly responded to their complaint and resolved the issue there and then. The relative was satisfied with 'good communication'.
- The provider had a clear process of recording, managing and responding to complaints. The registered manager investigated and responded to complaints appropriately. Where learning was identified to improve the service, action was taken to implement those improvements.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager monitored the quality and safety of the care provided to people. They were well regarded by people, their relatives and staff. One relative told us, "It all runs very smoothly." Another relative said, "I know [the registered manager] very well. We have a good laugh together. He is accessible. His office is right by the main entrance. I saw the area manager the other night. I am 100% confident [about the management]."
- Management and senior staff regularly checked the key areas of the service such as health and safety, infection prevention and control, people's care records and plans. They held meetings with staff to discuss improvement needs, current events in the service and changes in people's needs. We saw action was taken to review people's care, refer them to other health and social care services for additional support or to improve systems and process to make people's experience better.
- For example, the staff team had improved the way they monitored what care people received on a daily basis. People's fluid and food intake, as well as what personal care support they received was recorded and monitored by nursing and management staff. Additional records for equipment checks were implemented. The provider identified further improvements needed around recording care provided and was implementing an electronic system to further simplify and streamline people's records.
- The registered manager notified CQC about certain events in the service as required. They worked in line with the duty of candour requirements and maintained open and transparent communication when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff ensured the home was welcoming and inclusive despite the challenges of the pandemic and changes in the staff team during that period. One relative commented, "[Staff] are friendly. They are always welcoming. Staff seem to be fairly happy from what I have seen."
- Staff were ambitious around the standard of care they aimed to provide to people. They said they strived to "ensure everyone felt at home", "lived the life to the fullest", and to "provide the best care as possible and treat everyone like one big family." We saw the management team took a range of actions to motivate and support the staff team during the time of change to ensure these values were being embedded into practice.

- People's relatives were happy with the communication in the home. One relative said, "[Staff] are always busy but if I need to speak to someone they will always come and see me. I have the home manager's email address and I email for an update if I can't get there, or if I am on holiday. They always respond to my emails." Another relative said, "I phone them every day. They have my number and will phone me straightaway if there are problems."
- The registered manager was visible in the service and peoples' relatives as well as staff found him approachable. One relative said, "His door is always open. If I email him, he has always responded. Says hello to me if I see him. He is accessible and easily contactable." Another relative told us, "Yes, I often see [the registered manager]. He is friendly, shakes hands, has a chat. I have confidence in him."
- Staff were complimentary about the leadership in the home. One staff said, "The manager is good, supportive and anything you request he provides for us. He's very good." Another member of staff told us, "[The registered manager] is a nice man with a big heart, very human, he talks a lot to the residents."
- Staff felt supported and engaged in the home. One staff member said, "We have very good teamwork, everybody wants to do the same thing and support the clients is the priority. We lead as a family." Another member of staff told us, "I think if any of the staff had ideas or a problem the manager would listen."

Working in partnership with others

- The home worked in partnership with local health and social care services. For example, with care home support nurses, GP, specialist health services or local hospitals. One helathcare profesisnal told us, "[Staff] escalate appropriately and contact ourselves or [other helathcare services] who cover the home when they are concerned."
- Staff sought opportunities to link people with their local community. For example, they worked with the local school to facilitate events and visits.
- The registered manager worked in partnership with other provider's services. The provider had links with local social care, community and health organisations.