Grey's Residential Homes Ltd

Greys Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This was an unannounced inspection which took place on 4 April 2017.

Greys Residential Home is a care home for up to 24 older people. At the time of our inspection 21 people were living there (one of whom was in hospital on the day of our visit). If people require nursing care district nurses attend to them at the home. The service does not specialise in dementia care. However, if people who live in the home develop dementia they are able to remain there as long as their needs continue to be met by the staff.

During our inspection the registered manager was present. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had received safeguarding training and reporting procedures were in place if abuse was suspected. However, we found one instance when the registered manager had not followed these that placed a person at risk of harm. You can see what action we told the provider to take at the back of the full version of the report. Despite this, people said that they felt safe and we observed that they appeared happy and at ease in the presence of staff.

Staff followed safe medicine administration procedures and people said they were happy with the support they received to manage their medicines. However, staff were not aware of guidance about 'as and when' required medicines which meant they not know how to give these safely. We have made a recommendation about this in the main body of our report.

Quality monitoring systems were in place to ensure action was taken when areas for improvement were identified. However, the frequency and range of audits was not in line with the providers own policy and so opportunities were being missed to drive improvements further. We have made a recommendation about this in the main body of our report.

Despite the above issues, everyone without exception who lived at the home said that staff were kind and caring and as a result positive relationships had been formed that enhanced their sense of wellbeing. People said that they were always treated with respect and dignity and that their rights were promoted. We observed interactions by staff that were genuine, warm, positive, respectful and friendly and people told us this was the norm.

People told us that there were enough staff on duty to support them at the times they wanted or needed and we observed this to be the case during our inspection. Robust recruitment checks were completed to ensure staff were safe to support people.

Staff were suitably trained and skilled and received training relevant to the needs of people who lived at the home. Staff were fully supported and received group and one to one supervision.

People said that they consented to the care they received and that their freedom of movement was not restricted. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise.

People said that they were happy with the medical care and attention they received. People's health needs were managed effectively. People's needs were assessed and care and treatment was planned and delivered to reflect their individual care plan. Potential risks to people were assessed and information was available for staff which helped keep people safe.

People said that the food at the home was good and that their dietary needs were met. There were a variety of choices available to people at all mealtimes.

Equipment was available in sufficient quantities and used where needed to ensure that people were moved safely and staff practiced safe moving and handling techniques.

Information of what to do in the event of needing to make a complaint was displayed in the home. During our visit we observed staff assessing if people were happy as part of everyday routines that were taking place. People said that they were regularly asked about the service they received and action was taken when dissatisfaction was expressed.

People said that they were happy with the choice of activities on offer and that they were supported to maintain links with people who were important to them.

Everyone that we spoke with said that the registered manager was a good role model. Staff, people who lived at the home and their relatives said that the registered manager actively sought their views, listened and acted upon them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People told us they felt safe. Safeguarding procedures were in place that offered protection to people but these had not always been put into practice.

Medicines were managed safely. Further guidance on some medicines would promote people's safety further.

Risks were assessed and managed well, with care plans and risk assessments providing information and guidance to staff.

There were enough staff on duty to support people and to meet their needs.

Staff employed by the registered provider underwent robust recruitment checks to make sure that they were safe to support people before they started work.

Is the service effective?

Good

The service was effective.

Staff were sufficiently skilled and experienced to care and support people to have a good quality of life.

People consented to the care they received. The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and followed the requirements of the Mental Capacity Act 2005.

People were supported to eat a choice of meals that promoted good health.

People told us that they were happy with the medical care and attention they received. People's health and care needs were managed effectively.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion by dedicated and committed staff. Caring relationships had been developed that promoted people's sense of wellbeing.

People were supported to express their views and to be involved in making decisions about their care and support.

People were treated with dignity and respect. Staff were able to explain how they promoted people's dignity and privacy.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and treatment was provided in response to their individual needs and preferences.

An activity programme was in place and people expressed satisfaction with the range of activities available.

People felt able to raise concerns and were aware of the complaints procedure. Systems were in place that supported people to raise concerns and their views and opinions were acted upon.

Is the service well-led?

Good

The service was well-led.

The registered manager promoted a positive culture which was open and inclusive.

Systems were being used to identify and take action to reduce risks to people and to monitor the quality of service they received. Further expansion of these would help drive improvements.

People spoke highly of the registered manager and said that the home was well-led. Staff felt well supported and were clear about their roles and responsibilities.

Greys Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 4 April 2017 and was unannounced. The inspection team consisted of one inspector 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and we checked information that we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with 10 people who lived at the home and one visiting relative. We spoke with the registered manager, three care staff, the maintenance person and the chef.

We spent time observing the care and support that people received in the lounges and communal areas of the home during the morning, at lunchtime and during the afternoon. We also observed part of the medicines round that was being completed.

We reviewed a range of records about people's care and how the home was managed. These included three people's care and medicine records. We also looked at staff training, support and employment records, audits, minutes of meetings with people and staff, menus, policies and procedures and accident and incident reports.

Requires Improvement

Is the service safe?

Our findings

Systems and processes were in place to safeguard people from harm but despite this action had not always been taken to reduce the risk of harm to people. During 2016 the registered manager raised a safeguarding alert with the local authority and the police when financial concerns were identified for a person. This demonstrated that the registered manager understood her responsibilities to report concerns to the relevant agencies and to safeguard people from potential harm. However, during this inspection we identified a different situation that had not been investigated or reported to the local authority safeguarding team. When we drew this to the registered manager's attention she acknowledged this should have happened to ensure risks to a person were managed and their safety was not compromised.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the registered manager sent us documentary evidence that she had raised a retrospective safeguarding referral in relation to the person we identified as being at potential risk of harm.

Despite the above concern people said that they felt safe and we observed that they appeared happy and at ease in the presence of staff. One person said, "I feel safe, there's always someone on call." A second person said, "Oh yes, I feel safe here."

Staff received safeguarding training and were able to explain the correct procedures that should be followed should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. One member of staff said, "Abuse can be physical, verbal, racial, and sexual. There are loads of different forms of abuse. If I saw anything I wouldn't hesitate in blowing the whistle. If nothing was done I would take higher to social service, yourselves and the police."

People told us they received appropriate support with their medicines. One person said, "My medication – they are in control of it. They come on time. They involve you; it's not a nursing home. They come round with little jars and say its medication time! And they are meticulous about it." A second person said, "Their very conscientious and make sure you get your medication on time." A relative said, "They're well aware of her many medicines and seem to be on the ball."

Medicine was stored in a designated medicine room and in trollies which were allocated to each floor of the home. They were locked and secured to the wall when not in use. Medicine Administration Record (MAR) charts were well maintained. Each chart included photographic identification, known allergies were noted and there were no gaps of signatures seen. Codes were used to explain why a medicine was not given for example if someone was in hospital or out at the time. There was a lockable room for the storage of medicines. Medicines requiring refrigeration were stored in a fridge, which were not used for any other purpose. The temperature of the fridge was monitored daily to ensure the safety of medicines.

Staff followed safe medicine administration procedures. They wore an apron to say they were not to be disturbed while undertaking a medicine round, they locked the medicine trolley while it was unattended, and only signed MAR charts when medicine had been administered. Staff told us there was regular training provided in medicines management. This included a system to ensure all staff dispensing medicines underwent a process of regularly checking their competency to do so.

The provider's assigned pharmacy conducted an audit of medicines management during January 2017. This confirmed that medicines were being managed safely. The report made a number of recommendations; the majority had been acted upon. The audit identified that PRN (as and when required medicine) protocols needed updating and should be stored with MAR charts for ease of reference. This had not been acted upon at the time of our inspection and a member of staff who gave people their medicines was not aware of any being in place. This meant that staff might not know how to give PRN medicines safely.

It is recommended that the registered person reviews and implements safe systems for the use of PRN medicines.

People said that there were sufficient staff on duty to meet their needs safely. One person said, "The staff are always busy, you can never have enough staff but everything that needs to get done gets done." A second person said, "The staff come in a reasonable time when I buzz. It's a routine and they know how long I'll be and then when I buzz they're ready to come in." A relative said, "There always seems plenty of staff around."

Staff also said that staffing levels were sufficient to meet people's needs. One member of staff said, "For the last 18 months or so it's been really good with no issues."

We observed there were sufficient staff on duty and people received assistance and support when they needed it. There were a minimum of four staff on duty of a morning, three during the afternoon and two staff of a night. In addition to this, there was a management presence at the home at least five days per week. Separate kitchen and domestic staff were also employed so that care staff could focus on supporting people who lived at the home. The registered manager told us that staffing levels were decided by assessing the needs of people who lived at the home reviewed if there were changes in a person's needs. The registered manager explained, "It's assessing the needs of clients. Lots of our residents are quiet able. We are very aware we are residential only and very careful not to accept people with high needs. No one needs hoisting or assisting to eat. One person needs encouragement but is capable of feeding themselves."

Appropriate recruitment checks were undertaken before staff began work. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS).This check helps to ensure staff are safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history and references, job descriptions and identification evidence to show that staff were suitable to work in the home.

Risks to people were managed safely. Potential risks to people were assessed and information was available for staff which helped keep people safe. This included assessments in relation to falls, malnutrition and moving and handling. When incident and accidents occurred records evidenced that action was taken to minimise the chance of a re-occurrence. For example, as a result of one person falling a referral to the falls prevention team was made, a sensor mat was placed by their bed and they moved to a room on the ground floor of the home in order that staff could assist them quickly if needed.

Checks on the environment had been completed to ensure it was safe for people. The lift and fire alarm system had been serviced with certificates of safety issued. Since our last inspection the fire alarm system

had been updated and new emergency call bell system put in place. No one who currently lived at the home required assistance to move with the aid of a hoist. Some people used walking frames to move around the home; staff were able to describe safe moving and handling techniques and we observed these in practice. When one person moved from one room to another staff stood next to them and offered encouragement whilst making the person aware of their surroundings.

Good

Is the service effective?

Our findings

People said that they consented to the care they received. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's freedom was not restricted. One person said, "I'm free to go walking around and on a nice day I'll go right round the outside of the house. I do that for myself. They see us going for a little walk." The registered manager had taken appropriate steps to manage restrictions on people's freedom. When one person's mental health had declined she had submitted a DoLS application to the authorising authority as they lacked capacity and were unable to leave the home freely. As part of this process a mental capacity assessment had been completed which considered what decisions the person had the capacity to make.

There were no coded key locks in place at the home and people were able to enter and exit the home when they wished. The registered manager informed us that no one at the home used bedrails which could restrict their movements. She explained, "I use alternatives; lower the bed and sensor mats."

Staff had received MCA training, understood the importance of gaining consent from people and were aware of the principles of the MCA. People's capacity to consent was assumed by staff unless there was an MCA assessment to show otherwise. This was in line with the MCA Code of Practice which guides staff to ensure practice and decisions are made in people's best interests. Peoples care records included confirmation that they consented to the care that was provided. For people whose capacity fluctuated care plans guided staff so that people could still make choices. For example, one person's care plan stated, 'Support by providing X with information about activities so they can make own choices.' For personal care the plan stated 'Gently prompt without compromising independence and gain consent to assist.'

The registered manager had sought written confirmation from people who had Lasting Power of Attorney for health and welfare or financial matters issued by the Office of the Public Guardian to ensure people had the legal right to act on behalf of individuals. Information about the MCA and DoLS was on display in the home that helped people to understand their rights.

People expressed satisfaction with the food at the home and said that their dietary needs were met. One person, "The meals are not bad at all. I like the soup, its warming." A second person said, "The food is very good. It's varied and nutritious. Three course lunch, afternoon tea with cake and sandwiches or hot food at tea time, like pizza and salad, macaroni cheese."

We observed the lunchtime dining experience and found that people received appropriate support based

on their individual needs. One person was given their meal in a bowl rather than a plate to enable them to eat independently. People told us that they were offered a choice of meals and we observed staff check that people were satisfied with the option they had chosen. Tables were covered in attractive plastic tablecloths and there were paper napkins.

Staff, including kitchen staff, were aware of people's dietary needs and how likes and dislikes and changes in people's special diets were communicated. People's likes and dislikes were documented and kept in the kitchen, accessible to staff. A four week menu was in place that offered people a variety and choice of home cooked meals, desserts and snacks. A range of fresh fruit and drinks were available to people that they could access independently and at times of their choosing. Ample tea and coffee was served throughout the day and staff were seen to offer encouragement to people to during when this was needed.

In the PIR the registered manager informed us, 'During the very hot summer we organised different ways of encouraging fluids, this included ice lollies, ice cream cones, fruit punch, bucks fizz and Pimm's and nibbles in the garden. This was very effective as it turned into a positive way of fluid intake apart from water, tea, coffee. It also became a social event in the afternoon.'

People at risk of dehydration or malnutrition had nutritional care plans and risk assessments in place. One person told us, "I wasn't eating or drinking properly in hospital before I came here. I lost about a stone. That's all changed since I've been here." People's weight was monitored and recorded in their care plan monthly. Where necessary, advice had been sought from dieticians and the recommendations incorporated into people's care plans. When looking at one person's records we saw that the dietician had recommended specific daily intake of calories, protein and fluids. Food and fluid forms were being completed to monitor the person's intake however the format did not allow for accurate and effective monitoring. The registered manager said that she would address this as a matter of priority.

People said that they were happy with the medical care and attention they received and we found that people's health and care needs were managed effectively. One person said, "There's a very good chiropodist who comes regularly. I make the next appointment before they leave."

People were supported to maintain good health and access external healthcare support as necessary. People told us that staff arranged for them to see professionals such as the doctor, dentist or optician as necessary. The registered manager also ensured referrals were made to the Speech and Language Therapy team, the falls prevention team, dieticians and district nurses where necessary. The advice and guidance given by these professionals was followed.

Staff said that they were fully supported to undertake their roles and responsibilities. They received one to one supervision as well as group supervision and an annual appraisal. One member of staff said, "When I was new I had meetings as part of my induction and still get regular meetings and support now that it's finished."

Staff were skilled and experienced to care and support people to have a good quality of life. New staff undertook a 12-week induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. In addition to formal learning, new staff also shadowed more experienced staff. Newly recruited staff confirmed that that they had shadowed other staff when they first started to work at the home which allowed them the opportunity to get to know people and what was expected of them.

A training programme was in place that helped to ensure staff knowledge was current. Training was provided in areas that included first aid, fire safety, moving and handling, health and safety and infection control. In addition, training was provided relevant to the needs of people who lived at the home. This included dementia care, equality and diversity, malnutrition, person centred care and end of life care. Staff had either completed or were in the process of completing a level two or above NVQ or Diploma in Health and Social care.

Good

Is the service caring?

Our findings

Everyone, without exception said that staff were caring and that they were treated with kindness and respect. One person said, "The staff are nice. We are human beings and have a right to be treated with respect. They are good at that." A second person said, "When you walk in there is a lovely feeling of comfort. You must come and stay here we're all so happy." A third person said, "The staff respect your wishes. If I want to stay here and watch TV they don't mind."

A relative said, "X feels she's amongst people she can trust and build a relationship with. It's been a huge weight off my mind knowing X is being looked after. The way it's turned out, it's helped her to leave her old house behind. The helpfulness and friendliness of staff has made a big difference. They've been there to support me too."

The registered manager was passionate about providing a caring service to people. In the PIR she wrote, 'Greys is a small family run home, the main ethos is that it is the residents' home. All staff have trained in rights and choices and respecting each individual. This includes talking about their wishes for the future should they wish to. I would not keep staff on whatever qualifications they come with if they could not be caring, compassionate, and respectful of peoples wishes.'

The atmosphere in the home was very calm, relaxed and friendly. It was apparent that positive, caring relationships had been developed and that people benefited from these. For example, when one member of staff came into the lounge a person told us, "She's nice, friendly and helpful and always smiling." The member of staff came over to the person, greeted them and asked how they were. When the person said that they would like a cup of tea the member of staff immediately went and fetched one. Another person said of the staff, "You feel loved by all of them." A third person said, "The staff are more like friends not carers."

On another occasion a member of staff sat with a person and read them a poem about being a mother. This led to a lovely conversation between the person and the member of staff about family members and relationships. Some of the people who lived at the home had written poems about their experience of living there. These had been published in the homes brochure and gave prospective new residents a real insight into the home by people who already lived there. For example, one verse of a poem stated 'Hot tea and cake, just what I need, served on a tray with a well-mannered smile. The girls here are lovely looking after my care; I'll just put my feet up and stay a while. Some good conversation, light hearted banter, is so much better than being alone in the winter. I've nothing to say except good things and praise, for everyone living and working at Greys.'

One person told us how they first came to the home for a period of respite but asked if they could live there permanently due to the kindness shown by staff and the freedom they still had to live as they wished.

When we were spending time with one person in their room a member of staff came by to check on them. The person thought it might be time for bed. The member of staff kindly explained that it was still the

afternoon and then noticed that the person's clock had stopped at 7.15pm. The member of staff explained this to the person and offered to put some replacement batteries in it. The clock was returned, working, within 10 minutes.

We observed care in communal areas throughout the inspection. Staff were respectful and kind to people living at the home. We observed instances of genuine warmth between staff and people. Throughout the inspection all staff had a smile on their face every time they approached or spoke with someone. We observed that staff regularly engaged in conversation with people, sat with them for a chat and were affectionate, giving hugs. One member of staff explained to us, "I am myself with people. Be kind and talk with respect. I listen; people have fantastic stories to tell. It's important to get to know people." A second member of staff said, "I wish I had found this place sooner to work at. Everything is done for the residents – they are at the heart of everything. You don't feel rushed or pressured. If it takes an hour because a resident wants to chat that's fine."

People's rights to remain independent were respected. One person said, "The best thing, in a way is your independence. There's no fast rules. No one bossing you about." A second person said, "I'm quite independent and I go out when I like, as long as I tell the girls when I'm going, take a mobile phone with me and tell them when I get back."

Staff understood the importance of promoting dignity, respect and independence. One member of staff said, "Residents can please themselves; can have a lie in or get up when they choose." A second member of staff said, "You must seek permission beforehand and respect their wishes for example gender preference of staff with personal care. Respecting wishes is important. It's also important to chat when delivering personal care as this helps people to relax and put them at ease."

People had been supported where necessary to look smart and to dress in co-ordinating clothes. Some women wore items of jewellery that complimented their outfits. People's hair was clean and men were freshly shaved. Where necessary peoples care plans included detailed information about their preferences with regards to clothing. For example, one person stated 'X has always preferred to wear a bra, petticoat, skirt, blouse and cardigans. Never worn trousers – or even owned a pair.' People's bedrooms had been personalised to reflect their own interests and hobbies. People told us they had appreciated being able to bring items of their own furniture and make their rooms their own.

People's privacy was respected. People told us that staff respected their privacy. We observed that staff respected people's private space and as such they routinely knocked on people's bedroom doors and sought permission before entering. Support was provided in a discreet and caring way. Staff addressed people by their preferred name which was usually their first name.

People were supported to express their views and to be involved in making decisions about their care and support. Information was displayed around the home to help people understand choices about their care. This included information about forthcoming activities, the last CQC inspection findings and the philosophy of the home. Monthly residents meetings took place where people's views were obtained and acted upon. A person who lived at the home told us that each person received a copy of the minutes of these meetings to refer to if they wished. Regular newsletters were published in order to inform people of events and occurrences at the home.

Relatives were welcomed at the home. One person told us, "Relatives and visitors can come and eat here. My daughter had her dinner in the garden as it was a lovely day." The registered manager helped foster relationships by ensuring birthdays were always celebrated and families and friends invited. Many written

compliments had been received from relatives thanking the registered manager and staff for events they had arranged and the care and compassion that was shown. For example, one relative wrote 'Every time I visited my X at Greys over the past 10 years or so, I was always reminded of the meanings of care and compassion. I cannot think that X could have been better looked after anywhere else and the number of times that she told how happy she was at Greys is testimony to that. The love and care as well as your staff's efforts to retain her dignity have been simply fantastic and the worry of living so far away never existed knowing what good hands my X was in. I cannot thank you and your wonderful staff enough for allowing X to be part of your family and for loving and caring for her to the highest standards possible.' The registered manager had recently introduced a 'family forum' as an additional way for relatives to be involved and to have a say on the service provided. The first meeting was due to take place later in April.

Good

Is the service responsive?

Our findings

People said that they received responsive care based on their individual needs. One person said, "I go to the hospital sometimes and I just tell them the appointment and staff organise the taxi and a member of staff comes with me." a second person said, "I think they are very good at responding."

People's needs were assessed and care and treatment was planned and delivered to reflect their individual needs. Care plans were legible, person centred and securely stored. People's choices and preferences were documented. Care plans contained information about people's care needs and actions required in order to provide safe and responsive care. For example, staff noticed when one person's eating habits changed. A referral to the dietician and to the community mental health nurse were made, recommendations identified and changes to the persons care implemented.

On another occasion a person was seen by the falls prevention team after falling on a number of occasions. Staff were advised to take the person's blood pressure daily and to ensure well-fitting shoes; glasses and hearing aid were used. All of these were seen to be in place during the inspection.

People expressed satisfaction with the activities provided. One person said, "The staff take you to shows sometimes; not very often but sometimes." A second person said, "There are outings and a few of us go. They do birthday parties if it someone's birthday and have entertainers come here. There's a group that play scrabble. I think it's well balanced here in terms of activities." A third person said, "The quizzes are good fun and I generally go for that."

One person told us that they had asked if they could arrange a bridge club with people from the local village and the home had readily agreed and provided a lounge area for them to play.

People appeared to enjoy the activities that took place on the day of our inspection. During the afternoon a quiz took place that 12 people joined in with and whole heartedly enjoyed. The quiz was led by a member of staff who engaged with all the people who participated and made it fun and entertaining.

People were supported to raise concerns and complaints. Staff were seen spending time with people on an informal, relaxed basis and not just when they were supporting people with tasks. During our visit we observed staff assessing if people were happy as part of everyday routines that were taking place.

Information of what to do in the event of needing to make a complaint was displayed in the home along with a suggestions box that people could post complaints anonymously if they wished. The complaints procedure included the contact details of other agencies that people could talk to if they had a concern. These included the CQC. There was a system in place for responding to complaints however no formal complaints had been raised since our last inspection.

The registered manager proactively advised people to raise issues and concerns at an early stage in order that they could be resolved. People were reminded of this during the monthly residents meetings that took

place. In the PIR the registered manager informed us, 'All concerns and complaints are dealt with as soon as we are alerted to this. On most occasions this is done verbally by the resident but also relatives will bring issues up. This is usually around food or cold drinks, this is addressed immediately. On occasions laundry has gone missing this is addressed
By making sure clothing is marked in some instances it has been found in the wrong resident's room! This is often brought up by a staff member at staff meetings as she finds it very annoying. There is a Concerns/Compliment book in the dining room. We will continue to have an open transparent organisation working hard to making sure residents are listened to and we are responsive to their individual needs.' One person told us, "Once a month there is a residents meeting. If things get raised they get actioned. They're anxious to know if there's anything we'd like or unhappy about so they can do something about it."

Good

Is the service well-led?

Our findings

There was a positive culture at the home that was supported by a registered manager who took steps to ensure this was inclusive and empowering. People said that the home was well-led and that the registered manager was approachable. One person said, "I don't think you could find a better place. The staff are happy here." A second person said, "The manager [name] is wonderful, she's so caring." A relative said that they found management very approachable and "I feel, utterly, that I could raise anything." They went on to add, "If I had to put my name on a waiting list for when I'm older, I'd put it down for here!"

As at our previous inspection everyone that we spoke with said that the registered manager was a good role model. Staff were motivated and told us that they felt fully supported and that they received regular support and advice. One member of staff said, "Our manager is very approachable and will listen and take things on board. It's a really nice place to work and a really nice place for people to live." A second member of staff said, "The manager is fantastic. She is not stuck in the office and spends time with the residents. Concerns and issues get sorted straight away. She looks out for staff and makes us feel valued."

The registered manager demonstrated understanding of her responsibilities to ensure legislation was complied with. When we brought to her attention the situation where a safeguarding referral had not been made she was apologetic and took responsibility for this. This demonstrated openness in line with Duty of Candour. Duty of Candour places a requirement on providers to inform people of their rights to receive a written apology and truthful information when things go wrong with their care and treatment. The registered manager was aware of the legal requirement to report significant events. As such, notifications were submitted to the Commission in a timely and transparent way. Information was stored securely and in accordance with data protection. The registered manager had completed and returned the PIR when requested. The information in the PIR was accurate and identified areas for future development. This demonstrated a commitment by the registered manager to be open and transparent about what aspects of the service she would like to improve.

Despite people commenting positively about the registered manager she had not implemented all aspects of the provider's quality assurance policy and procedure. For example, she confirmed that surveys had not been sent to people on an annual basis, six monthly service audits had not taken place and a continuous improvement plan was not in place. This had not impacted on the service people received but had the potential to do so.

It is recommended that the registered person monitors the quality of service provided in line with the providers own policy.

Despite people's views not being obtained from surveys monthly residents meetings took place where people were asked their views and opinions on the service provided. When issues were raised these were acted upon. For example, changes had been made to meals and activities.

An external audit of staff support was conducted during May 2016 by Investors In People South of England

as part of the homes revalidation to remain in the scheme. The audit confirmed that staff received structured support and training. An audit of the kitchen was conducted during February 2016 by the Environmental Health Department with no concerns identified. As a result the home was awarded a five star rating.

The registered manager had sourced and made available information that all staff could access that was relevant to them providing care and support to people. Information included guidance from Surrey Care Association, CQC updates and Surrey County Council Adult Services. In addition, the registered manager informed us in the PIR 'I have recently made one senior the Head of Care and another Head of Administration. In the increasing world of paper work this is proving very beneficial to both myself and the smooth running of the home. A new member of senior staff has Train the Trainer qualifications so over the next few months I will be integrating her skills. The Head of Care and Head Administrator have both attended the ' Inspector Calls' course so that they will feel competent should an Inspector Calls if I am not here!'

Staff were aware of the registered providers whistle blowing procedures and how this offered protection to people. Policies and procedures were accessible to staff if they needed to refer to these.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person had not ensured service users were protected from abuse and improper treatment by the effective operation of systems and processes to prevent abuse happening.