

The Old Hall (Send) Co. Limited

The Old Hall

Inspection report

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Woking
Surrey
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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

The Old Hall is a 'care home' which provides residential care for up to 39 people with a range of needs and general frailty. Care is provided across two separate wings, each of which has separate adapted facilities.

People's experience of using this service

People told us they felt safe at The Old Hall, and staff were aware of their responsibilities in safeguarding people from abuse. Risks to people were appropriately recorded and managed, as well as medicine administration and recording practices improving since our last inspection. There were enough staff available to meet people's needs and safe staffing recruitment checks had been completed. Accidents and incidents were recorded and action taken to prevent reoccurrence.

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. Staff were effective in their role due to being up to date with mandatory training, supervisions. Staff followed guidance from healthcare professionals in order to achieve good outcomes for people. People and relatives were complimentary about the food at the service, and people at risk of dehydration were monitored. The service was currently undergoing a refurbishment, but staff ensured this had little impact to people.

People told us staff worked well as a team and created a kind and content atmosphere, which we also observed throughout the day. People living at the service had formed close friendships which prevented social isolation. People were involved in decisions around their day-to-day care and were encouraged to be independent as much as possible, such as administering their own medicines were safe to do so. People were treated with dignity and respect, with personal care and conversations taking place behind closed doors and people being addressed by their surnames unless they had stated otherwise.

There was a wide range of meaningful internal and external activities available which enhanced people's wellbeing. The service had not received any complaints since our last inspection, but there was a clear complaints policy in place to advise people and relatives of the process should they wish to raise any concerns. People's end of life wishes were recorded, in preparation for receiving such care.

People and staff felt the registered manager was approachable and had created a positive culture which fed down throughout the service. Internal quality checks allowed the service to identify and resolve any issues or improvements which were addressed in a timely manner. People, relatives and staff were engaged in the running of the service and asked for feedback regularly through meetings and questionnaires. The service was working collaboratively with a range of organisations.

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

Rating at last inspection and update

At the last inspection the service was rated Required Improvement. The inspection report was published on 24 October 2018. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a scheduled comprehensive inspection based on the service's last rating.

Follow up

We will follow up on recommendations made and any improvements required at our next inspection.

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 ●

The Old Hall

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

The Old Hall 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

We carried out this unannounced inspection on 16 October 2019.

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 with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at our inspection.

During the inspection

We spoke with three people who lived at the service and five members of staff including the chef and registered manager. We reviewed a range of documents including two care plans, medicine administration

records, accident and incidents records, policies and procedures and internal audits.

After the inspection

We reviewed additional information we requested from the inspection such as the service's staff training matrix.

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.

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicine administration and recording practices were safe. People received their medicines on time as medicine administration records (MAR) were fully completed with no gaps. People who required their medicine to be given at specific times received these appropriately. There were protocols in place for as and when medicines (PRN).
- People's individual medicine profiles included an up to date picture of them to enable new staff to ensure they were providing medicine to the correct person. People's allergies were also recorded in order to prevent them from having any adverse reactions.
- Since our last inspection the registered manager had implemented an electronic medicine recording system. Staff were hugely positive about the change. One staff member told us, "It's fantastic and so easy to use, it's so user friendly, everyone gets the hang of it straight away. When it was being introduced we worked in pairs so we had the support, but that didn't last long because everyone felt so comfortable using it." Another staff member said, "The system is very good. It's easier to use, and there are less mistakes being made." The registered manager told us, "It's got many positives. It gives you instant stock checks which I then check monthly." There had been an evident reduction in medicine errors and the provider was looking to introduce the system in to their other services.
- People were encouraged to manage their own medicines were safe to do so. One person showed us where she stored her medicine in her room. She told us, "I self-medicate which I am very lucky to be able to do for myself." She explained that staff regularly reviewed that she was still safe to manage her own medicines in case there were any changes that made it unsafe.
- Staff receive regular medicine competency checks to ensure they were safe in administering and recording medicines. Staff confirmed they received regular checks and documentation evidenced this.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at The Old Hall. One person said, "I feel safe here because the staff are lovely." Another person said, "We are so well looked after here. I feel safe because it feels like home to me."
- Staff were aware of safeguarding policies and procedures. One staff member told us, "We have had

safeguarding training, I would speak to the manager, or to you guys or the local authority."

Another staff member said, "I am always asking if people are ok, having chats with them, looking out for signs if someone may not be safe."

- Records showed that safeguarding concerns had been appropriately recorded and reported to the local authority. Thorough internal investigations had taken place to ensure that people were safe.

Assessing risk, safety monitoring and management

- Risk were appropriately recorded and managed. One person required bed rails to keep them safe from falling out of bed. Their risk assessment confirmed that staff had ensured there were no large gaps between the rails and bed that could leave the person at risk of entrapment, and they were able to use their call bell to request assistance rather than trying to get out of bed. The risk assessment also stated they should be checked hourly at night, and observational charts evidenced this was happening.

- Another person had a nutritional risk assessment in place to protect them from the risk of choking. This informed staff the person was on a pureed diet and thickener, and what the consistency of the food and liquid should be like. We observed people receiving the correct textured foods for their needs.

- Staff were aware of the importance of recording new risks. One member of staff told us, "I was chatting to someone that was allergic to dogs and cats but hadn't mentioned it, so I let the manager know. Sometimes you find other risks just by having a chat with someone." A visiting professional felt that staff managed risks appropriately. They told us, "There have been people here who have been bed bound for years and never got a pressure sore. Staff are so good and efficient."

- The service had a business continuity plan. This confirmed what action should be taken in the event of an emergency such as the loss of utilities, failure of IT equipment and staff being unable to reach the service due to adverse weather conditions.

- Each person had a personal emergency evacuation plan (PEEP) which detailed what individual support they would require in the event of evacuating the building. Staff were aware of what action they should take in the event of a fire.

Staffing and recruitment

- There was a sufficient number of staff to meet people's needs. One person said, "They could do with a few more staff so they're not as busy, but other than that there is enough staff." One staff member told us, "I feel there is enough staff.." Another staff member said, "There always seems to be enough staff."

- Rotas showed that staff sickness was covered by other staff members or the management team. One staff member told us, "Obviously people call in sick but we will always cover each other where we can. We're good as a team." Another staff member said, "If someone is off sick, the majority of the time other staff members will cover at short notice." The registered manager told us, "We're fully staffed, and haven't used agency staff in around 20 years as staff are willing to cover sickness."

- Recruitment files evidenced that staff had been recruited safely. This included references from previous employers, a full employment history, and a Disclosure and Barring Service (DBS) check. This check ensures that people are safe to work with vulnerable people such as the elderly and children.

Preventing and controlling infection

- People were protected from the risk of infection as staff followed safe infection control practices. A person said, "They always wear the aprons and gloves when they help me with my personal care." A staff member told us, "It is important to ensure infection isn't spread. We get regular training in it, so it is always in our minds. An example would be after the medicine round I always make sure the used medicine pots are taken to the kitchen to be cleaned. At the beginning of the medicine round I collect the clean pots from the kitchen." We observed this taking place during our inspection. Another staff member said, "Aprons and gloves are always in stock. The managers even make sure there are different sized gloves to make sure they

fit everyone."

- People lived in a clean environment. We observed infection control checklists which showed that people's rooms and communal areas were cleaned daily by housekeeping staff, as well as thorough deep cleans occurring once a month. The kitchen was clean, and the chef showed us rotas of cleaning checklists he completed every day to ensure the cleanliness of the area was maintained. Once washed, people's clothing was stored in individual baskets with their names on. This reduced the possibility of clothes becoming lost.
- People's laundry was washed in a clean environment, with clean clothes being separated and stored away from dirty or soiled clothing.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and action taken to prevent reoccurrence. For example, one person had fallen from their bed due to the bed rails not locking in to position correctly. Following this, their bed rails were fixed and consequently all other bed rails used in the service were checked to ensure they were correctly fitted and in good working order. The registered manager had also increased the frequency with which they were checked as a result of this.
- An accidents and incidents tracker was in place to identify any trends. For example, one person had fallen three times in a short period of time which was unusual for them. The GP was notified and the person were found to have an infection. Following a course of antibiotics, the falls had stopped.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

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

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

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

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

At our last inspection on 10 July 2018, we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the failure to provide care in line with the principles of the Mental Capacity Act 2005. At this inspection we found improvements had been made and the breach had been met.

- People's legal rights were protected because staff followed the principles of the MCA. A staff member told us, "We've spoken about mental capacity. You can tell if someone is losing capacity if you know them well."
- Decision-specific mental capacity assessments had been completed to determine if people lacked capacity. For example, one person lacked capacity to consent to the use of bed rails. A mental capacity assessment was carried out at various times of the day over several days to ensure the person was consistent in their presentation of lacking capacity. A best interest decision had then been completed for this decision. The person's next of kin had been consulted as part of the best interest decision and justification was given why the use of bed rails was the least restrictive option for the person. A DoLS application had been completed, which noted the restriction in place for the person.
- People were able to make unwise decisions. For example, one person did not want to take all of their medicines during a medicine round. The staff member said, "Do you think you would be able to manage that tablet, as that one is an important one?" The person took the medicine willingly, but the staff member respected that they had the mental capacity to refuse the rest of their medicine.

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

- Pre-admission assessments had been completed to ensure that the service could meet people's needs before they moved in. The information gathered in pre-admission assessments was used to formulate thorough care plans around people's needs.
- Assessments formed by national standards and guidance were completed to assess people's needs. For example, Waterlow assessments were completed to calculate people's risk of pressure sores and skin breakdown. These were then used to personalise the care the person required to meet their needs.
- The registered manager sought best practice guidance from organisations to ensure that the service was delivering the best care possible. They told us, "Opus (a pharmacy consultancy) send us updates. We're linked to a solicitor and their company send updates on HR policies. We're attached to a pharmacy who came in last week and provided guidance."

Staff support: induction, training, skills and experience

- Staff received the training and support required to fulfil their roles effectively. Staff were fully up to date with their mandatory training and had received regular supervision. The registered manager had employed a trainer to deliver training to staff. One staff member told us, "Every training session is good, we have diabetes training next week. We had hydration training last year. It's face to face training which is good."
- People felt that staff were well trained. One person said, "The staff are wonderful. They are definitely well trained as they know what they are doing." Other people we spoke to also confirmed this view.
- Staff received regular group and individual supervisions. These were recorded and stored in staff files. The registered manager told us, "We do group supervisions in the form of staff meetings. We're trying to do one individual supervision and one appraisal a year, we'll introduce more if we've got concerns. [Our trainer] organises the supervision schedule."

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

- People were supported to maintain their nutrition and hydration needs. The portable electronic recording devices allowed staff to ensure people's hydration needs were met. A staff member said, "Some people are at risk of dehydration so are set as a 'nutritional flag' on the recording system. The devices will flag up to us if those people may need a reminder to drink."
- People and relatives gave us positive feedback about the food at the service. One person said, "The food here is lovely." A relative told us, "We came in and had lunch with [our family member], the food was brilliant." The chef told us, "Forty per cent of the time we will have visitors who we will cook for so they can spend some extra quality time with their family members." The registered manager said, "We get really good food from the chef, he had a Michelin star for 18 years. We eat the food so we know it's good."
- People were seen to enjoy a relaxed dining experience. One staff member explained to us that they tried to encourage everyone to attend the dining room as the good atmosphere meant people tended to eat and drink more when they were in this environment.
- People were provided with meal choices to suit their preferences. A staff member found that one person in their room had not eaten their lunch because they felt unwell. The staff member encouraged the person to try an alternative option like a sandwich. Her preference of sandwich was relayed to the chef, who prepared this for her immediately. The person ate the majority of their sandwich and seemed happier.

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

- Staff felt communication within the service was effective. A staff member told us, "We complete full handovers and always speak to each other, across all sections of the home. It's a really nice atmosphere to work in. It's a really good team." Another staff member said, "We all communicate well with each other and all muck in, it's a good team." A visiting professional said, "Staff print off a list so I can look at what is needed."

We sit and chat about the residents, and they email me during week when necessary. It just makes my job so easy."

- The electronic care planning system allowed a hospital passport to be downloaded and printed. This document could be taken to hospital with a person to inform staff of their health and care needs.
- We observed the GP completing their weekly round during our inspection. Records also demonstrated that healthcare professionals such as GPs, dentists and chiropodists were referred to when required. One person told us, "If I'm ill there is a GP round once a week, but they will call the doctor in earlier if needed." The visiting professional told us, "Referrals to me are very appropriate. They're always necessary when I come in for home visits."
- Guidance provided by healthcare professionals was followed. For example, a physiotherapist had provided exercises for a person to complete following knee surgery. Their care notes recorded when the exercises had been completed and when the person's next physiotherapy session was. The visiting healthcare professional told us, "Staff always follow my advice."

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

- Although the service was in a historic building, the interior had been updated and extensions added to meet people's needs. This included a lift so people with poor mobility could move between the different floors of the building, and accessible specialised baths.
- Armchairs were arranged in small huddles in the main lounges rather than in rows. This was to promote social interaction amongst people.
- The service was undergoing a refurbishment. On the day of our inspection, a new carpet was being fitted in one of the wings of the building. Staff ensured this was as least disruptive as possible to people.

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 the same.

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 told us staff were kind and caring. One person said, "The atmosphere is brilliant here. My room is opposite the laundry room and I wake up to hear the staff having a chat and a joke and it makes my day. All the staff get on so well and work as a team." Another person said, "The staff are so lovely and friendly. I'm never lonely here." We observed close friendships between the people living at the service, which added to their wellbeing and reduced the risk of social isolation.
- Staff ensured they provided a high level of comfort and emotional support to people. A staff member said, "If someone wants to speak to me whilst I'm in the middle of the medicine round I say I'll be back when I'm finished with the round and always make sure to go back to them and have a chat. If I'm not in the middle of a medicine round then I'll always stop to make sure people feel listened to." Another staff member said, "I always make sure I have understood someone, there's nothing worse than feeling like you're not being listened to." We observed staff interacting with people with kindness and compassion. Two staff members were sitting in the room of someone who had just moved in to the service getting to know them and making them feel welcome. Another staff member stroked a person's back affectionately while talking to them.
- People commented that staff worked well as a team and created a happy environment to be in. One staff member told us, "The residents can tell you they are happy with us. I think it's important that you get on with the staff you're working with. There is good teamwork here, even with mixtures of ages." The registered manager said, "I think this home is amazing, it's such a happy workforce. The residents notice it. Staff are cheerful and kind. We hired a minibus for a trip and a resident was sick. The staff member stayed later on her shift to bath her even though there was enough staff. That to me is dedication. There isn't a day that goes by where I don't appreciate how good they are, I know I can't do this without them"

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

- People were involved in planning care where possible, and their families if they mental lacked capacity. The registered manager told us, "The care staff check the long-term residents' plans every eight weeks or before if something has changed. The staff member will check the plan is ok with the person before it is signed off." Records reflected this and were written in first person to make the plan more personal to people.
- People were involved in day-to-day decisions around their care. For example, despite one person lacking mental capacity their care plan stated, 'ensure that I continue to be involved in everyday decisions such as what I would like to wear and what I would like to eat and drink.' A person told us, "Staff give you choices of

what you would like to do, dress or eat every day." This meant that people were given control over aspects of their day-to-day life where possible.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence as long as possible. One person told us, "They let me be as independent as possible as there is still a lot I can do for myself." The registered manager told us, "Because its residential and not nursing, we're naturally assuming the role of rehab. We have a physiotherapist that comes in and we are trying to make people better, especially with short term residents."
- People's dignity and privacy was respected. One person said, "Staff always knock on my door before entering. It's polite." A staff member told us, "We always knock on their doors before entering." The registered manager told us, "Staff are very good at closing doors and curtains. The GP always sees people in their rooms and not in communal areas." A visiting professional said, "Staff are very respectful of the residents. They get towels out to cover the private areas that do not need to be seen when I see them."
- Staff showed respect to people by addressing them by their surnames. Some people had expressed that they wanted to be called by their first name so this had been respected.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

At the last inspection we made a recommendation, 'We recommend the registered provider ensures that care plans for people are more person-centred.' Improvements had been made in this area,

- People received person-centred care. Care plans included details of people's background histories, likes and dislikes which staff were able to tell us about when we asked them. One person said, "Our care plans include all my history and needs and I feel staff know me well because of this." A staff member told us, "It's all in the care plan and you get to know quite quickly what people like and don't like. Everyone is that bit different. There is a certain soap or mouthwash they like, or personal choices and just being an individual." When we asked another staff member what person-centred care meant to them, they said, "Treating everyone as an individual and knowing that nobody is going to want to live exactly like the next person you support."
- There was a range of meaningful activities available for people to participate in. During our inspection, we observed a joint music session between people and children from a local school. Prior to the children arriving, the organiser of the event consulted people as to which songs they felt would be best to sing in the session. People had formed close bonds with the children and it was evident they thoroughly enjoyed the session. People were also able to take part in trips to local attractions such as Wisley Gardens. One person told us, "We go out a lot. There is an over 60's club that we go to once a month for a coffee and to socialise."
- Care plans did not include information around people's health conditions. As people's needs were being met there was low impact on their lives from this. However, staff told us they felt that this would be a helpful addition to care plans

We recommend health care plans are implemented to guide staff on how medical conditions may present or the symptoms associated with them.

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.

- Communication care plans were in place to guide staff on how best to communicate with each person.

This included details on people's hearing and vision, such as if the person wore glasses or hearing aids.

- Staff maintained people's communication devices. During our inspection, one person requested for the battery in their hearing aid to be replaced and this was done by a staff member immediately as batteries were held in stock. This meant that the person was not delayed from being able to communicate with others effectively due to staff needing to order new batteries.

Improving care quality in response to complaints or concerns

- Although the service had received no complaints since our last inspection, a complaints policy was in place. This offered guidance on how complaints would be responded to and the timescales involved. One person said, "I haven't had to complain but I would be happy to raise anything if I needed to."

- The service had received several compliments from people and relatives since our last inspection. One from a person who had stayed at the service for respite read, "I would like to say that I enjoyed my stay with you – the staff are wonderful and I felt very rested." Another compliment from a relative said, "This is to thank you for your love and care for the past three and a half years. The kindness and diligence of you all had enabled [my family member] to live so comfortably and safely often during challenging health periods. You have done this with willingness and passion."

End of life care and support

- At the time of this inspection no one living at The Old Hall was receiving end of life care. However, end of life care plans were in place in preparation of this. These contained information about how people would want to be supported during this time in their lives.

- Due to close friendships amongst people living at the service, people had received comfort from others during their final days. The registered manager told us, "We had a resident pass away two weeks ago. Two of the residents went and sat with her once her daughter left until she passed away. They came to the funeral with me."

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.

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, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

At the last inspection we made a recommendation, 'We recommend that the registered provider ensures that records relating to people are contemporaneous.' We found that improvements had been made in this area.

- Records and notes were contemporaneous. People's care plans included relevant and up to date information about them, and other documents such as MAR charts, accident and incident records and audits were completed regularly with information which was correct and current.
- Thorough quality audits identified issues which were then resolved by the registered manager and staff. These included audits on medicines, staff training and supervision completion, infection control and health and safety. An audit had identified people's social histories needed to be recorded in their care plans. As reported in an earlier domain, we found that this had been completed.
- The registered manager had ensured breaches found in our previous inspection had been met. This included ensuring that medicine recording systems were safe and people's rights were protected in line with the Mental Capacity Act 2005. They had plans to further improve the service. The registered manager told us, "I'm focusing on getting the medicine system fully embedded. We're waiting on planning for more rooms. We're refurbishing the home at the moment too. I want to improve but it's also important to hold on to key staff so this needs to be done gradually with support."
- The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events which had occurred within the service.
Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- People and a visiting health professional told us the registered manager was approachable. One person told us, "[The registered and deputy manager] are lovely and the culture feeds down into the staffing team." A visiting professional said, "[The registered manager] runs everything really well, and staff do look after people really well. If I had a relative who required care I would be more than happy for them to live here."
- Staff felt supported in their roles and valued by the registered manager. One staff member told us, "I find them so helpful. I'm so grateful for them. If you need anything you just ask them or tell them if you're

worried. I feel valued as a carer – they promoted me from a carer to a senior. There is opportunity to grow." Another staff member said, "[The registered manager] was very supportive throughout the whole integration of the new medicine electronic system."

- There was a clear person-centred and empowering culture within the service, which aimed to achieve good outcomes for people's wellbeing. One staff member said, "I think the service we provide is really good, the people here seem to love it and are always comfortable so I feel like we are definitely doing that right." Another staff member told us, "Everybody knows what is expected of them through staff meetings and supervision." The registered manager said, "Staff have worked here for a long time, so we all know how we want the care to be delivered. We always put the resident first, and making sure people are stimulated." Goals were set for people staying at the service for respite after operations such as hip replacements to ensure they achieved good outcomes as quickly as possible and were able to return home.

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

- People were involved in the running of their home. Regular residents' meetings took place where people were able to bring forward ideas and concerns. One person told us, "They always listen to us and really make us feel like this is our home. It really is lovely here and we honestly do have a say in the way it is run which is great. We all appreciate that a lot."
- Questionnaires were sent to people and their relatives to allow the service to collect feedback. Feedback from this was, on the whole, positive. One person had commented, "I have never been so happy and well looked after." Another person had written how they had received saddening news about a loved one's health diagnosis. They stated, "The senior carers were so understanding and helpful to me. Their kindness and compassion helped me pull myself back together and I am truly thankful to them."
- Regular staff meetings allowed staff members to contribute their ideas on the running of the service. One staff member said, "We all have the same goal of delivering good care to people so we all contribute ideas of how to make it better all the time." Another staff member said, "We have regular staff meetings. We tell them if we think things can be done in different ways. If we raise anything we're listened to."

Working in partnership with others

- The service worked closely with other organisations to provide the best possible care experience for people living at the service. External organisations offered activities and wellbeing sessions, such as a Thai Chi instructor and beautician who provided manicures in people's rooms. The registered manager had enrolled the service in a six-week programme with a local school to hold multi-generational music sessions. There were also plans to work collaboratively with another local school.
- The registered manager was a member of Surrey Care Association, a non-profit company which supports social care providers in Surrey. Here, members could share information, knowledge and best practice to deliver high quality care to people in their service.