

Anavo Care (Surbiton) Limited

Surbitonian Gardens at Poppy Court

Inspection report

Poppy Court
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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

About the service

Surbitonian Gardens is a residential care home providing personal care to up to 80 people. The service provides support to older people with nursing needs and those with dementia. At the time of our inspection there were 50 people using the service.

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

People and their relatives gave positive feedback about the staff and told us they were kind and caring. We observed positive interactions between people and staff throughout the inspection.

The provider had clear risk assessments in place and their care plans included clear guidelines for staff in how to mitigate risks to people's safety in areas of known risk.

We were assured that this service met good infection prevention and control guidelines. The provider facilitated safe visiting arrangements, had systems in place to ensure the building was clean and had systems in place to prevent the spread of infection.

There were safe systems in place for the management and administration of medicines. Staff had received training and were clear about their responsibilities. The provider supported people with their nutritional needs.

The provider carried out appropriate pre-employment checks before hiring staff. There was an induction programme for new staff, which prepared them for their role. Staff were provided with enough training and supervisions to help them carry out their duties. There were enough staff employed to meet people's needs, although the provider was working towards hiring a greater proportion of permanent as opposed to agency staff.

The provider adapted the service with people's needs in mind and assisted them to participate in activities and avoid social isolation. Where people required support at the end of their life, this was provided in a compassionate and dignified way. People's complaints were responded to in a timely manner in accordance with the provider's policy.

Staff gave good feedback about the registered manager who was in post at the time of the inspection. However, people's relatives expressed concern as the registered manager left shortly after our site visit. We spoke with the acting manager who was the deputy manager at the time of our site visit and she confirmed she would continue to provide management cover.

The provider monitored the quality of people's care, and took action where any issues were identified.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 27 July 2022 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing. A decision was made for us to inspect and examine those risks.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Surbitonian Gardens at Poppy Court

Detailed findings

Background to this inspection

Inspection team

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.

Inspection team

The inspection was carried out by two inspectors, one of whom was a bank inspector, an Expert by Experience and a specialist professional advisor. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The specialist professional advisor worked as a nurse in the care of older people.

Service and service type

Surbitonian Gardens is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a manager in post who was in the process of registering with the CQC. However, shortly after our site visit they left the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed the information we held about the service and obtained feedback from a member of the local authority.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 24 August 2023 and ended on 10 October 2023. We visited the service location on 24 August 2023 and 7 September 2023. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the deputy manager, registered manager, the head of care, 4 nurses, 4 care workers, 3 team leaders, a member of the domestic team, the chef and activities coordinator as part of our inspection. We also spoke with 3 people using the service and 21 of their relatives. We reviewed 7 care records, medicines administration records ("MARs"), recruitment records and other records related to the management of the service.

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.

Assessing risk, safety monitoring and management

- The provider assessed and mitigated risks to people's safety. The provider conducted assessments relating to different areas of people's health and safety to determine whether there were any risks relating to their care and how these risks could be mitigated. We saw people's risk assessments were updated on their electronic record on a monthly basis, or sooner if there was a need.
- Risk assessments were available in areas such as people's skin integrity, whether they were at risk of choking or if there were any specific risks relating to any health condition the person had. Their risk assessment asked a number of questions and depending on the result of these, included a conclusion about whether they were at risk and what the level of risk was. We saw the provider completed associated care plans, detailing the risk management guidelines for care staff to mitigate these risks and these were also updated on a monthly basis. For example, we saw one person had a specific health condition, for which they required the use of specialist equipment. Their record included detailed guidelines for how to use this equipment, what checks staff were required to conduct and how they should respond to an emergency.
- Staff demonstrated a good level of understanding about the specific risks to individual people in the delivery of their care and this included administrative staff. One care worker gave us detailed information about one person's behaviours and how this could be triggered. We also observed a member of the administrative team respond to another person who appeared to be agitated. They appeared to effectively respond to the person's concerns, calm them and later confirmed they had received training in dementia care and had got to know people well in their role.

Learning lessons when things go wrong

- The provider ensured lessons were learned when things went wrong. Accidents and incidents were recorded on people's electronic care records, and we saw their risk assessments were updated to reflect further learning that had come from the incident. For example, we saw one person had experienced a fall. The provider had filled in standardised documentation outlining the incident, actions taken, and ongoing actions required. Their record also included an updated copy of their risk assessment, which reflected any change in care needs as a result.
- Accidents and incidents were reviewed monthly to ensure appropriate actions were taken in respect of the individuals concerned and also to determine whether there were any wider trends that needed to be addressed.

Staffing and recruitment

- The provider ensured enough suitably qualified staff were in place to support people and were deployed effectively. People and their relatives gave mixed feedback about whether they felt there were enough staff on duty. One relative told us "At the moment the staff to resident ratio is still very high" and one person said,

"The staff are very pleasant but busy". Prior to our inspection, we received concerns that the provider was using a high proportion of agency staff compared to permanent staff. The provider confirmed they had experienced issues in this area, but demonstrated they were working hard to hire permanent staff and were improving in this area. The provider used regular agency staff to support people and ensured they received the same level of training as their permanent staff. We spoke to permanent staff members, and they confirmed progress had been made in this area. Relatives also noted there were more permanent staff hired and one relative told us "There are far fewer agency staff now compared to the first few months".

- The provider conducted appropriate pre-employment checks before hiring staff. We reviewed 5 staff files and saw evidence of work histories, two references as well as checks of people's right to work in the UK. The provider was also conducting Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk from abuse

- The provider had clear systems in place to safeguard people from the risk of abuse. People and their relatives told us they felt safe using the service. One relative told us "It feels safe. We have never had any issues concerning safety since my relative has lived here".
- Care workers had a good understanding about the signs of abuse and as well as what they should do if they suspected someone was being abused. There were systems in place to investigate and report safeguarding concerns to the local authority as well as the CQC.

Using medicines safely

- The provider had safe medicines practices within the home for the administration, recording and storage of people's medicines. Medicine Administration Records (MAR) contained clear information such as people's photographs and allergies to ensure safe administration of their medicines. MAR charts were completed accurately, and we saw stocks of medicines tallied with the balances recorded.
- Staff followed guidance on managing 'when required' medicines for each person and documented the reasons why they had administered the medicines. Where people were administered their medicines covertly, we saw appropriate documentation was in place to ensure this was done in their best interest.
- Staff understood their responsibilities in how to safely administer medicines to people. This included knowledge of the PRN guidance as well as guidance for administering medicines covertly.
- Medicines were stored safely in line with requirements. This included secure storage and a separate cupboard for controlled drugs as well as a separate controlled drugs book, which was completed upon administration.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider safely facilitated visiting to people using the service. The provider had face masks available for people who wanted them.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

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

We checked whether the service was working within the principles of the MCA, 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.

- We found the provider was working within the principles of the MCA. Decision- specific mental capacity assessments were completed to ensure decisions were made in people's best interest. Where people required DoLS authorisations for their own safety, these were either in place or timely applications were pending with the local authority. The provider monitored the dates of DoLS authorisations to ensure these had not expired.
- Care staff had a good understanding about the importance of providing care in line with people's consent. One staff member told us "Everyone has the right to decline care, so we need to support people in the least restrictive way possible. We always seek people's consent on things".

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

- The provider adapted the service with people's needs in mind. The service was based in a newly decorated building which included design features that had people's dementia needs in mind. The provider also had additional plans in place for the design of the building, which included a unique in- service store, but these were likely to take some time to implement as there were various factors that required consideration. The provider had large en- suite bathrooms, a number of adapted communal areas, hairdressers, games room, café area and a range of dining areas, including one private dining area for people to book. There was also an accessible garden.
- We spoke with the registered manager and deputy manager during the site visit, about the current layout of some of the areas of the building as well as future development plans. Both demonstrated an in- depth

understanding of the safety factors, people's dementia needs as well as current guidance in how to promote these.

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

- The provider assessed people's needs and choices when they first joined the service. Assessments focussed on how to ensure care was delivered safely in line with people's personal requirements.
- Care was delivered in line with standards, guidance and the law. For example, we saw evidence of risks to people's care being measured using nationally recognised tools such as the Malnutritional Universal Screening Tool ('MUST') and Waterlow. The Waterlow score (or Waterlow scale) gives an estimated risk for the development of a pressure sore in each patient. The MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese.

Staff support, training, skills and experience

- The provider ensured all new staff received an induction that followed the principles of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. All permanent and bank staff were required to complete an induction before working with people. Care workers spoke positively about their inductions and told us they thought it as comprehensive. One staff member told us "I had an induction when I first started, it was useful for me."
- The provider implemented an annual system of training for staff. We reviewed data relating to completion of training and saw staff were up to date with this. Care workers gave good feedback about the training on offer and staff confirmed that agency care workers received the same training as permanent staff. On the first day of our inspection, we found staff were engaged in a training session on dementia and we received good feedback about this. One care worker told us "The training was brilliant".
- People and their relatives gave good feedback about the skills of the staff. One relative told us "The staff are lovely – I think they know what they are doing."

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

- The provider supported people to eat and drink enough to maintain a balanced diet. People's care records included appropriate risk assessments and nutritional care plans that specified whether they had any dietary needs or preferences. We saw details recorded in relation to people on soft diets or those requiring supplements among other details. People's MUST scores were recalculated to ensure they were not at risk. Where people had either lost or gained weight, we saw an action plan was devised for staff to follow.
- Kitchen staff were aware of people's needs and accommodated these. Alternative options were provided if people did not want any of the meal options on offer. We observed people being given food at lunchtime on both days of our inspection. Although we saw there were some delays to people being brought food on the first day of our inspection, we saw they were provided with prompt assistance where needed on the second day. Where people required assistance in their rooms, we saw this was given. Most people commented positively on the food although there were some complaints. Comments included "The food seems fine – there is plenty of choice. I never feel hungry. You can order a vegetarian dish if you prefer", "They do fancy things, and it doesn't work" and "The food is good. The portions are small but if you ask you can always get extra".

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

- The provider worked with other agencies to provide consistent, timely care. People's records included the contact details of professionals who were involved in their care.

- We saw evidence of joint working with the GP and SALT teams among others. The provider used a joint electronic system with the GP surgery for ease of information sharing.
- People's care records included details of their health conditions and further information for staff in how they were required to support people with these. For example, there was detailed information recorded about people's health conditions, as well as how staff were required to support people with these.

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

- People and their relatives told us they were treated well and supported with their needs. People's comments included "They treat me well – they're kind and respectful. All of my personal care is done well" and "They are kind and I'm treated with dignity". People's relatives also spoke positively about the quality of care. Their comments included "They're really kind and caring – everyone. I don't think there has been any problems in that area" and "All of the staff we have encountered at Surbitonian Gardens have demonstrated kindness, empathy and knowledge of working with older people".
- We observed the care being provided during our inspection. We overheard conversations that demonstrated care staff knew people well. We saw people responding to care workers enthusiastically and we saw kind and caring interactions taking place, which included taking action to make people more comfortable such as adjusting their pillows or responding to challenging behaviours with compassion and understanding.
- People's equality and diversity was respected. People's support plans included details about their cultural needs and their cultural food preferences were also met.

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

- People confirmed they were provided with the care they wanted. One person told us "I do get the choice whether I to stay here in my room or join in activities... They do ask what clothes I would like to put on in the morning".
- We observed care workers offering people choices when asking for their food preferences and asking them which activities they would like to do.
- People's care records included examples of their personalised needs and preferences in relation to food and activities among other matters.

Respecting and promoting people's privacy, dignity and independence

- Care workers understood the importance of preserving people's dignity and maintaining their privacy. They gave us examples of how they did this. One care worker told us "I always make sure I shut the door and close the curtains when I'm providing people with personal care."
- We observed staff knocking on people's doors before entering their rooms and doors were closed when they were providing people with care.
- Care workers gave us examples of how they supported people to maintain their independence where possible. One care worker told us "I take a step back and see where people need help. I don't make that decision for them. I let them tell me what they need."

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.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- The provider supported people to take part in activities and avoid social isolation. The provider had an activities timetable in place which included two daily activities such as exercise classes, games and a movie club. The service employed two activities coordinators who devised and adjusted the timetable depending on people's feedback. The activities coordinators monitored people's participation in activities, sought their feedback and recorded this in their care records.
- People and their relatives gave good feedback about the activities on offer. One person told us "I do join in when I feel like it – I have the choice. I can entertain myself here- the door is always open, and I can see the world going by, which I like. The view of the garden is lovely" and one relative said "The activities girls are great. They really make an effort to keep people entertained. We go to the garden and there are regular events. The cafe is a good meeting place for residents and their relatives. It's very social."
- People had activities care plans in place which said which activities they enjoyed doing as well as what their interests were. The activities coordinators monitored people's involvement in activities to ensure they were not socially isolated.

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.

- The provider understood and met their responsibilities under the Accessible Information Standard. The acting manager confirmed the complaints policy was available in both easy read and large print for people who needed this and she confirmed she could provide other documents in other formats on request.
- People's communication needs were taken into account in the provision of care. For example, people had clear communication care plans in place that specified how they communicated and gave staff advice in how to communicate with people. Care staff understood how to communicate with people effectively and we observed them doing so. One care worker explained they had to speak to someone clearly, in short sentences and face to face to assist communication and we saw them doing so.

Improving care quality in response to complaints or concerns

- The provider had a clear procedure in place for monitoring and acting on people's complaints which was followed. The provider had a complaints policy that specified the process and timeframes for responding to complaints.

- We reviewed complaints that had been received and saw these had been responded to appropriately and within a timely manner.
- Most people and their relatives felt their concerns were acted on appropriately. Where people raised concerns in their feedback to us, the acting manager confirmed they were aware and were liaising with the families. One relative told us "Any concerns, questions or suggestions we have are well received and most have been acted on straight away".

Planning personalised care

- The provider planned people's care in accordance with their needs and preferences. People's care plans were written with people and their families. People's care plans included examples of personalised details about the way people wanted to be supported. This included their personal care preferences, their preferred routines, food choices and activity preferences.
- Care staff knew people's preferences in a number of areas and demonstrated they knew people well. For example, one care worker told us about one person's usual routine and the people who were important to them.

End of life care and support

- People were supported at the end of their life in accordance with their wishes.
- The provider had care plans in place that included information about their religious and cultural needs at the end of their life. The provider worked jointly with external professionals, and this included hospices, people's GPs, and district nursing teams. People's care records included details about whether or not they required resuscitation as well as their specific spiritual needs when they reached this stage of their lives. ● Staff spoke knowledgeably about the importance of delivering good end of life care. Their comments included "My ultimate priority is making sure people are comfortable and their needs are met" and "We immediately make sure any necessary referrals are done, we have good links with the hospice, we ensure pain management is organised."

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.

Continuous learning and improving care

- The provider conducted a range of audits to make improvements to the care provided. We reviewed audits in areas such as infection control, medicines and health and safety among others and saw these included a number of questions to assess whether the provider was performing well. Although the results of audits we reviewed did not identify any issues, the acting manager confirmed where issues were identified, plans were put in place to make changes.
- The provider also conducted a monthly analysis in areas such as people's weight, accidents and incidents and health indicators such as wounds. The results of these were collated and analysed to assess for trends.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a good understanding of their responsibilities to report notifiable incidents to the CQC where required. Notifications were sent to the CQC in a timely manner as needed.

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

- The provider promoted a positive culture that achieved good outcomes for people. Care staff spoke positively about their colleagues and the management team. Their comments included "I really enjoy working here now. It feels like my second home", "We had a rocky start, but I feel like we've really found our feet. [The management team] have been fantastic and things are really on track now."
- People using the service and most of the relatives we communicated with gave positive feedback about the home, however, they did express concern at the subsequent departure of the registered manager from the service shortly after our site visit. Their comments included "We are delighted with the care that is provided by the team at Surbitonian Gardens" and "My [family member] is happy and settled there which must be indicative of the excellent quality of care."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager, deputy manager and other staff were clear about their roles and responsibilities. We questioned staff, which included nurses, team leaders and carers, about their understanding of their roles and responsibilities and found there was a clear understanding in these areas.
- Nursing staff understood their responsibilities in managing risks and the management team had a good understanding of their roles in meeting their regulatory requirements.

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

- The provider engaged people in the running of the service. Family meetings were held, and minutes were kept of these. We read minutes of meetings and saw relevant issues were discussed such as dining and the availability of various services. People's relatives told us they found these meetings useful. One relative told us "It is good that we all were invited to a family meeting in which we were given helpful information and updates on important matters such as staff recruitment".
- During our site visit, the registered manager confirmed she was available to speak to people and staff. Although staff strongly agreed that they were engaged with and their views were listened to, we did receive 4 comments from the 16 relatives we spoke to about poor communication. We spoke with the acting manager about this, and she acknowledged there had been a period of change, which had been unsettling, but they were working towards establishing a settled, long- term management team, which would re-establish better contact with people and their relatives.

Working in partnership with others

- The provider worked in partnership with other multi- disciplinary professionals. People's care records included evidence of joint working with other professionals including social workers and the GP. Where advice was given by the professional, we saw this was recorded and the details were followed.