

# Surrey Hills and Heights Dementia Care Centre Limited

## Surrey Heights

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Surrey Heights is a residential care home providing accommodation and personal care to up to 39 people. The service provides support to older and younger adults with dementia and other health related support and care needs. At the time of our inspection there were 26 people using the service.

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

People received safe care and their individual risks were assessed in their care plans. People and their relatives told us they felt safe in the home and with staff. Staff knew how to protect people from avoidable harm, abuse or neglect and were competent in their roles. Staff supported people with compassion and kindness, communicating well with them even when they were in distress.

New staff were recruited safely. There was enough staff on duty to meet people's needs.

People's care was personalised. Staff knew them well and respected their wishes and preferences. People could choose how to spend their days and were encouraged to do different things. Support was available for social activities and if people wanted to do their own things. One person told us, "I don't feel lonely or bored." Visitors were welcomed and the home had good links with the local community, working in effective partnership with health and social care services in the area.

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.

The management team listened to people, their relatives and staff and enabled all to be involved in the home. They also monitored quality and safety of the home and the care provided. The management team took action to improve people's experience of care and safety. For example, they addressed people's changing needs and implemented actions based on lessons learnt from accidents and incidents. The culture of the home was positive, friendly, calm and staff told us they enjoyed working as a team and were well supported by their managers.

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

This service was registered with us on 11 August 2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 30 August 2018.

### Why we inspected

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

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?

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

Good ●

### Is the service effective?

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

Good ●

### 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 Heights

## 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 was carried out by 2 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

Surrey Heights is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Surrey Heights is a care home without 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. We used the information the provider sent us in the provider information return (PIR). 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 used all this information to plan our inspection.

### During the inspection

We spoke with 9 people who used the service and 4 relatives 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 8 members of staff including the registered manager, the deputy manager, care staff, wellbeing and housekeeping staff and the chef.

We reviewed a range of records. This included 7 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 5 staff members. A variety of records relating to the management of the service, including quality assurance checks, policies and procedures were also reviewed.

# 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 and their relatives told us they felt safe in the home. One person told us, "I feel safe here, it's alright here like at home." Another person said, "The whole place makes me feel safe."
- Staff received training in safeguarding and knew how to recognise and report any concerns. One staff member said, "I would report straight away." All staff we spoke with felt confident to report any concerns to the management, knew how to contact the local authority and how to use an anonymous whistleblowing line if needed.
- Safeguarding concerns were reported externally and investigated by the management. Staff took action to protect people from any ongoing safeguarding risks where needed.

Assessing risk, safety monitoring and management

- People received safe support and staff knew their individual risks. One person confirmed this, "They (staff) do as much as they can to keep me safe." A relative person told us, "[Person] is incredibly sensitive (with a specific health issue) but they (staff) are always very careful with her."
- People's individual risks and needs were monitored and assessed in their care plans. For example, people's care plans included guidance for staff on how to support them safely with mobility, falls risk, skin conditions, nutrition and hydration, distress related to people's dementia, or specific health conditions.
- Staff knew people well and we saw they supported them in line with their care plans. For example, we observed staff prompting people to use their walking aids. One staff member told us, "We are always making sure people are safe. Making sure people are okay if they are walking or mobilising." Staff monitored people's wellbeing, what they ate or drank throughout the day or if their care equipment worked well and noted this in people's records. Staff had daily handovers where any changing risks to people were discussed and addressed.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. People had mixed feedback about how many staff there should be on duty every day, but all told us they could access support when needed. One person said, "They have enough staff." A relative of a person echoed this, "There is always someone around." Third relative told us, "All the staff are tremendous, and consistent as well."
- The staff team provided consistent support to people despite the fact a lot of staff were new to the home. The provider managed to successfully recruit new staff and ensured agency staff who supported people worked in the home for a longer period of time. This supported better consistency of care for people which was important for how they felt as many people lived with advanced dementia. The management team monitored how many staff were needed and planned rosters to ensure the appropriate mix of skills and experience.

- New staff were recruited safely. Prospective staff underwent an interview process and had to provide suitable pre-employment checks. This included checks of identity, references, right to work and 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.

#### Using medicines safely

- People received safe support with medicines. One person said, "They are very good in assisting with my medication, they better or they will have me after them." A relative told us, "They are very strict with their medication regime. They are very good with that. They come at the same time each day."
- Staff completed medicine administration charts (MAR) when supporting people with their medicines and followed correct procedures. Medicines were stored safely and the management team ensured regular checks were done of both medicine stocks in the home and documentation. Where people needed medicines which posed certain risks of side effects, this was addressed in their care plans. People's plans also included information on how people wanted to take their medicines.
- Staff received training in safe management of medicines and were competency assessed. Where medicine errors happened, these were appropriately recorded, reported and investigated. Action was taken to prevent similar errors occurring again.

#### Preventing and controlling infection

- 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.

People were supported to safely and freely host visitors. One person told us, "My family can come and go as they please." A relative confirmed this, "We are always made welcome when we visit."

#### Learning lessons when things go wrong

- The management team analysed incidents and accidents in the home and took action to learn lessons. This improved people's care and reduced risks to them. For example, people who had fallen had individual management plans put in place which addressed multiple factors which could have contributed to their falls. Where needed, healthcare professionals were contacted for reviews or additional advice.
- When mistakes and errors happened, the management looked at the possible root causes and took action to prevent recurrence of similar events. For example, they provided additional advice for staff around the security of the building following an incident.



# 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.

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

- People's needs were assessed and addressed in their care plans. Staff completed robust assessments of initial needs with people and discussed with them their social, emotional and physical support needs. They gathered information around their health and from their representatives where needed. One relative told us about the process of moving into the home and how this was managed, "[Staff] made him very comfortable and they were very welcoming."
- The provider worked in line with current national guidance, for example around supporting people with dementia in a positive, proactive way when they got distressed which minimised the need for them to be taking medicines with a sedative effect.

Staff support: induction, training, skills and experience

- Staff were competent for their roles. People and their relatives confirmed this. Staff told us they felt supported and provided with the training they needed. We observed staff had the skills needed to support people, for example when people with dementia got distressed or when communicating with people who might have been confused.
- Staff completed a range of different training courses. For example, health and safety, safe moving and handling, fire safety, fluids and nutrition, falls and fracture prevention, inclusive language or mental health awareness among other courses. Staff told us they liked their training. One staff member said, "[The management team] keep on training us. Last week we got training on how to talk to people and manage (distressed) behaviours (in dementia). I think we have had adequate training."
- New staff received support and induction training when they started. They observed more experienced members of staff and learnt from them. Staff told us they felt supported and able to ask for help when needed. One staff member said, "Supervisions are every 3 months and staff meetings as well. If the time is not due and we have something (to discuss) we can just ask for a meeting."

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

- People had been encouraged to enjoy their meals, choose what they liked and to maintain a good level of nutrition and hydration. One relative told us, "It is all freshly made on-site from what I gather." One person said, "I enjoy my meals, it's basic and it's pretty good." Another person said, "I eat what is available, the staff get to know what is your favourite." Another person commented, "I think there are snacks available. If I go to the counter for anything they give me a cup of tea and biscuits, they are very obliging."
- People's likes, dislikes and special dietary requirements were assessed in their care plans. Staff knew how to help people to eat safely where needed and encouraged them to make their own choices. One person said, "I enjoy eating all my food, I may get two or three choices." A member of staff told us, "Some people

have softened diets and we always make sure they have the right food. Where needed we record people's food and fluids."

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

- People had access to communal areas, a library, a dining room and a spacious garden. People and their relatives told us they found the home suitable for their needs and could personalise their private bedrooms which we saw to be the case.
- The home had been adapted for the needs of people with physical disability and there was equipment available for them to be able to negotiate stairs or to use a bathroom comfortably.
- The home could be made more dementia friendly although some elements, such as memory boxes on people's doors helped them to orientate themselves in the building. However, further adaptations could be implemented, and the provider was reviewing this as part of their larger refurbishment plan.

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

- People were helped to access healthcare services when needed. One relative said, "They have a very close liaison with the GP and the local district nurses. I don't have to chase them. They take care of all of that."
- Staff completed appropriate referrals to other healthcare professionals. People had access to their GP, and community nurses, mental health team and dementia specialist support, speech and language therapy or falls clinic when needed.
- Staff worked well with healthcare and social care professionals to provide timely support when people's needs changed. For example, staff knew when to call an ambulance, when to refer people to community nurses or when to contact social services to discuss people's changing needs. One healthcare professional working with the home said, "There is always senior [staff] available, over the weekend (as well). If I had any concerns I always ask for someone senior and they would act on it. They followed recommendations when we visit. They have made and do make timely referrals."

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.

- People were asked for consent and their choices when staff provided care. One staff member said, "I always ask people if they allow us if we are doing personal care." We saw a staff member asking for people's consent before taking a picture of them. People told us staff asked them how they wanted things done and before providing care. Staff received training in mental capacity and deprivation of liberty safeguards.

- Where people might have lacked capacity to make certain decisions for themselves, staff completed appropriate mental capacity assessments and best interests' decisions and kept a record of those. Where people could be deprived of their liberty because of the care and treatment they required to stay well and safe, the management team applied to the local authority as required.
- The management team monitored people's DoLS and ensured where people had legal representatives, appropriate documentation was in place and these representatives were involved in making decisions around people's 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.

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 staff were caring. One person said, "They all are very good, they do try to help all of the time." Another person told us, "Generally speaking they are helpful and kind."
- Staff were respectful to people's needs and helped them when they needed or became distressed. One person said, "At night time they talk to me and are very helpful." We observed this during the inspection. Staff addressed people who were a bit confused or unsettled with kindness and a helpful hand and never ignored them even if they repeatedly asked about similar things due to their dementia.
- Relatives echoed what we heard from people. Relatives told us, "[Staff] are kind and they are very attentive.", "They have a caring attitude.", "They seem to have endless patience.", "The staff were kind and caring, lots of smiles from the staff and [wellbeing staff] is worth her weight in gold."
- Staff understood people's needs and showed them compassion and kindness. One staff member said, "Sometimes when things are difficult, I help to calm people down." We saw staff supported each other to help people in caring way and were attentive to people's changing needs, keeping the atmosphere in the home calm and supportive, even when people experienced distress.

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

- People told us they felt involved in their care. One person said, "I am involved in my care plan."
- People's relatives told us the staff team advocated on their loved one's behalf when needed and worked with their representatives to review people's care so it met their needs. One relative told us staff helped them to ensure their loved one was getting the kind of support they needed. The relative told us, "[Staff] went above and beyond with their advice and support. They were superb. They put [person] and his welfare first. We are so grateful to them."
- People and their representatives were involved in reviews of care. One relative said, "We had a review a few weeks ago – [deputy manager], my son, my daughter and myself. There are 11 things that they look at; mobility, cognition all that sort of thing. We talked about how things were going for [person] and her health."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt respected by staff. One person said, "They do treat me with respect as I treat them with respect." A relative confirmed this was their observation too, "The high standard of care (is good about the home). They are consistent in their approach with everyone. And they listen to their residents."
- People's care plans included information on how to respect their autonomy, privacy and dignity, for example, when providing them with personal care. The care plans indicated what people could and wanted to do on their own and staff supported this. One staff member said, "I encourage people to do small tasks on their own."

- Staff understood people's rights and valued them as individuals. One staff member said, "We have to respect [people], they deserve dignity. I went [on holiday] and I missed [people] because they mean so much to me."

# 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's care was personalised which resulted in good outcomes. One relative told us, "[Person] was not in a good state when he moved in but he has improved so much since he has been there. He has improved dramatically. His quality of life has improved so much since he has been there. I cannot speak highly enough of [staff]."
- People's care plans included information on their life stories, careers, preferences, day-to-day likes and dislikes. For example, around choice of gender of staff supporting them, their personal care, eating habits and favourite foods or what they liked to do and who was important to them.
- Staff knew people well, despite many of the staff being new to the home. More experienced staff told us how they showed new staff how to support people in a personalised way and approach them in a way which best suited their needs and preferences. One staff member told us they would also find that information in people's care plans, "All person-centred details are in care plans in case we don't know some people as well as others."
- People's care plans included information around their wishes and preferences for care at the end stages of their lives.

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.

- Staff adjusted their communication to people's specific needs, both sensory and dementia related. People had specific communication plans personalised to be understood, involved and able to express themselves.
- Staff knew people's communication needs, received appropriate training in this area and took time to support people to communicate. One staff member said, "I repeat myself until I know people have understood me." Another member of staff told us, "I ask people if they have understood me and wait for them to confirm they did."

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 encouraged to take part in social gatherings, events and do different things meeting their interests. One person told us, "I don't feel lonely or bored." A relative of a person said, "[Staff name] is the

activities co-ordinator. She is very good with communication and keeping everyone involved."

- People were helped to stay in touch with their loved ones and to make friends with others living in the home and in their local community. Relatives told us, "[Person] likes to socialise. She has made friends there.", "They have lots of activities they get [person] involved in. She was painting pumpkins last week and she thoroughly enjoyed that. She is doing a lot of sketching and really enjoying it." The home was regularly visited by children from a local school which brought enjoyment to all involved. People kept in touch with their neighbours and could go out when they wanted to.
- On the day of the inspection we saw people enjoyed a science project, reading and word games in the library and a quiz. There were different things to do and people were encouraged to spend time with others with similar interests. Where people did not like social events, they were helped to do what they wanted. For example, one person was tidying up and organising things around the home and staff ensured they were involved and in control. Staff told us this was their approach on a daily basis, "Different people enjoy different activities and we encourage them with the ones they enjoy."

Improving care quality in response to complaints or concerns

- Complaints and suggestions were welcomed and treated seriously by the management. Although there were no formal complaints in the recent months leading to the inspection, people and their relatives told us they felt comfortable raising anything in the home and knew who to go to.
- People told us they would raise complaints with managers and trusted these would be addressed. One relative told us, "Never needed to make a complaint." Another relative said, "We have never had any concerns. I cannot think of a negative."
- One person shared concerns that bothered them on the day of the inspection, and we raised this with the management. The deputy manager took robust action to look into this concern, involved the person and their representatives and found a solution for the concern which ensured the person could be reassured quickly if they had a similar worry in the future.

# 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

- The management team operated effective governance systems. However, on the day of the inspection they did not fully identify the staffing contingency plans they had to implement caused a delay in people receiving their medicines. No one was harmed. When we raised this with the management team, they took action to provide additional support to the senior staff for the rest of the day and shared with us the lessons learnt for the future to prevent similar difficulties reoccurring.
- People and their relatives told us the home was well-run. One relative said, "I think it is well-run. When something needs doing, they get on and do it." Staff were very complimentary about how the home was managed. One staff member said, "[Deputy manager] is the best manager – I can't even explain. When we're busy, she is right there helping us."
- The management team carried out a range of checks and audits of quality and safety of the care provided to people, premises and equipment, health and safety, fire safety and infection prevention and control. The provider supported the management by completing a robust governance visit around all key areas of the service.
- Audits and checks led to improvement actions being identified. We saw staff were addressing and completing those actions. For example, were care plan audits identified some gaps in people's records, this was rectified in their current plans. The provider was implementing an electronic recording and reporting system to streamline and improve the quality of people's care records.
- When audits identified certain risk assessments or maintenance actions were needed, we saw evidence these had been completed. For example, around emollient cream use, fire safety or occupational health risk assessments around driving. The management team reviewed people's changing risks weekly and we saw evidence of action taken when people's risk changed, for example, around their weight and nutrition or general health.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home had a calm and friendly atmosphere. Staff told us they liked working in Surrey Heights and the culture was positive. This ensured people had a good experience of care too. One staff member said, "I think the teamworking here is brilliant we all get on very well and always update each other."
- People's relative were complimentary about the home. Their comments included, "The manager is fantastic but [deputy manager] is beyond, she is absolutely brilliant.", "[Staff] are brilliant, they can't do



enough to help. The whole lot of them, managers and staff. Across the board they are fantastic."; "It is a friendly atmosphere."

- Staff felt able to ask for support when needed which was important so people, some who lived with complex dementia needs, could receive effective support meeting their needs in a caring way. One staff member said, "[Management] really look after staff here that's how they get the best out of us. If I wasn't happy I wouldn't be here." Another staff told us, "[Deputy manager] is very good. She talks to us and always asks if anything is bothering us. She is sweet to everyone. She is good. If we are short on something she will go out and sort it out. She takes care of us and the residents."
- The management team worked in an open and transparent way and adhered to their duty of candour responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they knew the management and could approach them if they wanted to. Relatives confirmed the home maintained a good, open communication and asked for feedback. One relative said, "The communication is very good. They are always in touch. They put your mind at rest. We sleep easy at night knowing that he is looked after." Another relative said, "The care home communicated very well by phone with us. They shared information with us. I felt they included us."
- Staff felt involved and included. There were staff meetings and staff were asked for their opinions and input. Staff told us they could talk with managers anytime to share worries and ideas and to request support. One staff said, "We have supervision and different staff meetings, you can tell your opinion is important."
- The home worked closely with people's families and had good links with people of all ages in their local community. The staff team worked well with other healthcare and social care services. One visiting healthcare professionals told us, "I have nothing but praise to relay about this home. Staff are very responsive."