Royal Cambridge Home Limited

Royal Cambridge 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?	Requires Improvement

Summary of findings

Overall summary

The Royal Cambridge Home is a care home without nursing for a maximum of 30 older people, including people living with dementia. There were 20 people living at the home at the time of our inspection.

The provider had submitted plans to redevelop the service. A decision on the planning application had yet to be made at the time of our inspection. Because of the planned redevelopment, the home was not making permanent admissions at the time of our visit.

People's experience of using this service:
People received their care from consistent staff who knew their needs, interests and preferences about their support. Staff were kind and caring and treated people with respect. Relatives said the home had a 'family feel' that their family members enjoyed. People and their relatives were involved in planning their care. Staff encouraged people to make choices and respected their decisions.

We found that care records were not always complete or up-to-date. This had not adversely impacted people's care as staff provided the support they needed. However, there was a risk that people could receive inappropriate care as their care plans did not always accurately reflect their needs. We have made a recommendation about this.

People were supported to maintain good health and to obtain medical treatment when they needed it. Staff were observant of any changes in people's health and ensured any concerns were investigated. Managers and staff had established effective working relationships with other professionals to ensure people's needs were met. Staff kept relatives well-informed and up-to-date about their family members' health and well-being.

People had access to a range of activities, events and outings. Staff supported people to remain involved in the community and to use local shops and cafes. People's religious and spiritual needs were known and respected. Relatives were made welcome when they visited and were encouraged to be involved in the life of the home. People enjoyed the food at the home and were consulted about the menu. Any specific dietary needs were recorded and known by catering staff.

The management team provided good support to staff and communicated effectively with people, relatives and professionals. People, families and staff were encouraged to give their views about the home at regular meetings and through surveys. Any suggestions people made were listened to and acted upon. People and relatives knew how to complain and told us they would feel confident in doing so.

Staff received the training they needed for their roles and shared information effectively to ensure people received consistent care. Staff understood their role in safeguarding people and knew how to recognise and respond to abuse. There were enough staff on each shift to meet people's needs, although following an incident that we observed during the inspection, the registered manager agreed to review how staff were

deployed to meet people's needs.

Risks were assessed and managed effectively. Medicines were managed safely. Staff maintained appropriate standards of hygiene and infection control. The provider had a business continuity plan to ensure people would continue to receive their care in the event of an emergency. The provider operated robust recruitment procedures which helped ensure that only suitable staff were employed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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

Rating at last inspection and update
The last rating for this service was Good (published 9 December 2016). Since this rating was awarded, the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected:
This was a planned inspection based on the previous rating.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always well-led Details are in our Well-led findings below.	**Requires Improvement**

Royal Cambridge 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. 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
Three inspectors carried out the inspection.

Service and service type
The Royal Cambridge Home 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.

Before the inspection
We used the information the registered manager 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 the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the inspection

We spoke with seven people who lived at the home and two visiting relatives. We spoke with eight staff including the registered manager, the deputy manager, the chef, care staff and housekeeping staff.

We looked at care records for four people, including their assessments, care plans and risk assessments. We read minutes of staff meetings, residents' meetings and the results of surveys. We checked four staff files, medicines management and recording, accident and incident records, quality monitoring checks and audits.

After the inspection
The registered manager sent us further information including the minutes of residents' and staff meetings. We spoke with a relative and a healthcare professional by telephone to hear their feedback about the home.

Good

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 good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

● People told us staff were available when people needed them. Relatives confirmed there were enough staff available to meet people's needs when they visited. One relative told us, "There are enough as always plenty [of staff] on when I visit." Another relative said, "There are always staff around to keep an eye on people."

● The number of staff needed on each shift was calculated based on people's assessed needs. This calculation was reviewed regularly to take account of any changes in people's needs. The registered manager told us that the skill mix of staff was considered when the rota was planned. Care staff confirmed that they always had access to support from senior colleagues on each shift.

● During the inspection we observed an incident in which staff could have been better deployed to meet people's needs effectively. One member of staff was fetching breakfast from the kitchen for a person in the dining room. During this time, two call bells were ringing from people's bedrooms. These were responded to by the member of staff once they had brought the person's breakfast.
Other staff were available in the home but none responded to the call bells. We discussed this with the registered manager during the inspection. The registered manager agreed to review how staff were deployed to ensure that available resources were better used to meet people's needs.

● The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to submit an application form and to attend a face-to-face interview. The provider obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check in respect of staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Systems and processes to safeguard people from the risk of abuse

● Staff received safeguarding training and understood their responsibilities in protecting people from abuse. Staff were able to describe the signs of potential abuse and the action they would take if they observed these. Safeguarding and whistle-blowing had been discussed at team meetings and staff reminded of their responsibilities in these areas.

● If concerns had been raised about people's care, the provider had reported these to the relevant agencies, including the CQC and the local authority. The provider had investigated allegations when asked to do so and shared their findings with relevant agencies. Where investigations had identified areas for improvement, action had been taken to improve. For example, a professional told us the home had implemented their advice following an incident in which a person sustained bruising. The professional described the approach of the home's managers as, "Open, honest and transparent."

Assessing risk, safety monitoring and management

● People told us they felt safe at the home and when staff provided their care. Relatives were confident their

family members were cared for safely.
● Assessments had been carried out to identify any potential risks to people, including the risks associated with mobility, skin integrity and eating and drinking. Where risks were identified, measures were put in place to mitigate these.
● Health and safety checks were carried out regularly and equipment used in people's care, such as slings, hoists and baths, was checked and serviced according to manufacturer's guidelines. The management team carried out health and safety audits which checked first aid equipment, fire safety, accident and incident reporting and equipment servicing.
● The home had a business continuity plan which outlined the actions the provider would take plan to ensure people received their care in the event of an emergency.
● Staff regularly tested the fire alarm system and carried out fire drills. The home's fire risk assessment had been reviewed in May 2019 and a personalised risk assessment had been carried out to identify the support each person would need in the event of a fire. The home's fire extinguishers had been tested in March 2019 and the fire alarm system and emergency lighting checked and serviced in July 2019.

Learning lessons when things go wrong
● If accidents or incidents occurred, these were reviewed to identify any learning that could be implemented to prevent a similar incident happening again. For example, the deputy manager reviewed any falls that occurred to identify any patterns or trends. This included considering factors such as the time of day, location and any underlying factors such as medication or illness. The deputy manager gave examples of actions that had been taken to reduce risk following falls, such as installing low beds or motion sensors for people at risk of falling when in their rooms.

Using medicines safely
● Medicines were managed safely. There were appropriate arrangements for the ordering, storage and disposal of medicines. Staff who administered medicines received training and their practice was assessed before they were signed off as competent. Staff administering medicines demonstrated good practice during our observations. They ensured people understood which medicines they were taking and for what purpose. Staff made sure people had taken their medicine before recording that they had done so.
● The provider had introduced an electronic medication management system, which had benefits for the effective administration and recording of medicines. For example, the system highlighted to staff when people needed their medicines and any errors were identified in real time.
● Medicines were audited by the management team and by an independent pharmacist. The most recent pharmacist audit had identified that staff were not always recording the location of transdermal patches when they applied these. The home's management team had taken action to address this following the audit.

Preventing and controlling infection
● Staff kept the home clean and hygienic and maintained appropriate standards of infection control. Cleaning schedules were signed off by housekeeping staff when completed and checked by senior staff. Staff attended infection control training in their induction and regular refresher training. They had access to personal protective equipment, such as gloves and aprons, and used these when necessary. Infection control audits were carried out to ensure people were protected from the risk of infection.

Good

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 the same. People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us staff had the skills they needed to provide their care. Relatives were confident in the competence of staff who cared for their family members. One relative told us, "The care managers know what they are doing and the staff are very good. I've never seen them looking lost about what to do to help someone."
- Staff had an induction when they started work, which included mandatory training and shadowing colleagues. Staff were expected to complete relevant qualifications, including the Care Certificate, a set of nationally-agreed standards that health and social care staff should demonstrate in their work. The provider had recently invested in a programme of e-learning which enabled staff to access a variety of training courses. Some training, such as first aid, fire safety and moving and handling, continued to be provided face-to-face.
- Specialist training was arranged with healthcare professionals where necessary to ensure staff had the skills they need to provide people's care. For example, a speech and language therapist had delivered training in dysphagia and falls prevention training had been provided by the Clinical Commissioning Group's Quality in Care Homes team. A professional who had delivered training at the home told us staff had engaged positively with the topic and were receptive to their advice.
- Staff met regularly with their managers for one-to-one supervision and appraisal. Staff told us supervision sessions were useful and they were encouraged to raise any issues or concerns they had.
- Staff shared important information about people's needs effectively. Staff told us that responsibility for people's care was allocated at the beginning of a shift to ensure everyone received the support they needed. Care assistants said senior staff checked at the end of the shift that all aspects of people's care had been provided. One member of staff told us, "At the beginning of the shift, we receive our allocation. We are aware of all the residents to make sure everyone has the right attention and we help each other out. At the end of the shift, the care manager checks everything is done."
- Staff always had a handover at the beginning of their shift to ensure they were up-to-date with any changes in people's needs. A member of staff said of the handover, "We go through the allocation, we go through every resident; any changes, any special needs, any accidents or incidents."

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

- People said they enjoyed the food at the home. They said staff knew their likes and dislikes and they could have alternatives to the menu if they wished. The menu was discussed at residents' meetings and people were asked for their feedback about the food through surveys. People were also asked for their views about their meals on a day-to-day basis and the chef was available in the dining room at mealtimes to hear feedback. Suggestions that people made were implemented. For example, the chef had sourced items that

people had requested, including mussels and fresh fish. People had 'taste tested' different juices, breads and wines from local suppliers to see which they preferred.

● People's nutritional needs were assessed and kept under review. If people were at risk of failing to maintain adequate nutrition or hydration, staff monitored their weight and recorded their food and fluids. Referrals had been made to healthcare professionals such as a GP or dietitian where necessary, for example, if people were consistently losing weight.

● People's dietary needs and preferences were communicated by the care team to catering staff. This included information about food textures, allergies, portion sizes and fortified fluids. We observed that people's meals were prepared according to their individual needs and preferences. Catering staff had attended training in the new initiative to standardise texture-modified foods and thickened drinks for people with swallowing difficulties in care settings. People's dietary needs had also been reviewed as a result of these changes to guidance about texture-modified food and thickeners.

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

● People were supported to maintain good health and to access healthcare services when they needed them. People told us staff helped them arrange medical appointments if necessary. All the people living at the home were registered with one of two local GP surgeries and a GP visited the home fortnightly. Staff told us they could also make referrals directly to the community nursing team. Where necessary, community nurses visited the home regularly to provide aspects of people's care, for example to administer insulin. The healthcare professional we spoke with told us staff sought advice and referred concerns appropriately.

● Relatives said staff monitored their family members' health effectively and were quick to highlight any concerns. One relative told us their family member had received important treatment as a result of staff being observant of changes in their health.

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

● People's needs were assessed before they moved to the home to ensure staff could provide their care. People's needs were reviewed regularly to ensure they continued to receive appropriate care and support.

● Care was delivered in line with relevant national guidance. The registered manager and senior staff kept up-to-date with developments in legislation and best practice. Any changes that affected the way in which care was provided were shared with staff at team meetings.

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

● The provider had submitted plans to redevelop the service. A decision on the planning application had yet to be made at the time of our inspection.

● The provider had ensured that people who lived at the home, their relatives and staff were well-informed and kept up-to-date with progress on these plans. An exhibition of the plans had been held at the home which members of the public were able to attend and a public consultation had been carried out.

● Preparation for the proposed redevelopment had involved closing some parts of the current building and changing the use of some communal rooms. This process had been managed sensitively and planned to minimise disruption to people.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● People's care was provided in line with the MCA. People told us that staff asked for their consent on a day-to-day basis and respected their decisions. Relatives' comments and our observations confirmed this.
● Where necessary, assessments had been carried out to determine people's capacity to give consent to their care. If people lacked the capacity to give consent, the provider communicated with professionals and representatives legally authorised to act on people's behalf to ensure that decisions were made in people's best interests. Where people were subject to restrictions for their own safety, such as being unable to leave the home unaccompanied, applications for DoLS authorisations had been submitted to the local authority.

Good

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. People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People said the staff who supported them were kind and friendly. One person told us, "I like the staff. I find them to be friendly and helpful." Another person said of staff, "They are all very kind."
- Relatives said staff treated their family members with kindness and respect. They said the home had a homely atmosphere that their family members enjoyed. One relative said, "[Family member] has a smile on her face whenever I visit. I never have any concerns about how she is cared for here." Another relative told us, "[Family member] is really happy here. It has a 'family feel'. The staff are very nice. Lots of them have been here for years and they know [family member] and me very well."
- Relatives told us the care provided by staff had contributed to improvements in their family member's health and well-being. One relative said, "[Family member] was so poorly when he moved in. He is much happier now and so much better. A lot of that is down to their good care." Relatives told us staff had also supported people's families during difficult circumstances. One relative said, "They have supported me too when I have felt anxious or frustrated."
- People received their care from a consistent staff team. Staff knew the people they cared for well and were able to tell us about people's needs, interests and preferences. Relatives told us their family members benefited from seeing the same staff regularly. One relative said, "The staff are consistent, which is great because they like to see the same faces. And the staff get to know them; what they like and what they don't like." Another relative told us, "The staff are fantastic. They have really taken the time to get to know [family member]. They talk to her and they have white boards in her room to leave messages, which is a nice idea."
- Agency staff were used on some shifts to cover vacancies on the permanent staff team. The home aimed to use regular agency staff to maintain consistency of care. The registered manager said the provider aimed to develop a pool of bank staff who could be called upon to cover vacant shifts.
- Relatives told us the home kept them up-to-date about any changes in their family member's health or well-being. One relative said, "They are very good at letting me know about any changes in his health or care."
- Relatives told us they were made welcome when they visited and were encouraged to be involved in the life of the home. People's families and friends were invited to events, such as garden parties and coffee mornings, and some relatives accompanied people on trips organised by the home. A member of staff told us, "Families visit for lots of people. We are like a big family here." The provider information return said the home used, 'IT/social media for residents to keep in touch with relatives or friends who live abroad via Skype, Facetime etc.'

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their

views and be involved in making decisions about their care

● Staff treated people with respect and maintained their dignity. One person told us, "Staff respect me. I am polite to them and they are polite to me. They try their best and they do a good job." People told us staff were respectful when providing their care and said they could have privacy when they wanted it. During our inspection staff engaged positively with people, sharing conversation and humour. Staff treated people in a way that was friendly yet respectful.

● The home ensured people were involved in their care and that relevant people were consulted about any changes in people's support. A relative told us, "They take time to explain things to [family member] even though she may not understand." People were encouraged to be independent and supported to manage aspects of their own care where possible.

● People were supported to express their views and their rights were respected. People were asked if they needed support to manage their mail or to complete satisfaction surveys and whether they wished to participate in local or general elections. Staff encouraged people to make choices about their day-to-day care and support. One member of staff told us, "We try to encourage them to make their own choices. Every day I ask them what they would like to wear, which colour? Would they like to wear a bracelet? Some make up?"

● People's religious and cultural needs were known and respected. Some people visited the local church and representatives of the church visited the home regularly.

● Information about LGBTQ+ resources was displayed in the home and included in newsletters for people, relatives and staff.

● The provider was committed to making reasonable adjustments for staff where necessary to support them in their employment. This included arranging an Access for Work assessment to identify any support staff needed in the workplace.

Good

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 has remained the same. This meant people's needs were met through good organisation and delivery.

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 and their relatives told us the activities provision was good. People said they enjoyed the range of activities and outings. One person told us, "They bring new things in for us to try and I get to go out and about." When asked what the home did well, a relative said, "The activities are very stimulating for people."

● Relatives told us their family members benefited from their participation in activities. One relative said, "There are some [activities] he would never have done before but now he enjoys them. It's good for him." Relatives told us staff often arranged impromptu outings if they thought people would benefit from this. One relative said, 'When [family member] was a bit fed up one day, they took him out for walk and a coffee. Sometimes they take him and [another relative] out down by the river.'

● In-house activities included singing, baking, quizzes and gentle exercise. Musicians such as pianists and violinists regularly visited the home. Birthdays were celebrated and the home arranged events such as coffee mornings and a garden party to which people's friends and families were invited. Staff ensured that people were protected from social isolation. People were encouraged to spend time with others and, if they chose not to, staff ensured they had company in their room if they wanted it. People were able to access the community through trips to the local high street, shops, cafes and libraries. The home had its own transport and regular trips were arranged to places such as Bushy Park.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People told us they were consulted about and involved in planning their care. Relatives said their input was encouraged when their family member's care was reviewed. One relative told us, "I have Power of Attorney and they involve me in reviews and tell me about any changes." Care person-centred. They contained information about people's needs and preferences about their care, their life histories and interests.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The registered manager had set out in the provider information return how the home identified and supported people's individual communication needs. The provider information return stated, 'By using picture menus and picture cards to assist dementia care communication. Care home visits by community audiology, a new hearing loop system. For residents with a visual impairment we ensure that they have

sensory equipment such as a talking clock and hearing books from the library if required. Documents can be changed into large print or Braille if necessary. A community optician visits the home to carry out yearly eye health checks.'

End of life care and support

● The home was not providing end-of-life care at the time of our inspection although had done so in the past. The home had received compliments from families for the care and compassion shown to their loved ones towards the end of their lives. One relative wrote, '[Family member] could not have been cared for in a more homely, caring environment... special thanks to all the carers for all their patience and understanding and for their love and care day and night.'

● Two staff were attending training in the Gold Standards Framework (GSF), an evidence-based approach to care for people towards the end of their lives delivered by frontline care staff. The provider's intention was that these staff would roll out the training to their colleagues and the home would apply for GSF accreditation.

Improving care quality in response to complaints or concerns

● The provider had a procedure which set out how complaints would be managed. None of the people we spoke with had complained but all said they would feel comfortable doing so and were confident their concerns would be addressed. One relative told us, "Any complaint would be taken seriously, I have no doubt about that." Another relative said, "If I had a complaint I would ring [registered manager], he is easy to talk to." The home had received no complaints since 2016.

Requires Improvement

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 good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We found that records related to people's care were not always complete and up-to-date. For example, one person had no nutritional care plan in place although they had support needs in this area. The information on some people's care plans was out-of-date and did not reflect their current needs. For example, one person's care plan recorded that staff should carry out checks every 15 minutes although these checks were no longer required and were not being carried out.
- This had not adversely impacted people's care as staff provided the support they needed. However, there was a risk that people could receive inappropriate care as their care plans did not always accurately reflect their needs. We shared this feedback with the registered manager during our inspection. Following the inspection, the registered manager carried out an audit of care documentation to identify any areas in which new care plans or updates were needed.

We recommend the provider establish an effective monitoring system to ensure care records are always up-to-date, accurate and complete.

- People and relatives told us the home was well-run. They said they could always speak to the registered manager or a member of senior staff when they needed to. One relative told us, "I think it's well run. They are all very approachable. If they are busy, they are busy but they will see me that day, and I can always get them on the phone if I need to." Another relative said, "I would say communication is very good. They keep us well informed." Newsletters were distributed regularly to keep people up-to-date with events at the home, such as new staff, activities and the redevelopment programme.
- Staff told us they received good support from the management team. They said the registered manager and senior staff were approachable and supportive. One member of staff said, "I found them very approachable, all the management team. Every time they are there for you. This means a lot." Another member of staff told us, "All the time they are around and they ask you if everything is all right."
- The registered manager understood their responsibilities as a registered person, including duty of candour and the requirement to submit statutory notifications when required.
- The management team carried out quality monitoring checks on key areas of the service, such as health and safety, infection control and medicines management. Any untoward events that occurred, such as falls, were reviewed to ensure learning and improvements took place.

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

● The provider sought feedback from people who lived at the home, their families and staff. Residents' and relatives' meetings took place regularly at which people were asked for their views on all aspects of the home. People, relatives and staff were also able to give their views through annual satisfaction surveys. People told us that any issues raised were responded to by the home. A relative said, "We have relatives' meetings and go through the agenda and we are asked to complete regular surveys. They are very responsive to suggestions." Another relative told us, "They do take on board what the residents want, they do listen." The results of the most recent survey in July 2019 were positive, with people confirming staff treated them with kindness, that they were involved in planning their care and listened to by staff and managers.

● Staff had opportunities to give their feedback in surveys and at team meetings. Staff told us the management team encouraged them to give their views about how people's care could be improved. One member of staff said, "When we have a staff meeting, we have it twice so everyone can attend. We are encouraged to speak up, especially if we have questions or ideas."

● The management team had considered ways in which they could support the mental health and well-being of the staff team. These included being available to listen to and talk with staff, supporting staff to work flexibly around their family commitments and making an employee assistance programme available. The provider had implemented measures to recognise and reward the contributions of staff, including a commitment to being a living wage employer, acknowledging staff birthdays and organising social events for staff.

Continuous learning and improving care

● Staff meetings were used to ensure staff provided people's care in a safe and consistent way. Minutes showed that staff were reminded of their responsibilities to share any concerns they had about people's safety or well-being. The management team carried out unannounced spot checks at night to ensure people received safe care at all times.

● The home was a member of Surrey Care Association and attended provider forums to share learning and best practice. Managers and staff had access to updates from relevant bodies in the sector, such as the National Institute for Health and Care Excellence (NICE) and Skills for Care.

Working in partnership with others

● Staff and managers had developed effective working relationships with other professionals involved in people's care, such as GPs, district nurses and commissioners. The home had worked with the 'Quality in Care Homes' team to identify ways in which people's experience of care could be improved. A professional who had worked with the home told us that managers and staff were, "Very receptive" to their input and ideas about how people's care could be improved. The professional said, "They take on board any advice."

● The home had accessed specialist training through healthcare professionals where necessary to ensure staff were up-to-date with best practice. For example, a speech and language therapist had provided training on the International Dysphagia Diet Standardisation Initiative (IDDSI), a global standard to describe texture-modified foods and thickened drinks for people with swallowing difficulties in care settings.