

Gracewell Healthcare Limited

Gracewell of Horley Park

Inspection report

Amherst House
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Horley
Surrey
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service:

Gracewell of Horley Park is a care home registered to provide nursing and residential care and accommodation for 60 people with various health conditions, including dementia, mobility issues and diabetes. There were 59 people living at the service on the day of our inspection. Gracewell of Horley Park is a purpose-built care home located in Horley, Surrey.

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

People's experience of using this service:

People received outstandingly high-quality care that met and exceeded their needs, and improved their wellbeing, independence and happiness. Dedicated and enthusiastic staff ensured that people's daily life was filled with enjoyment, opportunities for meaningful occupation, entertainment and involvement in making the service their home. People's needs, wishes and aspirations were paramount and at the heart of the service. One person told us, "The staff are so kind nice and look after me. Being here is a blessing, I am fortunate to be here. I feel wanted, safe and well cared for by staff who want to take care of me".

People were overwhelmingly positive about the quality of the food on offer and enjoyed socialising with each other in the dining rooms. Exceptional food was prepared for people, and innovative and creative techniques were used to ensure that not only did people enjoy the food on offer, but their health and wellbeing was promoted and improved through the excellent management of their nutrition and hydration. One person told us, "I sit with friends eating lovely food".

People, their visitors and staff universally had their equality, diversity and culture celebrated, and their rights promoted and respected. The service was inclusive, educational and empowering. Innovative and practical technology was used to enhance people's care, but also to entertain and teach people and staff new skills and increase their knowledge.

Extensive thought had been given to the environment of the service and the furnishings and the décor was of an exceptionally high standard. The environment of the service entertained, orientated, empowered and soothed people, especially those who were living with dementia.

The service had built an outstanding model of care and support provided to people. Staff provided a safe environment and people's independence was not compromised. Risks were assessed to encourage people to do as much for themselves as they could.

The management of the service had instilled a culture of care and support. Excellent teamwork was an essential ingredient embedded in the service to ensure that people received continuity of care. People

received continuity of care from regular staff and there was a culture of staff working closely together. Staff considered themselves, people using the service and their visitors as family and this ensured that people were cared for in a way that provided them with a happy, meaningful and enjoyable lifestyle. A member of staff told us, "The managers are always encouraging us to improve. There is a lot of opportunity to grow here. The support is great, you just ask and it gets done. We are more than colleagues and residents, we are family".

Rating at last inspection: Good (report published 3 November 2016).

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

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Outstanding.

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 remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was very effective and improved to outstanding.

Details are in our Effective findings below.

Outstanding ☆

Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was very responsive and improved to outstanding.

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service remained well-led.

Details are in our Well-Led findings below.

Good ●

Gracewell of Horley Park

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of two inspectors 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. The expert at this inspection had experience of caring for older people.

Service and service type:

Gracewell of Horley Park 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 was an unannounced inspection, which meant the provider and staff were not aware that we were coming.

What we did:

Before the inspection we used information, the provider sent us in the Provider Information Return (PIR).

Providers are required to send us key information about their service, what they do well, and improvements they intend to make. This information helps us support our inspections.

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as incidents and abuse.

During the inspection:

We observed the support that people received, spoke with people and staff and gathered information relating to the management of the service. We used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four staff recruitment files, training, records relating to the management of the home and a variety of policies and procedures and quality assurance processes developed and implemented by the provider. We also reviewed five people's care records.

We spoke with eight people living at the service five relatives and a visiting healthcare professional. We also spoke with 11 members of staff, including the registered manager, the deputy manager, a registered nurse, a maintenance worker, an ancillary worker, an activities co-ordinator, the chef and care and staff.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- Registered nurses and care staff were trained in the administration of medicines. A member of staff described how they completed the medicine administration records (MAR). We saw these were accurate.
- Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.
- We observed a member of staff giving medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely.
- Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.
- Nobody we spoke with expressed any concerns around their medicines.

Assessing risk, safety monitoring and management

- Risks associated with the safety of the environment and equipment were identified and managed appropriately.
- Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.
- Equipment such as hoists were regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines.
- For example, one person was living with a complex health condition. Their care plan contained comprehensive and specific details for staff on how to manage the risks involved with this condition.
- The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and staff made them feel comfortable, and that they had no concerns around safety. One person told us, "I cannot tell how good it feels to know I am safe all the time both day and night".

- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was displayed around the service for staff and people.

Staffing and recruitment

- Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and agency staff were used when required.
- Feedback from people and staff was they felt the service had enough staff and our own observations supported this. One person told us, "There are always lots of staff and they are always smiling".
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.
- Files also contained evidence to show where necessary; staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had an up to date registration with the nursing midwifery council (NMC).

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded. For example, changing a person's care plan after a fall, to increase the monitoring they receive from staff to keep them safe.
- We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Preventing and controlling infection

- The service and its equipment were clean and well maintained.
- There was an infection control policy and other related policies in place. Relevant information was displayed around the service to remind people and staff of their responsibilities in respect to cleanliness and infection control.
- The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly.

Is the service effective?

Our findings

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

People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The food provided to people was of an exceptional standard. Innovative and skilful techniques were used to maximise the appetite and enjoyment of eating for people, especially for those living with dementia, or requiring a specialist diet.
- For example, some people living with dementia had poor appetites and were at risk of losing weight. In order to stimulate hunger, staff baked fresh bread and brewed fresh coffee in the dining areas before mealtimes. The smells and aromas stimulated people's appetites and when meals were served, people were keen to eat and enjoy the food on offer.
- Furthermore, for people who were at risk of choking and required a soft diet, the chef employed extremely skilful and complex piping techniques to make pureed food appear as it would in its original form. The chef explained that pureed food can and should be made to look as appetising as possible.
- We were given an example where one person who was having difficulty accepting that they had to eat pureed food, they told us they kissed the hand of the member of staff who served their dinner when it had been piped as they were so pleased.
- The chef told us, "Eating should be an enjoyable experience, so if piping pureed food into relevant shapes, so that it looks like carrots, peas or even fish makes the food more enjoyable for someone, then it is the least we can do for them".
- Our own observations supported this. Pureed food was immaculately presented and bore a significant resemblance to its original form. A photographic menu had been made showing all the variations of pureed meals that were available, so that people could choose which one they preferred.
- People's weights were recorded regularly and analysed. We saw that by using innovative and creative methods, nobody at the service had experienced any weight loss that would cause concern, with many people maintaining or increasing their weight in a healthy way.
- There was a varied menu that was developed by the chef and people living at the service. Everyone at the service was consulted about what appeared on the menu, and any choices agreed on could be changed if people wished. For example, brown onion soup was agreed upon, but subsequently proved not to be a popular choice, so it was replaced with cream of onion soup which people were happier with.
- Furthermore, people also select what vegetable choices appeared on the menu and the chef ensured that these were alternated, so the people did not get the same vegetables on two consecutive days.
- Bowls of fruit and snacks were also placed around the service for people to help themselves to and drinks were always available.
- People were overwhelmingly complimentary about the meals served and the dining experience. One person told us, "The cook is the best and she makes really good food. The cake in the afternoon is nice". A

further person added, "I look forward to lunch".

- In respect to the dining experience, people were supported to eat in very tasteful dining areas. Tables were set professionally, with both alcoholic and non-alcoholic drinks available. People enjoyed the meal and environment. One person told us, "I sit with friends eating lovely food".
- We were also told about one person who had lived at the service for some time and enjoyed eating in the same place in the dining room. They had asked for the picture on the wall to be changed as they had become bored with it. Staff supported the person to find a picture they liked online, which was bought for them and put up in the dining room for them to enjoy.
- We also saw that the service had won a catering award and that a recipe book had been detailing the food offered at the service.

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

- Extensive research and effort had been crafted into the design and adaptation of the premises, to ensure that people's individual needs around their mobility, improvements to their cognitive ability and the stimulation of their enjoyment and wellbeing were met.
- The service was warm, light and had a welcoming atmosphere. A bistro in the reception area provided drinks and snacks and encouraged people and their visitor to meet and chat with others living and visiting the service.
- The bistro had a dedicated play area, so that young children could be entertained, allowing people to have more time with their loved ones.
- In the areas of the service where people were living with dementia, the walls had been decorated with pictures and bright colours to catch the eye. Images of trees on the walls had artificial fruit that people could pick and stick back on again.
- The corridors were adorned with coats, hats and memorabilia that people could try on and use. This entertained people and created conversation with others and staff.
- Areas at the ends of corridors had been made comfortable with seats, paintings, books, letterboxes and ornaments. Discreet speakers played birdsong in these areas and people were seen to be relaxing and enjoying the views across the gardens.
- Signage was clearly visible, colour co-ordinated and had been embossed so that people could feel what the words said. Braille was also used on the signs to assist people who were visually impaired. Memory boxes outside people's rooms displayed person items to make them feel at home, but also to orientate them.
- Hand rails were fitted throughout, and other parts of the service were accessible via lifts. Slopes allowed people in wheelchairs to access all parts of the service, and there were adapted bathrooms and toilets.
- When people moved into the service they could bring their own possessions and tailor their room to their own preferences. One person was very proud of their room and insisted on showing us. They said, "'I love my room, I was allowed to bring some personal items with me and my daughter has been allowed to tend to the garden outside my room and put plants in it for me".

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

- Staff had creatively and informatively ensured that equality, diversity and human rights (EDHR) was promoted and understood at the service.
- Prominently displayed on a wall in reception were details of people's protected characteristics and literature signposting people to where they could get further LGBTQ+ information. The Human Rights Act was displayed, as well as details of famous people throughout history who had promoted people's human rights and facilitated change.
- The service had celebrated the cultural diversity of both people and staff. Fashion shows had taken place

where people wore their national dress. Specific cultural days took place, such as Romania day and Austria day. On these days, people's heritage was celebrated and discussed. The chef made traditional food and drinks of the country. The service held a Women's day, and cultural festivals were also celebrated, such as Diwali and Easter.

- The information around EDHR displayed in such prominence and passed on in such depth had created discussion and interest in gaining further knowledge by people, visitors and staff.
- Staff had an excellent understanding of equality and diversity, which was reinforced through training. A member of staff told us, "I am confident that all staff would recognise a breach of people's human rights and challenge any form of discrimination".
- Staff also understood that EDHR made up a principle part of people's assessments of their care and support needs before they began living at the service, and in-depth information was gathered from people.
- Pre-admission assessments were used to develop a more detailed care plan for each person. This included clear guidance for staff to help them understand how people liked and needed their care and support to be provided.
- People's care and support needs were holistically assessed, and documentation confirmed people were involved, where possible, in the formation of an initial care plan. Advice was also sought from family and a range of professionals, so that people's care could be planned and delivered to a high standard.
- If required, as part of this assessment, specific training was sourced, to ensure that staff could meet people's individual needs. A relative told us, "Two members of staff have had extra training just to ensure they can help my relative and it has made her feel very settled and for that I am grateful".

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

- The 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.
- The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one.
- We saw how one person living in a part of the service had been placed under DoLS. We were told this person became agitated and wished to leave.
- Through getting to the know the person, staff established that he wished to access the garden. Staff risk assessed his use of the garden and the person moved to a room on the ground floor leading on to the garden. Subsequently, this person was no longer agitated, or wishing to leave and has had their choices promoted and their quality of life improved.

Staff support: induction, training, skills and experience

- Staff had received training in looking after people, including safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. They were knowledgeable of relevant best practice and regulations, and we saw staff supporting people with confidence and professionalism. Staff were encouraged and developed to become 'champions' in specific areas of practice, for example around equality and diversity and nutrition and hydration. These champions received extra training and

used their knowledge to guide and educate others.

- One member of staff told us, "The training I've had is really good and I can pass that knowledge on to other members of staff at the home".
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised effectively with other organisations and teams and people received support from specialised healthcare professionals when required, such as GP's, chiropodists and social workers. Feedback from staff and documentation we saw supported this.
- We saw examples of how staff had recognised that people were poorly and had contacted the relevant professionals.

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

- People told us they received effective care and their individual needs were met. On the day of our inspection, a visiting healthcare professional told us that they had no concerns in the way that staff managed people's health.
- Registered nurses and well trained care staff effectively managed and supported people's healthcare needs.
- Access was also provided to more specialist services, such as opticians and podiatrists if required.
- Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

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 were attended to in a timely manner and were supported with kindness and compassion.
- We observed positive interactions, appropriate communication and staff appeared to enjoy delivering care to people.
- Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted.
- One person told us, "I feel safe and well cared for. They take great care of me and my wife. I am very happy".
- People were encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors could come to the service at any time and could stay as long as they wanted. A relative told us, "My [relative] thought she was in a hotel, because that's exactly what it's like. We were encouraged and allowed to treat this as if it was her own home, so we could come and go as we please. I used to bring my two dogs in, sometimes one at a time, but sometimes two together and there was never ever any problem".
- One person told us that they had family visiting from abroad, so the registered manager had organised for the chef to provide lunch for eight people in a private dining room at the service, to mark the occasion.
- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences.
- Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

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

- Staff provided people with choice and control in the way their care was delivered.
- Throughout the inspection, we observed people being given a variety of choices of what they would like to do, where they would like to spend time and who they would like to support them. One person told us, "There are two members of staff that I would prefer do not look after me and this request has been respected without any problem at all".
- People were empowered to make their own decisions. People told us they were free to do what they wanted throughout the day. They said they could choose what time they got up and went to bed and how and where they spent their day.
- Staff were committed to ensuring people remained in control and received support that centred on them

as an individual.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible.
- We saw that some people went out of the service independently and care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair. One person told us, "The staff are wonderful, they are so lovely and so caring. Nothing is too much bother at all".
- People's privacy and dignity was protected, and we saw staff knocking on doors before entering and talking with people in a respectful manner. One person told us, "I am never rushed in any way and I'm more than happy".

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received an exceptionally high standard of personalised care that was responsive to their needs.
- The care delivered and attention to detail around people's needs and wishes ensured that people received outstanding care that increased their sense of worth, improved their wellbeing and enhanced their enjoyment of living at the service.
- People told us that the service responded extremely well to their care and recreational needs. One person told us, "Everything is really lovely, and everyone has such a good time, thanks to the staff and the way they look after us".
- A great deal of time and attention had been given to ensuring people's interests were catered for, developed and explored. In addition to numerous activities that were organised, people had access to 1:1 activity support from staff.
- For example, one person living with dementia wished to keep busy within the service. The registered manager had arranged a desk with stationary available for them in the reception area. This person had been issued with an ID badge for the service and also a badge that stated, 'I love Horley Park Team'. They had responsibility for greeting visitors and also carried out some administrative tasks. It was clear that this person took a great deal of pride with being involved in the day to day running of the service.
- Other people had responsibility for running a mobile library at the service and a further person managed a sweet trolley that sold snacks and other items. This gave people a sense of social responsibility and meaningful occupation, as well as created friendships between them and other people living at the service.
- The service also had a beauty salon and a cinema room that people could access. Films were played daily and listed around the service for people to see what was on. Popcorn and drinks were available in the cinema.
- The service had an arts and crafts room that had not been popular, so they had asked people what they should do with it. People decided that the room should be turned into a pub. The provider fulfilled this request and a pub complete with bar, a beer pump, a pool table, darts board and pub games was built.
- People at the service decided on a name for the pub and chose 'The Wheelers Retreat' as many people at the service used wheelchairs and zimmer frames to mobilise. The pub was also formally opened by the local Mayor and was a popular attraction within the service.
- The service kept rabbits for people to pet, had a large fish tank and encouraged people to bring animals into the service.
- Fresh air care plans were written for people, and the well-kept gardens encouraged people to take fresh air. Gardening in raised beds was a popular activity. At the time of our inspection a competitively fought sunflower growing competition was taking place.

- Local schools, nurseries and churches visited the service and the staff held events to raise money for local charities. Some people had also attended a local school play.
- Activities were organised every day of the week for people to participate in which included, music, arts and crafts, exercise, baking, flower arranging and visits from external entertainers. A relative told us, "The staff have really encouraged my [relative] to socialise. She didn't socialise at all when she was at home and now she does. I'm really impressed with that".
- A significant amount of practical and imaginative technology was used to entertain people and also support them to receive timely care.
- The provider had invested in an 'OmiVista Interactive Projector'. This piece of equipment won the outstanding dementia product category at the National Dementia Care Awards 2018. Throughout the inspection, we saw people interacting with and playing games projected onto tables. It was clear that this equipment stimulated people and also created excellent enjoyment and interactions with staff.
- The provider had placed 'Alexa's' around the service. These are voice activated personal assistants, with access to the internet. They had been pre-loaded with musical playlists from different eras, so that people and staff could request music from different decades. They were also used to ask questions and stimulate conversation with people and staff. We saw they were used by people consistently throughout the inspection.
- Everyone living at the service had access to WiFi and computers were available in the reception and bistro area for people and visitors to access. People used these computers regularly to access the internet and to speak with loved ones via Skype. Staff were always on hand to assist people if required.
- Staff used an electronic care planning system. The system flagged up reminders to staff when care plans needed reviewing. Staff had hand-held devices which linked to people's care plans and enabled them to complete regular updates about people's care needs. Further electronic 'kiosks' were placed around the service, so staff who did not have a hand-held device could still access care plan and update them in real time.
- The service had a call bell system which enabled people to alert staff that they were needed. The call bell system additionally escalated after four rings, to ensure that people were attended to in a timely manner.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). All providers of NHS care and publicly-funded adult social care must follow the AIS in full. Services must identify, record, flag, share and meet people's information and communication needs. The AIS aims to ensure information for people and their relatives is created in a way to meet their needs in accessible formats, to help them understand the care available to them.
- People's communication needs were identified, recorded and highlighted and in care plans. These needs were shared appropriately with others. For example, large 'jelly' buttons were used for people who had trouble seeing their call bell.
- Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included, people's choices around what they enjoyed doing during the day and their preferences around clothes and personal grooming.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.
- We saw that people were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans.

End of life care and support

- Peoples' end of life care was discussed and planned and their wishes were respected.
- People could remain at the service and were supported until the end of their lives.
- Observations and documentation showed that peoples' wishes, about their end of life care, had been respected. A relative told us, "The staff showed care and compassion. They respected the wishes of both me and [my relative]".

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed.
- The procedure for raising and investigating complaints was available for people, and staff told us they would be happy to support people to make a complaint if required. One person told us, "I could speak to the staff and they would help me, as they would not want anyone to be upset about anything".

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

- The service was well led and managed. We received positive comments about the management of the service and our own observations showed us that outstanding standards of care were being delivered by a skilled management team and staff.
- One person told us, "The staff are so kind nice and look after me. Being here is a blessing, I am fortunate to be here. I feel wanted, safe and well cared for by staff who want to take care of me".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The day to day culture of the home was that of high quality care, delivered by staff who cared about people and their wellbeing.
- Positive role models from the registered manager and senior staff enabled all staff to deliver high quality care.
- The management of the service had created and culture of care and support and had instilled a passion for the service in staff. The theme that we kept hearing was that of being a family and supporting both people and staff.
- One member of staff told us, "The culture the manager has created is that it's like a family. I don't feel like it's work, it's great. We're always encouraged to improve, develop and be promoted. We always ask for feedback to improve ourselves and make plans".
- Managers supported staff in a positive and nurturing way. One member of staff told us, "The moment I walked in I thought 'wow' I like working here. Colleagues are so supportive. The manager supports us so much". This was echoed by people, with one telling us, "The manager is really good, she knows what she is doing".
- Success was celebrated, and staff were encouraged to be proud of the work they did. For example, displayed in reception was a 'celebration wall' where feedback on staff providing excellent work was celebrated.
- The management of the service had also introduced a system of recognition for staff. Staff presented each other with 'Heart and Soul cheques' for doing good things by other colleagues. The member of staff with the most at the end of each month received a gift. This recognition was given to staff in line with the providers living values of kindness, integrity, trust, empathy and respect.
- The vision and values were embedded into every aspect of the service and there was a proven track record of high-quality care. A member of staff told us, "It's a team effort between all the departments. It's like a family here. We develop really good relationships with people, their families and each other. We're a family. We have a great bond".

- The culmination of this support and encouragement had ensured loyalty and continuity of staff and care. We saw that the service had not needed to use any agency staff since February 2017.
- Staff we spoke with demonstrated they had the right values which meant they enjoyed caring for people and went out of their way to enhance people's lives.
- One member of staff told us, "We always learn from negative feedback. This is the home of the residents, we listen and respect what they want in their home".
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service experienced any kind of discrimination.
- Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, living and working at the service. A member of staff told us, "We treat everyone with respect. We are a strong team and that is the secret. It's important that we enjoy our work".
- There was also a written set of values that staff were aware of, displayed in the service, so that people would know what to expect from the care delivered.

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

- People and staff were involved in developing the service. For example, people were involved in interviewing new staff as part of the recruitment process.
- Furthermore, the service was split into four specific households and people had been chosen to be representatives for each unit. This role encouraged people to discuss improvements that could be made and provided a formal system of feedback between people and the management of the service.
- The representatives had their pictures displayed in reception, had name tags and were involved in staff meetings, which discussed topics such as the environment of the service, food choices and activities. For example, people's feedback resulted in new chairs being purchased for the reception and bistro area and coloured water jugs being introduced, so people could see them better.
- Staff also were encouraged to hold team meetings without management present. This enabled staff to speak more freely about the service and created a more open environment to discuss any ideas or concerns.
- Through input from staff, a hospital admissions bag checklist had been developed, to ensure that in an emergency, people would have all their required belongings and information with them, should they be admitted to hospital.
- There was a suggestions box, meetings and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.
- Displayed around the service was information that informed people and staff clearly of the structure of the service and who had responsibility for specific topics and tasks. For example, around safeguarding and infection control.

Continuous learning and improving care

- The service continually looked to learn and improve the experience of people living at the service and in the way staff were supported.
- The provider undertook quality assurance audits to ensure a good level of quality was maintained.
- We saw audit activity which included accident and incidents, infection control, call bell response times, nutrition, falls, housekeeping and medication. The results of which were analysed to determine trends and introduce preventative measures.
- Staff were asked for their feedback through staff surveys and were encouraged to make suggestions and air ideas.
- Staff champions had been appointed and provide additional advice and support to staff, as well as contributing towards positive outcomes for people.

- Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.

Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority, Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery.
- Staff also liaised with local charities, such as the Alzheimers Society to learn about living with memory loss.
- People and staff were taking part in Horley carnival and were creating a float.
- Local schools, charities and churches visited the service and the staff also held events to raise money for local charities.
- Local historical books from the area were displayed for people, so that they could learn and take an interest in the local community.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Up to date sector specific information was made available for staff including details of managing specific health conditions, such as oral healthcare and maintaining skin integrity to ensure they understood and had knowledge of people's needs.
- Staff received regular updates which informed them of any changes and important developments in the sector, training opportunities and best practice.
- A learning wall was displayed for staff to encourage training and development, and a staff suggestions box was available.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.