

Mr & Mrs Y Charalambous

Westcott House Nursing Home

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

Westcott House is a residential home providing personal and nursing care for up to sixty older people with a past or present mental illness including people living with dementia. People's accommodation is provided in several different areas including a purpose-built single storey building as an annexe. There are individual lounges and dining areas provided for people as well as a separate day activity centre. On the day of inspection there were 57 people living at the home.

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

People were kept safe by staff who knew about safeguarding people from harm. There was enough staff to ensure safety was not compromised and people's complex needs were met. Improvements had been made, since the last inspection, with infection control practices and with increased staff knowledge of the risks people faced.

People's relatives told us of the safe care they saw and the reassurance they felt. One said, "We don't hear enough about the good news, about good care, places like Westcott House."

Staff provided a good standard of care for people, working well as a team and with good communication. Action was taken promptly to identify any new health issues people had and to get specialist support. New roles in the staff team had been developed, proving effective in ensuring all staff were kept up to date. People had enough to eat and drink and this was well monitored. Some new adaptations had been made in building to help people living with dementia.

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. Policies and systems in the service supported this practice.

People were cared for by staff who were both professional and kind. Staff showed compassion in their interactions with people and knew what each person needed. Dignity and respect were shown to people regardless of their abilities and needs. Relatives were involved and welcomed at the home.

People were cared for in a personal way. Important information was recorded about people, their preferences, interests, communication and physical needs. People had access to activities that suited them, and staff engaged, one to one, with those who needed this, including people nursed in their room. Relatives told us of the responsive approach by staff and the registered manager. There was a complaints policy and process in place and recording of complaints and responses had been improved. People received personalised care at the end of their life.

The service was well led by a very experienced and caring registered manager. Since the last inspection they had sought advice and brought in support to ensure that improvements were made. People's care plans

were being reviewed and changed over to a new electronic format. There were new staff roles and delegation of responsibility which supported the delivery of good quality care and teamwork. There was good governance in place so that any issues were dealt with quickly.

The registered manager had extended the reach and involvement of the service with local improvement projects and research. People benefitted from good relationships with a wide range of professionals and services in the local community.

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

Rating at last inspection

The last rating for this service was requires improvement (published June 2018).

There were no breaches of regulations, but we made three recommendations. At this inspection we found improvements had been made.

Why we inspected

This was a planned inspection based on the previous rating and to check whether improvements had been made.

You can read the report from our previous comprehensive inspection, by selecting the 'all reports' link for Westcott House Nursing Home on our website at www.cqc.org.uk

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.

Westcott House Nursing Home

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 Care Act 2014.

Inspection team

The team consisted of two inspectors, a nurse specialist advisor, and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Westcott House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the registered provider. This included any notifications and safeguarding information that the service had told us about. Statutory notifications are information that the service is legally required to tell us about and includes significant events such as

accidents, injuries and safeguarding incidents and investigations. We used the information the provider sent us in the provider information return. This is information providers are required to send us 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 six people and seven relatives. We observed the care that people received and how staff interacted with people. We spoke with ten staff during the day, including the registered manager, the nurse consultant, two nurses, five care staff and the chef.

We reviewed the care plans of six different people including risk assessments. We observed people's medicines being given and checked medicines records. We looked at mental capacity assessments and any applications made to deprive people of their liberty. We looked at records such as accidents and incidents, staff training, environmental checks and whether mandatory policies and procedures were in place.

After the inspection

We sought and received feedback from professionals who have visited the home. We received some additional information to evidence improvements that are being made at the home.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, we recommended that all care staff were regularly made aware about the risks people face and were trained to know how to respond. The provider had made improvements.

- People's risks were assessed, and staff knew what actions to take. One person's assessment referred to behaviour that challenged and physical aggression. Staff were told to, "Ensure reassurance is given" and to use a "Calm and polite approach." We saw this happened in practice. A person who walked independently with a stick was at risk of collapse. Staff told us they had to reassure and accompany him, and they had recorded this on the person's daily notes.
- People's needs and risks around their eating and drinking were well known. This had been a concern at the last inspection. There was now a clear record kept in the kitchen of all people's special needs and guidance as well as any allergies. Staff were aware of which people required thickened fluids due to the swallowing risks. A number of staff had also recently completed their training on dysphagia (swallowing problems).
- People's relatives gave us positive feedback about the safe care for people given by the staff. One told us, "I never drive here wondering what I will find because I know everything will be fine because the staff make sure it is...it takes a weight of my mind." Another relative said, "They have kept their promise to keep her safe."

Preventing and controlling infection

At the last inspection, we recommended that all staff received refresher training in infection control, and checks were made to ensure good practice was followed. The provider had made improvements in this area.

- People were kept safe from the spread of infection as good practice was being followed by staff. All staff were up to date with their infection control and food hygiene training. We saw staff using the red bags for soiled items of clothing, and there were plenty of aprons and gloves available for staff to use when providing personal care. The house was clean throughout.
- The provider had undertaken a full and systematic infection control audit earlier this year. This was based on an NHS tool that helped services to assess and identify where they could minimise any infection risks and enhance people's quality of life. This demonstrated the home was compliant in most areas assessed and a significant improvement on 2018 results. Actions that were noted were completed. For example, some hand washing facilities were upgraded, some mattress covers were replaced, and one sluice room was

decluttered and redecorated.

Staffing and recruitment

- People were cared for by a good-sized team of permanent staff. The minimum staffing level of one staff member to four people which took account of people's higher needs. There was a good mix of nursing staff, care staff, and support staff such as the cleaners, kitchen staff and maintenance to ensure all parts of the home ran smoothly. One relative told us, "The staff work hard, but I have never found there wasn't enough staff on duty." The registered manager said, "I would not compromise on staffing."
- People living with dementia and mental health needs received consistency of care. The registered manager understood that frequent staff changes could have a detrimental impact on people and were proud of their record to retain good staff. The service had never relied on agency care staff. The development of long-term relationships between people and care staff was encouraged. One staff member told us, "I worked in other homes. It's the only place where I wanted to come back because staffing levels are good here."
- Staff recruitment was safe. The provider information return stated that, "We operate a systematic recruitment and selection process that includes obtaining the necessary checks and references prior to employment." This included a check with the Disclosure and Barring Service before any staff started work. DBS checks identify if prospective staff have a criminal record or were barred from working with people who use care and support services. The nurses were registered with their professional body.

Using medicines safely

- People's medicines were administered safely. On checking the medicines records for individuals, we found people received their prescribed medicines at the right time. Any hand-written changes on records were signed and checked by two nurses. Where people received their medicines covertly there was evidence of a mental capacity assessment and best interests' decision with both pharmacist and GP signed agreement. A relative told us, "I feel he is very safe. It's in the care of his medication and his medical needs."
- Good practice and national guidance were followed with a regular review of each person's medicines having taken place recently with doctors. The registered manager said, "We checked that everyone was on the correct medicines with the GP. We managed to reduce some medicines, such as night time sedation, that were unnecessary for some people." There was also good monitoring of people taking blood thinning medicines. The nurses had been trained to take and check blood tests and send the results to the GP.
- Medicines were stored safely. There was a lockable trolley for medicines which was stored in a secure room when not in use. The room temperatures, and that of the refrigeration used to store some medicines, were being checked daily and were within normal range. The medicines of a person who had just passed away were packed together and dated ready to return to the pharmacy within seven days in line with good practice and their policy.

Systems and processes to safeguard people from the risk of abuse

- People were helped to stay because staff understood their role to safeguard people from harm and abuse. One person told us, "I feel safe and do not worry about anything". Staff had received safeguarding training and there were good policies in place. One staff member said, "We know what to look for and we share everything." The registered manager acted on concerns raised in the past and had addressed them decisively.
- People who were most vulnerable were protected from the risk of abuse. Staff were aware of the risks to and from some residents due to their mental health needs and lack of insight. Some people could not defend themselves due to being nursed in bed or in their room. Actions were identified such as, "Staff to be observant, night staff to position themselves in areas of higher risk." A person's relative said, "I feel she is safe and secure."

Learning lessons when things go wrong

- The home had a clear process for reporting and recording any incidents and a separate log was kept of all falls. When one person had fallen to the floor and cut their elbow, their care plan was amended with guidance for staff about wound care. When there had been a death at the home, the registered manager held a debriefing meeting with staff to emotionally support staff. They also discussed if anything could have been done differently and how they could improve.
- A lesson was learnt when staff administered life saving first aid on a new resident. The home's pre-assessment did not include information on their wishes about resuscitation or medical interventions. This has now been changed and this information will be requested prior to admission. A staff meeting was held to discuss the incident and provide supervision for those directly affected.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 had been assessed when they moved into the home and there was good knowledge of individual care from staff. A health care professional who had helped settle a person at the home was impressed and told us, "I found the management helpful, transparent, open in all discussions.
- People's oral health had recently been re-assessed following the latest NICE guidance and a CQC report about maintaining good oral health in care homes. This had also resulted in the registered manager arranging a training session for staff by the local dentist to ensure they had a consistent approach.
- Staff were effective in their care and were kept up to date with the health and social care guidance. We heard about a recent session on skin and pressure care from the specialist nurse. Best practice information on maintaining good hydration and nutrition in a care setting was available and promoted.

Staff support: induction, training, skills and experience

- Staff were very well supported with a good induction and access to training to keep their skills up to date. One person's relative told us, "I am confident that the staff are very good, they know [person's] needs and are more than able to meet them." Staff training schedules showed staff were up to date with training on fire safety, first aid, dementia care, manual handling, nutrition, dignity and respect and equality and diversity. There was evidence of 30 staff having taken medication handling training earlier this year.
- Staff were encouraged to develop themselves and extend their knowledge. One senior member of staff had been given a lead with staff training and acted as a mentor for less experienced staff. They said, "We do training really well. We arrange in house training and I can support new staff, for example, I find the right reading materials for them or answer questions."
- Nurses who worked at the home, including the registered manager kept their clinical skills and professional revalidation up to date. One nurse told us, "The management are supportive, we have regular training and can raise any issue. There is also good team work."
- Staff received regular supervision and an annual appraisal which was last completed in March 2019. A member of staff told us, "The manager does all the supervisions with staff. If someone is struggling with something we get support." The registered manager told us, "I use a combination of training to have group supervisions, or individual supervisions. If I see a staff member who needs support, I ask them what's wrong. I am there for them, as I am totally reliant on my staff."

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

- People's nutritional needs and specialist support were known and well documented. This included a detailed, up to date, list available to the chef in the kitchen. This was an improvement since the last inspection. Staff could tell us who needed thickened fluids or pureed food because of swallowing risks.

People's food and fluid intake was well monitored, including what they had eaten at each mealtime. A person with chronic kidney disease had a completed fluid chart in place.

- Staff were aware of the importance of hydration for people living with dementia. They regularly asked people if they wanted a hot or a cold drink and encouraged those who did not vocalise to drink. In the morning, one person said, "I am hungry," and a member of staff immediately responded by offering some choices such as a biscuit, a sandwich, or a piece of fruit.
- People spoke well of the food on offer. We overheard a staff member asking a person how their meal was, to which they replied, "Lovely, absolutely lovely." One person told us, "I like the food it is good." At lunchtime, the choice of food was two meat options. The chef and staff said they always find out what food people liked and if someone was not eating they would make something else for them. There was one vegetarian who was catered for. One person told us, the chef comes and asks me what I would like, and he makes lovely cakes!"

Staff working to provide consistent, effective, timely care

- The staff team were seen to work in a very cohesive way, sharing responsibilities to meet the needs of the people in a timely manner. We heard staff saying, "If you can stay here, I can go and make [person] a drink," or, "[Person] would like a hand massage, can you get the hand cream for me because I have to stay here."
- There was good communication when staff handed over the care of people. A staff member said, "Each shift we do a handover so whatever care and treatment we are doing, we pass it on."
- Where people moved from or to hospital there was relevant information passed on and obtained. This ensured continuity of care as far as possible. Relatives praised the communication from staff. One said, "I always had a call if [person] was ill. The manager recruits good staff."
- An improvement made, since the last inspection, was the introduction of new staff roles, with staff 'champions' and link nurses for different areas of care. For example, a member of care staff who had responsibility for pressure and skin care, told us, "I advise other care staff and help the nurses with dressings and pass on information." There were currently 'champions' and link nurses for twelve different aspects of care, including people's foot care, nutrition, dementia and end of life.

Supporting people to live healthier lives, access healthcare services and support

- People were well cared for and supported to get the right health care. There was good communication with healthcare professionals and regular visits from the GP and community psychiatrist. One staff member said, "If we observe anything unusual we write it down to share with the doctor. We have a monthly visit from the chiropodist and can ask for speech and language assessment if needed." There was a routine dentist that came six-monthly and one person had a visit that day due to needing new dentures.
- Staff were proactive in making sure people's health needs were addressed as soon as possible. One person's relative said, "She had a recent chest infection and they (staff) were very good about it. She gets good physical care." Another told us, "They are really on the ball for people who are poorly." On the day of inspection, staff were concerned about a person who was experiencing pain due to the re-occurrence of a previous problem. Although the GP was informed, there was a re-assessment made and due to the person's health condition, the paramedics were called.

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

- The home environment had been adapted to meet the needs of the people who lived there. There had been some improvements made since the last inspection, for example the use of more pictorial signage, re-decoration and the outside corridor (between one part of the home and another) was now covered over. A sensory room had also been created. Some people sat outside for lunch in another covered area, in the shade, which they enjoyed.
- People had access to the equipment and adapted bathrooms that they needed for their personal care.

The toilets and bathrooms were identifiable with pictures on the doors. Memory boxes were also used outside of people's rooms to enable them to locate their door.

- People's rooms were personalised. One person told us, "I like my room and I brought some of my furniture with me. I have my photos too and I sit here a look at them which bring back happy memories."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People rights were protected as there was a good understanding of the principles of the MCA by staff. One staff member said, "We assume that everyone has capacity first, but if it is proven they do not, then we need to act in their best interests." Staff could give examples, such as, the person living with dementia who had poor posture and needed a chair riser, but they could not consent to it. The nurses or registered manager completed any mental capacity assessments using the recommended approach.
- The service involved other professionals such as the GP or the multidisciplinary team to agree what was in people's best interests and when making changes to their care. There were examples of meetings and best interests' decisions having taken place in people's care plans. There was a good record of where a relative, or the local authority had legal powers to act for the person, and evidence for this was requested.
- People who had been assessed under DoLS were reviewed and there was a good system for tracking applications made to the local authority. Information was updated as of May 2019 with renewal dates clearly recorded.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 were treated with kindness and compassion by staff when providing support. We observed staff assisting people, talking gently and showing care and affection. One staff member woke a person up carefully to give them some medicines. The staff member did not rush them, taking time to talk to them about what was going on that day. One relative told us, "I visit nearly every day and am here for quite a long time. The atmosphere is usually very calm, and the staff are so kind."
- Staff were attentive to people's needs throughout the day. They knew people well and noticed what they needed. One staff member was massaging a person's hand and talking to them. Another staff member noticed another person come into the room. They went to them and danced with them for a while. At lunch time, people were given their meals when they were ready for them, staff asked if they wanted something to eat, and then checked to see if help was needed or if they could get them something else.
- Relatives we spoke to felt involved and welcomed at any time, and they all praised the care provided. One told us, "They are extraordinary here. There isn't enough praise I can give them. It does not matter when I visit, I only see good care here. They all have the same approach, professional and kind." Another relative said, "The staff are always very caring and pleasant, nothing is too much trouble for them." A third relative said, "Really good care. Very kind. I couldn't wish any more for me. I can't fault anything."

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

- People were supported by staff who had the time to involve them and give care in a personal way. We observed interactions between staff and people and heard comments such as, "Are you ok? What would you like to do? Shall we go for a walk, would you like to sit in the garden, can I get you anything?" A professional who visited the home, told us, "I have observed staff comforting people, demonstrating active listening, and offering reassurance when they have become confused with their whereabouts."
- People needs, routines and personalities were well known. We observed a staff member sitting chatting to a person. They talked about their family, how many children they had, what the person had done for work and where they lived. One of the relatives said that staff told them, "[Person] is so much better in the mornings and if visitors come then they would have a much better quality of visit. But we are welcome to visit any time. It is up to us."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. We saw members of staff knocking on people's doors and waiting for access. Staff made sure a person in bed was comfortable and covered appropriately before helping with their meal. A relative told us, "I'm very pleased with her care. Staff respect [person's] rights. For

example, when they move her they tell her what they're about to do."

- Staff supported people to look their best. People were dressed well whilst individual choice was respected. One relative said, "It was difficult to encourage [person] to get out of bed when home but here she is up, washed and dressed every day which has made such a difference to her." Another relative told us, "It's the little things that the staff do that make me know that they see the person, like putting a favourite necklace on, or a particular jumper that [person] likes."

- People were supported to be as independent as possible. We observed a staff member getting a person ready to go out in their wheelchair. They said they liked to go outside each day.

At lunchtime, people were encouraged to eat by themselves in their own time. One person's relative said, "Since he's been here he's been able to eat independently again. Staff are very good at encouraging people to walk if they can. Staff know people well and have been here a long time. I thank my lucky stars that he's here."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained 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

- People received care that was personalised to them, taking account of their personality, likes and dislikes as well as their needs. Improvements were being made to the way information about people was held, including electronically, and to be accessible to support staff. There was a new one page, "This is Me" summary, that highlighted in different colours the person's hobbies and interests, important things to know about them and key facts affecting their care.
- Relatives told us how they had been involved in the care planning. One said, "Staff were responsive and listened. I am always involved, and it's updated regularly." Another had contributed to the person's "This is Me" information. A third relative said, "The staff are really nice and always have time to listen and talk with me."
- Staff worked with people to achieve goals and good outcomes. One person needed to lose weight. A relative fed back how staff had helped the person to, "Lose over a stone over 15 months and he can walk again." Staff told us how they encouraged another person to come out of their room into the lounge where they had more stimulation during the day.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was information available on people's communication needs. We observed staff engaged with people who could not speak and brought out a response or a smile from them. One person's plan gave clear guidance, "Staff should anticipate [person's] needs. Face [person] when speaking with him, speak slowly, clearly and using simple language, use visual prompts, watch for facial expressions." Another person's plan said, "I can see you, but am a little deaf and unable to communicate clearly."
- A guide for people moving into the home was available in large print. This gave helpful information about the culture and approach of the home and valuing individuality. There were pictures and information about staff, meals, activities, care and the links with other healthcare services.
- There was use of some pictorial signs and images with people to support communication. However, we noticed that people were not offered a visual choice of the meal at lunch which would have helped those living with dementia. There was a menu picture board but only one picture was used, and this wasn't clear. We fed back to the registered manager that more could be done to support people making their meal

choices and they agreed to develop this.

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 with opportunities for social interaction and activities that were suitable to them and their abilities. There had been an improvement made with the way people who were nursed, or remained, in their room were included. Staff recorded each day what interaction they had with each person, for example, reading a story or poetry, giving the person a hand massage, or talking with them. One person who preferred to be in their room told us, "I don't feel alone, the staff come and knock on the door and check if I'm okay or want anything." We saw this happening.
- There were activities plans for each part of the home, wherever people may be gathered. Although there was an activities co-ordinator, we saw that all staff engaged with people and arranged something for them to join in with. For example, with a ball game in one area, using tactile objects in another and, in the afternoon, some flower arranging. People were encouraged to either smell the flowers or touch them. One person responded positively, "I like yellow flowers they make me happy".
- People also had access to a day centre on site where people could attend if it suited them. Staff explained there was, "Flexibility for people to choose when they wished to attend, in case they are not having a good day." One person told us, "I come here whenever I want to, and I do my paintings which I love, and I have my nails painted sometimes".
- There were outings arranged for small groups of people to go to the garden centre or local pub. People were helped to practice their faith and a Christian service was arranged in the home once a week.

Improving care quality in response to complaints or concerns

- People and relatives, we spoke with knew they could complain but said there was good communication about any concerns. One person said, "I know I could talk to one of the staff and they would help me sort it out." A relative told us, "I think the staff would be very upset if they thought we had reason to complain, but I know the manager would do something about it straight away." Another person's relative said, "I have never had to complain but the staff are so kind I know they would deal with it straight away."
- There was a formal complaints process in place. There had been four complaints in the last year. Two of these, from last year, had been written in a book and the responses were not as professional as they should have been. A new process for logging and investigating all complaints was now in place and the complaints were now dealt with more formally and with a complete record.

End of life care and support

- People's care at the end of their life was personalised. We heard how one person wanted to have one last Christmas day before they died so staff created this for them, ahead of time. They decorated their room with a Christmas tree and colour that the person could see from their bed. Staff wore festive jumpers and gifts were exchanged. The person's family was involved and not long afterwards the person died peacefully. This example was featured in the Quality in Care Homes newsletter.
- There had been a recent death at the home. The person's wishes were to not go into hospital and to have their family by their side. The person's relative told us, "The care was amazing. Other relatives had written to thank staff for their kindness. One had said, "I was so privileged to have parents who, due to your care, had a comfortable and loving end of life year."
- Some care plans did not include people's wishes for the end of their life. This was something the registered manager wanted to improve saying, "Where people cannot tell us, relatives are invited to talk about end of life care. They had also involved others, such as the local authority, where they had a role in making decisions. After the inspection an example of what would be completed for each person was sent to

us which showed a more comprehensive approach to recording the right information to support the delivery of people's end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Everyone we spoke with told us that the home was well managed and that good quality care for people was promoted. One relative summed up by saying, "The care is consistently good. The manager runs a tight ship, but she is generous with her time and gives attention to all. A professional wrote to say that the home was, "Person-centred" and "Offered a warm, safe, happy environment for people. One person said, "I have lived a long time, but the manager is one of the kindest people I have ever met."
- A high standard was set by the registered manager who was passionate about giving people the best care possible. They told us, "We go the extra mile for everyone here, for people and staff. I am good employer as staff stay with me. Loyalty and reliability are the most important. My culture is one of team work." We learnt that staff retention was very good. One staff member told us why they stayed. "We have a very good manager. She cares about people and is supportive with staff. Nothing is too much trouble."
- There was a high degree of confidence expressed by relatives and people about the registered manager and the way care was delivered. One relative said, "Nothing fazes her, she has been very supportive it has helped us cope". Another said, "[Manager's name] makes herself available. She's a good manager with a long experience, a caring approach and she listens. She has a good core team of staff."

Continuous learning and improving care

At our last inspection, we recommended that the registered manager look at alternative methods for care planning, which can support staff practice and reflect the need for person-centred care. This had been done and a new electronic system had been purchased and improvements were being made.

- The registered manager had reflected after the last inspection on where improvements should be made and what support they needed. They told us, "It was a wake-up call, and we've embraced it." They had brought in a colleague, as nurse consultant, to work with them on areas which would benefit people and the service in the longer term. The nurse consultant told us, "We are embracing change and technology with our care plans going to electronic. This is massive change we will do it slowly." Staff told us how they had started entering real time daily notes about people's care, using new hand-held devices.
- Changing the staff structure and creating new staff roles was another improvement area. The registered manager called this a, "Culture shift. There is dissemination of information and staff skills are formalised in new structure. I haven't changed that much, but I have help." A professional who visited the home told us, "The managers and staff are dedicated and committed... there's a good respect between management and

staff which enhances the running of the nursing home."

- There was a willingness to continually improve and learn. There was a business plan in place for 2019-20 identifying objectives under four key development areas. This included actions underway that we noted were needed, such as replacing crockery used by people and the upgrading of care planning. Other actions had already been achieved such as the covered walkway to the day centre. There was a plan to create and extend volunteer roles in the next year as well as to develop staff recognition awards.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour when something goes wrong

- The home operated a good governance system with regular audits and checks on the quality of care and the environment. There was a weekly audit tool used to check cleanliness and safety in the home, and a monthly one to check hand hygiene of staff for safe infection control. These had been completed. The medicines audits were completed six monthly with the pharmacist.

- There was a clinical audit tool that captured across the home any incidents, falls, infections, hospital visits, staff sickness. This was done monthly and reviewed for any trends. For example, when the falls log was reviewed a high number related to two people who had been referred to the falls team for further advice.

- The home had a business continuity plan in place which covered what actions to take in the event of disruption. There was a plan for possible risks such as heating loss, electrical supply loss, flooding and data loss. There was evidence that environmental and fire safety checks were done. A fire service visit and assessment in January 2019 noted that the premises were not at high risk as relevant equipment and processes were in place.

- Services that provide health and social care to people are required to notify the Care Quality Commission (CQC) of important events. Statutory notifications were being sent correctly to the CQC, including safeguarding concerns or any incidents.

- The manager understood their responsibilities to be open with people and relatives when things went wrong (duty of candour). There was information for people and relatives about this which said what the home would be expected to do in the event of any incidents affecting people.

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

- People and their families had opportunities to share views and get involved in the service. There were regular meetings held for residents. The last one was in June 2019 and the one before was in March 2019. There was discussion of events, new activities and outings. In March, the new activities co-ordinator was introduced, the new sensory room was a topic as was decorating going on within the house. The registered manager told us, "We listen to what they say and will do it. There's nothing I want more than staff listening to people and doing something for them."

- There was an annual quality assurance survey carried out in February 2019 to gather views from people and relatives and professionals. The results were collated and analysed, and a report was available. This showed good results across the themes about staff attitude, quality of care and management. There were suggestions made about the environment and person-centred activities which had begun to be acted on.

- A specific survey was also carried out about the food and catering including a new mealtime experience questionnaire. Some relatives were invited in to assess the mealtimes. The results were positive about whether people were asked what they wanted to eat, received the right meal and had a good experience. There were comments that people wanted more fish on the menus. This had been taken on board by the chef.

- Staff told us they felt involved through the monthly staff meetings as well as day to day. The registered manager told us, "Staff ideas are encouraged. They come back from training and share their learning and

ideas. We use the staff meetings as a forum." The last staff meeting covered relevant issues such as recent falls, moving people safely and the electronic system for person centred care planning. One staff member said, "The Manager is very good and acts on things. We know what she expects from us, she is very straight and very approachable, and the staff respect her."

Working in partnership with others

- The home connected well with the local community. In June 2019, they held a summer fete open to families and local people. Many residents were involved with the event with some helping with stalls. It was a big success, raising the profile of the home and money was raised for charity.
- There were good relationships in place with local health and social care professionals. These ensured that people benefitted from the right input when it was needed. One professional had been involved in multi-agency meetings with staff and said, "I have observed staff having good records, knowledge of the individual and being committed to each resident within the nursing home."
- The home had recently taken part in a research project about ethics in social care at Surrey University. One area was about how to preserve the rights of people living with dementia and on managing choice versus risk. Some staff had attended a course and then answered questions relating to people they cared for.
- The registered manager attended the local Care Home Forum and was a founder member. This insured the home kept up to date on best practice and learnt about new projects and interventions to deliver quality care. They had recently signed up to be connected with NHS mail and were in the process of completing the toolkit to be accepted. The home was also an active member of the Surrey Care Association and were able to access the latest information on training, and legal and regulatory requirements through this resource.