Care Quality Commission

Aitch Care Homes (Woking) Limited

Beech Trees

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection which took place on 27 October 2015.

Beech Trees provides accommodation and support for a maximum of seven adults with a learning disability and/or a physical disability. At the time of this inspection there were seven people living at the home. People had varied communication needs and abilities. Two people were able to hold conversations, some people were able to express themselves verbally using one or two words; others used body language to communicate their needs.

People who lived at the home required differing levels of support from staff based on their individual needs; however, all needed emotional support and help to access the community in which they lived.

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

Summary of findings

persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Medicines were managed safely and staff training in this area included observations of their practice. This was to ensure medicines were given appropriately and with consideration for the person concerned.

People appeared very happy and at ease in the presence of staff. Staff were aware of their responsibilities in relation to protecting people from harm and abuse.

People were supported to take control of their lives in a safe way. Risks were identified and managed that supported this. Systems were in place for continually reviewing incidents and accidents that happened within the home in order that actions were taken to reduce, where possible reoccurrence. Checks on the environment and equipment had been completed to ensure it was safe for people to use.

Staff were available for people when they needed support in the home and in the community. Staff told us that they had enough time to support people in a safe and timely way. Staff recruitment records demonstrated that the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff were sufficiently skilled and experienced to care and support people to have a good quality of life. Training was provided during induction and then on an on-going basis.

Beech Trees was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Records included the use of photographs and symbols which supported people's involvement and understanding in the care planning process. Capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. People were supported to access healthcare services and to maintain good health.

People were routinely involved in the review of their care packages and regular house meetings took place that helped people to express their views. The minutes of house meetings had been produced in an easy to read format to aid communication for people. People played an active role in planning their meals and had enough to eat and drink throughout the day. People who were unable to communicate verbally were supported to make choices by using communication boards and objects of reference.

The home had suitable equipment and other adaptations to the premises had been made, which helped to meet people's needs and promote their independence.

Positive, caring relationships had been developed with people. We observed people smiling and choosing to spend time with staff who always gave people time and attention. Staff knew what people could do for themselves and areas where support was needed. Staff demonstrated that they were dedicated and committed.

People received personalised care that was responsive to their needs. During our inspection we observed that staff supported people promptly. Activities were offered both within and outside of the home which supported people to increase their independent living skills. People were also supported to maintain contact with people who were important to them.

Staff understood the importance of supporting people to raise concerns who could not verbalise their concerns. Pictorial information of what to do in the event of needing to make a complaint was displayed in the home.

People spoke highly of the registered manager. Staff were motivated and told us that management at Beech Trees was good. The registered manager was aware of the attitudes, values and behaviours of staff. She took responsibility for maintaining her own knowledge and shared this with staff at the home.

A range of quality assurance audits were completed by the registered manager and representatives of the provider that helped ensure quality standards were maintained and legislation complied with. Quality assurance processes included obtaining and acting on the views of people in order that their views could be used to drive improvements at the home.

Summary of findings

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.

Good

Systems were in place that ensured that people received their medicines safely.

People told us that they felt safe and that there were enough staff on duty to support them and meet their needs.

Potential risks were identified and managed so that people could make choices and take control of their lives.

Staff knew how to recognise and report abuse correctly.

Is the service effective?
The service was effective.

Good

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 and Beech Trees was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The home followed the requirements of the Mental Capacity Act 2005.

People played an active role in planning their meals and were supported to eat balanced diets that promoted good health. People's healthcare needs were met.

Is the service caring?
The service was caring.

Good

People were treated with kindness and positive, caring relationships had been developed. Staff knew the needs of people and treated them with dignity and respect.

People exercised choice in day to day activities. Systems were in place to involve people in making decisions about their care and treatment and people were supported to use these. Staff supported people to develop their independent living skills.

Is the service responsive?
The service was responsive.

Good

People received individualised care that was tailored to their needs. They were supported to access and maintain links with their local community based on their individual preferences and wishes.

Staff supported people to maintain relationships that were important to them and with any spiritual needs.

People were listened to and their comments acted upon.

Is the service well-led?
The service was well led.

Good

Summary of findings

People's views were sought and used to drive improvements at the service. Quality assurance systems were in place that helped ensure good standards were maintained.

The manager was committed to providing a good service that benefited everyone and people were encouraged to be involved in developing the service. Staff were motivated and there was an open and inclusive culture that empowered people.

Beech Trees

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 checked 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.

One inspector who had knowledge and experience of supporting people with learning and physical disabilities carried out this unannounced inspection which took place on 27 October 2015.

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 service and the service provider. This included statutory notifications sent to us by the provider about incidents and 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 also reviewed information that we received from two external professionals who provide a service to people who live at Beech Trees and from three relatives; with their consent have included their views in this report. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with all seven people who lived at Beech Trees. In order to ascertain if people were happy with the support they received we also spent time observing the care and support they received, how staff interacted with people and people's body language when they were going about their daily routines. We spoke with three care workers and the registered manager. We also spoke with an external healthcare professional who was visiting the home.

We reviewed a range of records about people's care and how the home was managed. These included care records and medicine administration record (MAR) sheets for three people, and other records relating to the management of the home. These included three staff training, support and employment records, quality assurance audits and reports, minutes of meetings with people and staff, findings from questionnaires, menus, incident reports and maintenance records.

Beech Trees was last inspected on 29 November 2013 and no concerns were identified.

Good

Is the service safe?

Our findings

People said that they felt safe and we observed that they appeared very happy and at ease in the presence of staff. A relative said, "It certainly appears to be a safe environment. I wouldn't leave my daughter there if I had doubts on this".

Staff confirmed that they had received safeguarding training and were aware of their responsibilities in relation to protecting people from harm and abuse. They were able to describe the different types of abuse, what might indicate that abuse was taking place and the reporting procedures that should be followed. One member of staff explained, "I would report any concern straight to the registered manager and I would take the concerns higher if she was not around". A copy of the local authority safeguarding policy was in place and staff had signed to show they had read and understood their responsibilities. The registered manager reported incidents to the local safeguarding team appropriately.

During residents' meetings staff discussed with people what safe meant. People were also supported to understand risks such as talking to strangers when out in the community. This showed that steps were being taken to help people to understand the concept of being safe and protection from abuse and harm.

People were supported to take control of their lives in a safe way. Risks were identified and managed that supported this. Risk assessments and support plans were in place that considered any potential risks and strategies were in place to minimize the risk. Staff understood the importance of allowing people to take risks. One explained, "We only help if they need it. It's important they know they have rights to do things. We just have to support and advise of the risks but that does not mean they should not be allowed to do things. So, for example, they can go in the kitchen by themselves. We offer support and let them know about dangers such as the cooker and tailor the support to the individual".

Systems were in place for continually reviewing incidents and accidents that happened within the home in order that actions were taken to reduce, where possible reoccurrence. In addition to incidents being recorded on an individual basis the registered manager completed a log of events and a yearly analysis. Staff understood the procedures that should be followed in the event of an incident or accident.

One explained, "Make sure the person is safe, calm and happy. Offer reassurance and make sure they get the correct medical attention if needed. Document everything and let the registered manager know". When one person became anxious and physical towards their property staff identified that this was triggered when other people at the home were celebrating their birthday. As a result, the person's support was increased before and during the time when birthdays were being celebrated and their assessments and support plans amended to reflect this. Since then the person had not become anxious and the risk to their wellbeing had reduced.

Checks on the environment and equipment had been completed to ensure it was safe for people. These included safety checks on small portable electrical items, hoists, wheelchairs, gas supplies and fire safety equipment. Personal emergency evacuation plans were in place for each person

that would help them be moved from the home in the event of a fire. These were located at the entrance of the home along with other emergency equipment in order that they could be easily accessed in the event of an emergency. Where people used equipment to move detailed guidelines were in place that were centred on the individual concerned. Guidelines included the use of photographs and pictures to aid communication and also evidenced that the home has sought advice from physiotherapists when needed.

Appropriate arrangements were in place in relation to the recording, storage and administration of medicine. In addition to medication administration record (MAR) sheets people had individual medicine profiles which included a photograph of the individual, details of what each medicine was for and guidelines for 'as and when required' medicines. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. The recording and storage of medicines and training of staff was in line with the provider's medicines policy.

Staff responsible for administering medications were trained and competency assessments were in place that included observations of their practice. Staff were able to describe how they ordered people's medicines, how unwanted or out of date medicines were disposed of and the actions they should take in the event of a medicine

Good

Is the service safe?

error. One member of staff explained, "You can only give medicines if you are trained and observed as competent. No one self-medicates but we involve them by telling what medicines we are giving".

We observed that, on the day of our inspection, there were sufficient staff on duty. Staff were available for people when they needed support in the home and in the community. Staff told us that they had enough time to support people in a safe and timely way. A relative told us, "When we visit there always appear to be staff available". The registered manager told us that staffing levels were based on people's needs. Their dependency levels were assessed and agreed with the relevant local authority who funded people's placements and staffing allocated according to their individual needs. During the morning and afternoon three care staff were allocated and one during the night. The registered manager explained that additional staff were at times allocated to shifts in order to meet the needs of people. For example when activities outside of the home required and that she was allocated to shifts in addition to the care staff. Records that we looked at confirmed this.

Staff recruitment records contained information that demonstrated that the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Good

Is the service effective?

Our findings

People told us that they were happy with the support they received from staff. One person told us, “They (staff) are so lovely”. An external health care professional told us, “People seem genuinely happy”. A relative said, “The team understand the ladies and have the enthusiasm and energy to put many ideas into practice”.

People confirmed that they consented to the care they received and we observed that staff checked with them that they were happy with support being provided on a regular basis. For example, staff sought people’s agreement before supporting them and then waited for a response before acting on their wishes. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the options available. Where people declined assistance or choices offered, staff respected these decisions.

Capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. This was in line with the Mental Capacity Act (2005) Code of Practice which guided staff to ensure practice and decisions were made in people’s best interests. The registered manager and staff demonstrated understanding of when best interest meetings should be held with external professionals to ensure that decisions were made that protected people’s rights whilst keeping them safe. Mental capacity and DoLS training was included in the training programme that staff were required to participate in with all staff having completed this. With regard to capacity one member of staff explained, “If someone has capacity to make decisions they must be allowed to even if it might not seem a wise decision they are making. People can have temporary capacity and this means you might have to think of best interest decisions to keep them safe”.

Beech Trees was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The registered manager understood when an application should be made, how to submit one and the implications of a recent Supreme Court judgement which widened and clarified the definition of a deprivation of liberty. Applications had been made to the local authority which were being considered at the time of our inspection.

Staff were skilled and experienced to care and support people to have a good quality of life. All new staff completed an induction programme at the start of their employment that followed nationally recognised standards. Staff confirmed that during their induction they had read people’s care records, shadowed other staff and spent time with people before working independently. They also said that they had regular meetings with the registered manager who reviewed their progress and offered support. For example, one member of staff said, “When I first started I met everyone who lives here. I was shown around and did e-learning training to start with before I actually started work properly. I also watched the others who work here and read care plans”. A second member of staff said, “I did three days reading care plans and spending time with the people that live here and a week of shadowing as part of my induction”. Training was provided during induction and then on an on-going basis.

Staff were trained in areas that included first aid, fire safety, food hygiene, infection control, equality and diversity, medicines, and moving and handling. A training programme was in place that included courses that were relevant to the needs of people who lived at Beech Trees. These included nutrition and diet, epilepsy, autism awareness, effective communication and Makaton awareness. This meant that staff were provided with training that enabled them to support people appropriately.

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions and group staff meetings. All staff that we spoke with said that they were fully supported. One member of staff said, “I have been on lots of courses; safeguarding, first aid, ADHD. I booked on diabetes and Down’s Syndrome. I did a behaviour course as well”.

People played an active role in planning their meals and had enough to eat and drink throughout the day. One member of staff told us, “We don’t have a set menu for the week. Each person has a set day where they research a recipe, go shopping and then cook the meal. Also, every eight days we have a themed meal that families are

Good

Is the service effective?

welcome to join us for". People were happy with the support they received and had a balanced diet that promoted healthy eating. Staff knew people's individual preferences without the need to refer to their records. People were supported to help prepare and cook meals in the kitchen on a daily basis. During our inspection people were observed to be supported by staff to make drinks and prepare the evening meal. One person who lived at the home took us into the kitchen and offered to make us a cup of coffee. They appeared very happy and relaxed and it was apparent that people had the freedom to access food and drinks at times when they wanted. People told us that as they were out in the day, the main hot meal was usually served in the evening. This was seen as a social event when everyone got together to discuss their day. One person who had been out for their lunch on the day of our inspection said, "It was lovely, chicken and noodles".

People who were unable to communicate verbally were supported to make choices by using picture cards and objects of reference. Staff knew people's individual preferences without the need to refer to their records. People had individual support plans for meals that helped them to receive suitable and nutritious meals based on their individual needs. People's likes and dislikes as well as information on whether they had specific needs were also recorded. This enabled the home to provide people with food they liked and for those who could not tell them verbally what they wanted, with food they were known to enjoy.

People's needs were assessed and care and treatment was planned and delivered in line with their individual support plan. Assessments and support plans detailed how those needs were to be met. People's support plans were person centred and included details about the emotional and communication support people required. For example, one person's communication section explained, 'I've a wide vocabulary and will always use speech to communicate my needs and this is very important to me. I can speak very fast trying to say a whole sentence at once. I do not always pronounce my words fully and often try and tell you different things at the same time. I get very excitable and animated when I talk to people. I do know some Makaton but only use a few signs in conjunction with telling you verbally what I am doing or what I want'. The support plan then went on to inform staff of the actions they needed to undertake to support the person in this area. Records included the use of photographs and symbols which supported people's involvement and understanding in the care planning process.

People were supported to access healthcare services and to maintain good health. People told us that they were happy with the support they received to maintain good health. They told us that staff supported them to visit their GP, dentists and opticians. Records showed people were supported to attend annual healthcare reviews at their local surgeries and specialist appointments where required, for example diabetes and learning disability nurse clinics. People had hospital passports which provided hospital staff with important information about their health if they were admitted to hospital such as medicines and dietary needs. They also had health action plans in place which supported them to stay healthy and described help they could get.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and compassion in their day to day care. One person said of the staff, "I love them all". Another person said, "Lovely" when we asked what the staff were like. An external health care professional told us, "Whenever I visit the residents are encouraged to speak to me and seem very happy. I feel it's a happy environment with staff who treat people very nicely". A relative said, "They are looked after without being treated like children. Beech Trees set out to be home to the women who live there, and I feel that they have achieved that in every way".

Positive, caring relationships had been developed with people. One member of staff said, "The people who live here make it a pleasure to come to work". We saw frequent, positive engagement between people and staff. Staff patiently informed people of the support they offered and waited for their response before carrying out any planned interventions. The atmosphere was very relaxed with lots of laughter and banter heard between staff and people. We observed people smiling and choosing to spend time with staff who always gave people time and attention. Staff knew what people could do for themselves and areas where support was needed. Staff appeared very dedicated and committed. They knew, in detail, each person's individual needs, traits and personalities. They were able to talk about these without referring to people's care records.

People were supported to express their views and to be involved in making decisions about their care and support. People were routinely involved in the review of their care packages and regular individual and group meetings took place that helped people to express their views. The minutes of house meetings had been produced in an easy to read format to aid communication for people. Records confirmed that as a result of people expressing their views changes had been made to routines in the home, activities and meals. Staff were able to explain how they supported people to express their views and to make decisions about their day to day care. One person told us, "They all have goals that we incorporate into their day and each person has a key worker who regularly meets to talk about the goals. If people are happy with these, if new ones are wanted".

Each person was allocated a key worker who met with them on a regular basis to discuss and plan their care. The registered manager reviewed the key worker meeting records and discussed these with staff to ensure people's goals were being met.

Information was displayed throughout the home in different formats that showed that efforts had been made to consider people's individual communication needs. This included Makaton boards, photographs, signs and symbols. Staff understood the different ways in which people communicated and responded using their preferred communication method. For example, we observed one member of staff using a communication board to help one person choose an activity and another member of staff use Makaton in order that a person could choose a meal.

People were supported to increase their independent living skills based on their individual capabilities. When we arrived at the home the front door was opened by two people who lived at the home, with the support of a member of staff. The member of staff then encouraged the two people to check our identification and for us to sign into the visitors book. People attended a variety of courses at college based on their individual needs and preferences. Courses included pottery, computer skills, gardening, performing arts and line dancing. One person showed us pottery they had made at college and said, "I made this". Another person showed us their bedroom and said, "My room is really pretty. When it's dirty I clean it". We observed another person who was supported by a member of staff to do their own laundry. The member of staff explained to the person about good hygiene, showed how to put disposable gloves on and which washing machine to use. The person concerned appeared to really enjoy doing their own washing and was observed to really concentrate and smile when they had completed this task.

Staff understood the importance of respecting people's privacy and dignity and of promoting independence. One person explained, "If supporting with personal care we always do this in private. Also it's important to talk to people privately as well so others cannot overhear".

We observed staff knocking on bedroom doors before entering and ensuring personal items were taken into bathrooms before they started to assist people with personal care. People wore clothing appropriate for the time of year and were dressed in a way that maintained their dignity. Good attention had been given to people's

Good

Is the service caring?

appearance and their personal hygiene needs had been supported. A separate lounge was available in the home for people to spend time with relatives in private if they wished. An all-female staff group was employed at the home which complemented the gender of people who lived there. Each person also had a section within their support plan that detailed gender specific personal care requirements.

Information about dignity was displayed in the home and the registered manager had been awarded the 'Dignity champion' certificate of commitment by the National Dignity Council.

Good

Is the service responsive?

Our findings

People received a responsive service that met their individual needs. A relative wrote and told us, 'X (family member) has maintained her swimming sessions, visits the pub on a regular basis, walking more without her wheelchair and joins in with the simple cooking tasks. It was identified that sharing a car with other residents was traumatic for X and other means of transportation has been organised. One very valuable resource has been the increase in one to one care for X as the registered manager has identified that her need for a less crowded environment suits X personality'.

An external healthcare professional said, "They are good at communication. They let us know changes in medicines so that changes are made quickly". A second external healthcare professional said, "After an incident with one person the home responded well and were quite proactive. They contacted us, arranged for medication to be reviewed and have been following guidelines we put in place. Staff responded well to the situation".

The registered manager told us that the activity programme at the home had recently been reviewed and amended in order that it was more personalised and responsive to people's individual needs. Activities included swimming, art and crafts, sensory stimulation, theatre trips and visits to local pubs and restaurants. People that we spoke with said that they were happy with the choice and range of activities. During our inspection we observed one person painting their skateboard with assistance from a member of staff; other people were seen going out of the home shopping whilst others spent time watching television. Another person was not at home during the morning of our inspection. When they returned home the member of staff who had been with them explained that they had been to a weekly hydrotherapy session. They explained, "This is really good for X muscles, as she does exercises in the water".

People were supported to access and maintain links with their local community. One person told us, "We are always out and about". People confirmed that the activities offered were flexible and included both in-house and external events. The registered manager told us that the food shopping was undertaken using local butchers and fruit and vegetable suppliers and that "This helps people feel part of the community".

People were supported with their relationships and spiritual needs. A relative told us, "Because Woking is very close to us, we can have X back for Sunday, or the whole weekend, none of this is a problem, even at short notice. When X's siblings have collected her, they have been welcomed into the house by staff". A person who lived at the home told us, "I went to the pub at the weekend with my family". They went on to tell us how they had regular contact with their family and that this included staying with them at weekends and talking to them on the telephone. This same person told us about their culture and religion and how they staff supported them to wear clothing that reflected their culture when they wanted, especially for family events. During our inspection we observed staff assist this person to play music on their I-Pad that was popular with the person's culture. The person really enjoyed this and we observed them singing and dancing in response. Records and discussions with staff confirmed that other people were supported to maintain contact with people who were important to them based on their individual needs. For example, one person was supported by their key worker to telephone a family member on a weekly basis and other people had regular overnight stays with relatives.

Individualised support plans were in place that provided information for staff on how to deliver people's care. Records included information about people's social backgrounds and relationships important to them. They also included people's individual characteristics, likes and dislikes, places and activities they valued. People confirmed that staff supported them in line with their wishes and the contents of their support plans.

People were routinely listened to and their comments acted upon. 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. Staff understood the importance of supporting people to raise concerns who could not verbalise their concerns. As one explained, "If I thought someone was unhappy I would sit and try and understand why. For example, are they unhappy with a particular activity? I would speak to the registered manager if I could not resolve it and liaise with parents if needed. Always I would offer assurances that I would do my best to make them happy". Another member of staff said, "If someone is down or appeared unhappy I would offer TLC. If

Good

Is the service responsive?

they were not their self, appeared withdrawn I would try and find out why and report to the manager. As a team we have a responsibility. It's all about having a good listening ear, being there for them".

Pictorial information of what to do in the event of needing to make a complaint was displayed in the home. For people who could not access written or pictorial procedures staff told us that they observed their interactions and body language and would report any concerns to the registered manager. The complaints procedure included the contact details of other agencies that people could talk to if they had a concern. These included the CQC. The home also had a comments box located at the entrance that people could use for making suggestions. A record of actions taken as a result of the suggestions raised and actions taken as a result was also on display. For example, tickets were purchased for people to see the show 'Annie' at the theatre in November.

The home had not received any formal complaints in over 12 months and therefore there were no records for us to examine. The registered manager said that she made efforts to resolve issues whilst they were informal and this had resulted in no formal complaints. She said, "If families have concerns I try and deal with these straight away. Also I reinforce this approach to staff so that families know if they ask the staff to do anything it gets done straight away". The majority of people told us that when they raised issues with the registered manager action was taken promptly to address these. One person said that at times they had to raise issues on a number of occasions before action was taken. As they explained, "I have, on occasion, had to raise questions, and got little feedback, even when I have detailed the concerns in an email. It has required repeated chasing.

Good

Is the service well-led?

Our findings

There was a positive culture at Beech Trees that was open, inclusive and empowering. People spoke highly of the registered manager. Staff were motivated and told us that management at the home was good. They told us that they felt supported by the registered manager and that they received supervision, appraisal and training that helped them to fulfil their roles and responsibilities. One member of staff said, "The senior and registered manager are always here for us, always offering support. They always answer questions and get us involved. They are really approachable". An external health care professional told us, "It seems a very well run home. X (the registered manager) gets back to us promptly and appears to have good oversight of the service". A second external health care professional said, "There have been positive changes recently. It is a well-run home where people seem settled and happy".

Regular resident meetings took place where people were encouraged to be actively involved in making decisions about the service provided. For example, in the March 2015 meeting people discussed and agreed what items should be shared such as the remote control for the television in the lounge and also the CD player. People's views were obtained in the form of questionnaires. Once completed these were returned to the registered provider's head office for analysis. Questionnaires were last sent to people in August 2015. The registered manager told us that a report of the findings was due shortly.

A range of quality assurance audits were completed by the registered manager and representatives of the registered provider that helped ensure quality standards were maintained and legislation complied with. These included audits of medicines, health and safety and quality of records, training, care delivery and nutrition. Audits also included the registered manager completing spot checks and observations of care practice. Where shortfalls were identified, action plans were put in place and steps taken to take action promptly. For example, as a result of an audit in June 2016 it was identified that some staff had not signed to say they had read all support plans. Records confirmed that this was addressed within a month. The findings from audits were discussed with staff during team meetings in order that they knew of changes and/or of potential risks that could compromise quality.

The registered manager was aware of the attitudes, values and behaviours of staff. They monitored these by observing practice and during staff supervisions and staff meetings. One member of staff said, "Our values are that everything we do is person centred, in their best interests and should be fun. We are here to make things meaningful and ensure people have best quality life". Observation records demonstrated that the registered manager had observed staff when they support people with meals, medicines and activities.

To enhance and update her knowledge and service delivery, the registered manager researched and reviewed varied publications and websites that specialised in providing guidance and advice to improve health and social care. The registered manager shared her knowledge with the staff team. This included by sharing information in the form of a communication folder. The folder included memos that directed staff to updates in latest good practice guidance and legislation. Once staff had read the information they signed to confirm they were aware of any required changes. Information that had been shared with staff included CQC guidance about new inspection styles, Department of Health guidance on supporting people with learning disabilities and information directing staff to changes in people's support plans and risk assessments. Staff that we spoke with said that they found the communication folder to be a useful resource.

There were clear whistle blowing procedures in place which the registered manager said were discussed with staff during induction. Discussions with staff and records confirmed this. Staff were able to explain what these were when asked. They understood how the whistleblowing procedures offered protection to people so that they could raise concerns anonymously.

The registered manager had been nominated for an award with The Surrey Care Association by her line manager. The outcome of this was still unknown at the time of our inspection. A relative of one person who lived at the home had supported the nomination and wrote 'For a number of years, the home experienced fairly high turnover of staff, including managers. This undoubtedly caused insecurity amongst the residents, having to gain confidence and trust in their new carers. Since X (registered manager) took up her post staff morale has greatly improved, staff retention is at its highest which leads to greater stability for the residents'.