Care4u Health Care Limited

CARE4U - SURREY

Inspection report

Abbey House
25 Clarendon Road
Redhill
Surrey
RH1 1QZ

Tel: 07804774537

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Care4U - Surrey is a domiciliary care agency. At the time of our inspection, it was providing personal care to four people living in their own houses and flats. It provides a service to older adults, some of whom are living with dementia. Everyone using Care4U - Surrey receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service and what we found
People and their relatives told us they felt safe, and staff were aware of their role in safeguarding people from abuse. Risks to people were appropriately recorded, but more information was required around people's medical conditions and what support was required to manage these. Medicine recording and administration was safe, and accidents and incidents were recorded appropriately. There was a sufficient number of safely recruited staff to meet people's needs.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice. Staff were up to date with mandatory training and received regular supervision and competency checks. Staff felt there was an effective communication system in place and referrals to healthcare professionals were made where required. People's dietary preferences were recorded in their care plans which staff followed. At our previous inspection, there were shortfalls in national guidance and standards not being followed or adhered to. We found there had been significant improvement during this inspection, but further work was needed to fully embed this in to the service.

People and relatives told us staff were kind and caring and treated them with dignity and respect. We were told of occasions where staff had gone above and beyond people's expectations when providing their care. People were encouraged to be independent and involved in decisions around their care where possible. Where people were unable to be involved in these decisions, their next of kin had been approached.

Care plans were personalised to reflect the individualised care that people received. Complaints were dealt with in a timely manner and in line with the provider's policy. The service was not delivering end of life care to anyone at the time of the inspection, but this topic had been approached with people and their relatives and their preferences documented.

There had been significant improvements to the management oversight of the service since our last inspection. Further work was now needed to ensure new systems and practices were fully embedded and sustained over time. Robust internal quality audits had been completed by the registered manager, and feedback sought from people and staff. People and relatives felt the management team were approachable and staff felt valued. There were links to local organisations where best practice, knowledge and training resources could be shared to support further improvement to the service. 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)
At the last inspection the service was rated Inadequate (18 December 2018) and there were multiple breaches of regulation. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 17 December 2018. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

CARE4U - SURREY

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. We planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of two inspectors.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection site visit because the service is small and we needed to be sure that the registered manager would be in the office to support the inspection. The inspection took place on 13 May 2019. We visited the office location on this date.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). 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 sought feedback from the local authority who work with the service.

During the inspection
We spoke with three members of staff including the registered manager, and two care workers. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection
We spoke with one person who used the service and two relatives. We looked at training data and quality assurance records sent to us by the registered manager.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our previous inspection in October 2018 we identified breaches of regulations 12, 13 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to a failure to provide safe care and treatment, protection from abuse for people and safe recruitment checks. At this inspection we found that improvements had been made in these areas. Further work was required to ensure that new and improved policies and practices were fully embedded into the service.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● Risks to people were appropriately recorded and managed by staff. One person was at risk of falls. There was a comprehensive risk assessment in place to advise staff how to prevent falls and keep the person safe. This included ensuring that one Zimmer frame was available upstairs and another left downstairs and making sure the person was wearing slippers on each call.

● Another person was at risk of pressure sores. Their risk assessment advised staff to inspect their skin daily for any changes and to reposition them on each visit. A staff member said, "We encourage them to change places such as moving from the bed to the lounge. We check their skin each time we visit. We record it in the daily notes." The staff member informed us that they would inform the office if there were any changes to their skin, which would then be passed on to the district nursing team.

● However, care plans required more detail around people's medical conditions and what support people required due to them. One person had a medical condition which caused them to be prone to recurrent urine infections. However, there was no detail around what this condition was and what steps staff should take to prevent a urine infection. Another person had high blood pressure and needed this to be monitored daily. However, the person's care plan did not inform staff what was a safe blood pressure reading and what reading would require them to contact the person's GP.

● The service had a business continuity plan in place. This stated how to ensure people continued to receive safe care and treatment in the event of an emergency such as a major incident in the local area, severe weather or a loss of equipment and computer systems.

We recommend that more detailed information around people's health conditions and how to support them with these were added to people's care plans immediately.

Systems and processes to safeguard people from the risk of abuse

● People and relatives told us they felt safe. One person told us, "They take into consideration my disability and keep me safe when moving or standing up. I've never had a fall with them." A relative said, "I feel my relative and I are safe as they make sure they lock the door and close the curtains behind them in the evening."

● Staff were aware of their responsibility to safeguard people from abuse and who to report concerns to. One staff member said, "I'd report anything to the manager or to the Multi Agency Safeguarding Hub. All the

information is in the policy to follow." Another staff member said, "I'd speak to [the registered manager] and social services, or if the matter needs policing, then police." The registered manager said, "I feel my staff know how to report concerns. We discuss safeguarding as a mandatory topic in every staff meeting. It's vital they know safeguarding."

● The service had informed the local authority of any safeguarding concerns.

Staffing and recruitment

● There was a sufficient number of staff to meet people's needs. People and relatives told us staff had never missed a care call. One person said, "I've never missed a call. They let me know if they're running late." A relative told us, "They were caught in traffic last week and they sent a message to let me know they were going to be late." A staff member said, "There's definitely enough staff members now. We get travelling time in between calls, too."

● There was a new call monitoring system in place to ensure staff arrived on time and stayed the full length of the call. Staff were still getting used to the system, but the registered manager ensured that calls were taking place. We observed the registered manager calling staff to ensure that they had arrived at a person's house for a care call where the system had not logged them as arrived. The registered manager informed us that there was ongoing training in this system for staff members.

● Recruitment files evidenced staff had been recruited safely. Staff's files included a full employment history, references from previous employers and a Disclosure Barring Service (DBS) check. This ensures that people are safe to work with vulnerable people. However, the service had recruited somebody who was under the age of 18 and still in full time education. We suggested that they put a risk assessment in place for this to ensure they were not working above the recommended number of hours for their age.

Using medicines safely

● Medicine recording and administration was safe. The service had recently introduced an electronic medicine administration record (MAR) system which informed staff which medicines were required on each call for a person. Since the introduction of the electronic MAR system, there had been no medicine errors. There were also paper MAR charts available in the event of the system not being available to use.

● Thorough internal audits had identified previous medicine errors which were resolved. For example, an audit of medicines in December 2018 identified that staff members had written an additional medicine on the MAR chart but this had not been checked and signed by two staff members as per national guidance. Following this being identified in the monthly audit, the staff members involved had a supervision meeting regarding this error to prevent further occurrence.

● Staff were observed administering medicines during spot checks to ensure practices were safe. There had been no recent concerns in this area.

Preventing and controlling infection

● People were cared for by staff who followed safe infection control practices. One person told us, "They wear gloves and aprons." A relative said, "They have aprons and gloves. They keep a store of them here." A staff member said, "There's always a supply of gloves and aprons. They're kept in the people's houses and in the car."

●The registered manager conducted monthly spot checks at people's homes to check staff were adhering to infection control policies. The registered manager informed us, "All has always been ok with infection control."

Learning lessons when things go wrong

● Accidents and incidents were stored in a central file. The file also included a tracker to identify if any trends were occurring that the registered manager needed to address and resolve.

● The registered manager was informed of an incident that had occurred during our inspection. We observed them take all the correct steps to ensure the person's safety and the staff member who reported the incident informed the registered manager that they would be filling in an incident form.

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 our previous inspection in October 2018 we identified a breach of regulations 9, 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to a failure to provide personalised care, to work in line with the principles of the Mental Capacity Act 2005, and to provide effective training and supervision to staff members to ensure they were competent in their roles. At this inspection we found that improvements had been made in these areas.

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

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

- The service had not admitted any new people since our last inspection. Therefore, we did not observe any new pre-assessments. However, people's care plans included support plans created by the local authority for information purposes which they had received prior to delivering care to that person.
- At our previous inspection in October 2018, we found significant shortfalls due to the service not delivering care in line with current standards and national guidance. This included areas following national guidance around medicines and working in line with the principles of the Mental Capacity Act 2005. However, we found that this area had vastly improved during this inspection.

Staff support: induction, training, skills and experience

- Staff were up to date with mandatory training. This included modules around pressure ulcer prevention, safeguarding, end of life care and mental capacity in practice. They had also completed an additional training module around stroke awareness. This was due to staff caring for people who had health and care needs from this condition. A staff member said, "The stroke training book was really helpful. It helps you understand how people behave because of it and how to talk to them." Another staff member said, "The training has been very interesting. The one that I found touching was end of life. I've done all my mandatory training now."
- People and their relatives felt that staff were well trained and knew how to carry out their role effectively. One person said, "The majority of them are well trained. Some of them are new but they are learning quickly." A relative said, "Most of them know what they are doing. Every person they care for is different and it takes time to know people's likes and dislikes, but they all know how to move [my relative] safely."
- There was a robust induction process for new staff. New members of staff completed mandatory training as well as shadowing a colleague. One staff member said, "I shadowed [a staff member] for three weeks and then I was ok. It was very helpful. You read a folder at a client's house but then sometimes you need to see it being implemented to help your understanding."
- Staff received regular supervision and spot checks from the registered manager and senior carer to support them in their role. These competency checks ensured that staff were up to date with training, moving and handling people safely, arriving on time for calls, and treating people with respect. One staff member said, "I have supervision once a month. They're helpful because you can reflect on your practice." A

senior carer informed us, "We do [supervision] every three weeks to a month. It helps staff if they're struggling with anything. We can discuss it and give some guidance. We work with them to build their confidence up."

Supporting people to eat and drink enough to maintain a balanced diet
● People's dietary preferences were recorded and delivered in their care. People's care plans noted their preference of foods at each meal and how they like their hot drinks to be served. Daily notes confirmed that people were given meals and drinks in line with their preferences.
● Although no people were on fluid charts at the time of our inspection, there were systems in place to ensure that people were drinking enough fluid when required. The registered manager told us, "Our system allows us to add on the task list for carers to make sure people have fluids. This will help a lot in the summer months." A staff member said, "We document what we have given them to eat and drink. I made sure the person had water to drink when I left today as it's quite hot."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff felt the communication within the service was effective. A staff member said, "We have [an online app] group where we can all communicate. It's very effective as if there is something everybody needs to know, they can all see it on there straight away."
● Correspondence between the service, relatives and other organisations, such as social services and the district nursing team, were kept in people's care plans. This included emails informing the district nursing team when a person had developed a pressure sore, and emails informing a relative that a person required a chiropodist. We observed the registered manager following up a request for a meeting for a person they were supporting with the social care team our inspection.
● Referrals to healthcare professionals were made where required. Records showed that professionals such as GPs and occupational therapists were contacted when the need arose. This included requesting a medicine review by the GP for one person as they identified the person had a medical history of depression but was not prescribed any regular antidepressants. One person told us, "One of the staff members got a chiropodist for me as my feet were sore."

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.

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 legal rights were protected because staff followed the principles of the MCA. Decision-specific mental capacity assessments had been completed around personal care, medicines, and companion care. Best interest decisions had also been completed around these areas and identified the possible options that could be made in someone's best interest. For example, one best interest decision was around whether to use bed rails for a person or not. The record determined that for safety reasons the use of bed rails was in the person's best interest.
● Staff were knowledgeable on the principles of the MCA and how this affected the way they supported people on a day-to-day basis. One staff member said, "I know mental capacity is to do with decision making,

so I check to see if they have capacity to make certain decisions on their mental capacity assessment." Another staff member said, "It's enabling them to make a decision in whatever they are doing."

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 our previous inspection in October 2018 we identified a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to failing to provide care to people with dignity and respect. At this inspection we found that significant improvements had been made in this area.

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

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring. One person said, "[The registered manager] took me for a meal for my birthday. I really appreciated it." A relative said, "It has improved. They brought flowers for [my relative's] birthday, I was shocked, it was very nice." Another relative said, "They are kind and caring to us both. They sometimes hoover the hallway which helps be out." A staff member told us, "All the staff are hardworking and very caring. We never rush anyone; we work with them at their pace. We're caring, understanding and trustworthy."
- The registered manager informed us of times where staff members had gone above and beyond people's expectations. He said, "My guys have empathy and they're very caring. One person had a leak in their house so we couldn't use the microwave or oven. The staff went to McDonalds and bought it for her out of their own money so she could have lunch. Another person likes flowers, so we ordered them to be delivered to her for her birthday. Another person had a satellite TV box and they wanted to return it as it was costing them money, so I removed it and took it to the post office for them. That's the fundamentals of caring." Records also showed that the registered manager had taken one person to their favourite restaurant for lunch on numerous occasions outside of their contracted hours to prevent them from being socially isolated.

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

- Relatives told us that people were involved in making decisions about their care as much as possible. One relative said, "They give [my relative] choices of what to make for meals out of what is available in the fridge." A staff member said, "I give them information, so they can make an informed choice. As much information as you can."
- People were involved in reviews of their care. The registered manager said, "Where people have capacity, it's a conversation with them and asking when they are free to discuss how their care is going. Where people lack capacity, we invite their next of kin and ask them to engage. We also involve professionals. Where things have changed, we need their views." Documents showed that people had been involved in reviews of their care, or their next of kin had been if they were unable to.

Respecting and promoting people's privacy, dignity and independence

- People were supported and encouraged to be independent where possible. One person told us, "They're empathetic and allow me to do as much as I can do for myself." A staff member said, "We allow them to do

what they can and then support. We have one person who wants as much independence as possible. I allow him to do as much as he can." Care plans also reflected this. For example, one person's care plan stated, "Please remember that I can do things for myself – encourage me and be patient if I am moving slowly" and another stated "Please allow me my independence by washing my own body where I can reach and then assist me in the areas I can't."

● Staff respected people's dignity. One person told us, "They respect my privacy and knock on my door before they enter. A relative said, "They close the curtains and cover her. She always has female carers which is her preference." A staff member said, "We cover them as much as possible, and don't expose part of their body during personal care if it doesn't need to be exposed."

Good

Is the service responsive?

Our findings

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

At our previous inspection in October 2018 we identified a breach of regulations 9 and 16 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to a failure to provide personalised care and to respond to complaints in line with the provider's policy. At this inspection we found that improvements had been made in these areas.

People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. For example, staff supported one gentleman to attend a local gym session specifically for people who have the same condition as him. Staff said that it was good for his mental wellbeing as he found it helpful to meet people in a similar position as himself. This person told us, "They take me to do the gym once week which helps. That's helped me regain some strength and independence."
- Care plans included information regarding people's backgrounds, likes and dislikes. This helped staff to provide personalised care. For example, one person's care plan stated, "I like when carers take the time to make me feel pretty by doing my hair, make up and nails." This person's relative confirmed that this happened, saying, "Staff do cut and paint her nails for her which she loves." Care plans also recorded people's religions and if they were practicing or not.
- Daily notes were personalised and gave details on what people had eaten, drunk and the care provided that day. A staff member said, "Things are a lot better. We worked on the paperwork and it's a lot more up to date now and much better than they were."

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.

- People's communication needs were recorded in their care plans. For example, one person's care plan stated, "Preferred to be called by first name. Speaks English. Has visual impairment in left eye but can see." This made staff aware of how best to support each person with their communication.

Improving care quality in response to complaints or concerns

- People knew how to raise concerns and felt comfortable to do so where needed. One person said, "I've never had to raise a complaint." A relative said, "I do speak to the manager sometimes about some concerns I have. He promises what will change and the changes do happen."
- Complaints were responded to in line with the provider's policy. Where complaints had been raised, steps

were taken to resolve the issue, and this was formally fed back to the complainant. For example, the service had received a complaint in January 2019 from a relative about staff members not informing them when they were running late. The registered manager informed staff that they must contact the person on their next of kin if they were running more than 15 minutes late. The complainant was informed of this outcome in an email, and no further complaints had been received around this issue,

● Complaints were audited every three months to identify if there were any trends. The registered manager had informed the local authority of any complaints in order to be transparent around the running of the service.

End of life care and support

● The service was not providing end-of-life care at the time of our inspection. However, the registered manager had attempted to discuss people's wishes around this with them. People the service was supporting were not comfortable to discuss their end of life wishes at this moment in time, but this was clearly recorded in people' s care plans. Despite this, staff had received end of life care training in preparation for when needed.

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 our previous inspection in September 2018 we identified breaches of regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of regulation 18 of the Health and Social Care Act 2008 (Registrations) Regulations 2009. These related to a failure to provide good governance and management oversight of the service and failure to make CQC aware of notifiable incidents. At this inspection we found that improvements had been made in these areas. Further work was now required to ensure that new and improved policies and practices were fully embedded and sustained in the service.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and the registered manager felt that the service had improved greatly since our last inspection. A staff member said, "I can tell the big difference since last time, you can feel it. The best improvement made is the quality of staff we have now. Because of that the teamwork is great. Everything is an ongoing project." The registered manager said, "I think we have demonstrated good quality care but you can always do more." Further work was required to ensure that new systems and practices were fully embedded in to the service.
- The registered manager was aware of his responsibilities about reporting significant events to the Care Quality Commission and other outside agencies. He promoted a positive culture in the service, telling us, "There is a very clear vision of where I want this service to be. We want to bring quality of care to people. We want to be a provider of choice. It's not about money, it's about passion."
- People and relatives felt the registered manager and management team were approachable. One person told us, "I think [the registered manager] is approachable. I think he runs the service well." A relative said, "He is a good listener. That's the main thing as you know he will do something. He is approachable because of that."
- Staff also told us they felt the service was well led and that they felt valued. A staff member said of the registered manager, "He's somebody who can talk to anybody, even at our level. If I had a problem I wouldn't hesitate to pick up the phone and tell him." Another staff member said, "I think the service is well led. [The registered manager] is very supportive." A further staff member said, "[The registered manager] is always there if I need advice. If I had a problem I know he would always be there as soon as he possibly could to help." The registered manager had recently implemented an employee of the month award, in which a staff member would receive a shopping voucher and flowers.
- The registered manager had ensured our previous inspection rating was on display in the office in line with their regulatory requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● Effective management systems were in place to assess, monitor and improve the quality of service people received. Regular audits on training, recruitment, rotas, daily notes and care plans were completed. Where issues were identified, action was taken to resolve this in a timely manner. For example, a recent audit of people's daily notes identified that staff has not written the date on one entry and that other entries were not personalised and lacking detail. The registered manager spoke directly to the staff member and also sent out a message to all staff members to remind them of the importance of competing accurate and detailed records.

● Another audit around recruitment had identified that two staff members were still waiting for references from their previous employers. The registered manager called the previous employers directly following this to ensure they had received the references they required in order to recruit a new staff member safely.

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

● People and staff were engaged in the running of the service. A person told us, "They've sent me a questionnaire asking for feedback, they do it quite often." The registered manager had sent a satisfaction survey to people and their relatives in February 2019 and had received three responses. The feedback from this was that people and their relatives were happy with the standard of care they were receiving. The registered manager told us, "People can bring value so I want to involve them and ask them, 'How can I serve you better?'"

● Staff meetings were held every two months. One staff member said, "They're helpful. I didn't attend one as I couldn't, but I got given a copy of the notes." Another staff member said, "We have a staff meeting once every two months. I've realised that they bring us together as a team. You feel you have somewhere you belong." The registered manager informed us that suggestions from staff feedback had been implemented. He said, "We do conference calls so that it gets everybody's feedback. You need to try and include everybody. One carer comes up with some good ideas. She suggested an index in the files in people's homes so that they are easier to navigate." People informed us that their files now had indexes in place.

Continuous learning and improving care; Working in partnership with others

●There were plans in place to improve the quality of the service. The registered manager was looking to implement a new part of their online system which would allow people and their next of kin a read only access to people's care plans. He also wanted to introduce a key worker system, where a staff member would be responsible for building a strong rapport with a person and updating their care plan.

● The registered manager had formed strong links with local organisations. He said, "We've joined Surrey Care Association. We are looking to join a local dementia working group and also through Surrey Care Association I've met with other managers with services so we are going to have a cluster group to share ideas and best practice."