

Nellsar Limited

Princess Christian Residential and Nursing Care Home

Inspection report

Stafford Lake
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Surrey
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Ratings

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

Summary of findings

Overall summary

About the service

Princess Christian Residential and Nursing Care Home (referred to as Princess Christian in this report) is a care home providing accommodation, personal care and nursing care for up to 96 people. The service provided care to people with long term health conditions, people living with dementia and people at the end of their life. At the time of our inspection, 83 people were living at the service.

The service is divided into three separate living areas, depending on people's needs and dependency. We inspected all three living areas as part of this inspection.

People's experience of using this service and what we found

People received an outstanding service in relation to the food they were provided with. There was a strong emphasis on the importance of eating and drinking. This ensured people continued to eat and drink, despite having health conditions which may make this element of their day to day living difficult. People regained their independence with their food and drink through staff input and where people were provided with a modified meal this was presented in a way that ensured it looked the most appetising it could.

Innovative and inventive practices were in place to meet people's holistic needs from well trained staff who were happy in their role. This had resulted in exceptional outcomes to some people in relation to their health and well-being, including someone being able to walk again and another person to regain their independence at mealtimes.

The service had a creative way of training clinical staff which meant they did not spend a long time trying to recruit nurses into the service. The service was accredited by a national body to run courses to support clinical staff to achieve the necessary qualifications.

There were champions within the service who actively supported staff to provide outstanding care when people were at the end of their life. This meant people were enabled to live well until they die. As an outcome of their work, Princess Christian was invited to roll out their good practice to other services within the borough.

People's lives were improved by staff. People's well-being was promoted through the staff's consistent and high level of care.

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

There were sufficient staff to care for people and people felt cared for in a respectful, kind and supportive way. People felt safe living at Princess Christian and told us they received the medicines they required.

People lived in an environment which was suitable for them and promoted independence through the use of signage and equipment. The environment was well-maintained and clean, housekeeping staff working continuously in ensuring the environment was neat and tidy.

People told us staff were kind and caring and they could make their own decisions. People said there were things for them to do and they had access to an outside space. Where people had individual communication requirements, staff were aware of these.

People's care plans contained good information for staff, although we found some that required additional information. The shortfalls we found were addressed immediately. The impact to people was low as clinical and care staff knew people's needs very well. Those people at the end of their lives were provided with care in line with the Gold Standard Framework for end of life care.

The culture within the service was positive, people and their families felt the service was well-managed. People, their families and staff were supported to be involved in the service and staff told us they enjoyed their jobs.

The registered manager knew people well and was always looking for ways to improve the service. He worked well with external agencies to provide suitable and good quality care for people.

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

Rating at last inspection

The last rating for this service was Outstanding (report published 21 January 2020).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Princess Christian Residential and Nursing Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors, a nurse specialist 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.

Service and service type

Princess Christian Resident and Nursing Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Princess Christian Resident and Nursing Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. This included statutory notifications of accidents, incidents or safeguarding concerns. We used all this information to plan our inspection.

During the inspection

We spoke with nine people and two relatives to obtain their feedback about the care provided at this service. We spoke with 13 staff, which included the registered manager, clinical staff, care staff, the chef and the activities lead. We reviewed the care documents for 14 people, as well as the medicines records for people living at the service. We also reviewed five recruitment files. We received written feedback from six relatives in relation to the care their family member received at the service. We reviewed documentation from the registered manager in relation to accidents and incidents, infection control and training.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training in how to identify potential abuse and put their knowledge into practice. Incidents, which were unexplained, such as bruising to people were reported to the appropriate authorities and investigated internally by management.
- A staff member told us, "I received all the mandatory training and I know about reporting abuse. I also know about whistleblowing and I will do this if I need to." Another staff member told us, "I would go to the nurse, or I could go to the manager."

Assessing risk, safety monitoring and management

- People's care plans contained risk assessments and risk management plans which recorded information about aspects of the person's care or their individual health conditions which may put them at risk.
- One person was at risk of their skin breaking down and they had been seen by the tissue viability nurse and a care plan had been put in place. A staff member said, "We often watch people's skin during personal hygiene, and we look for any problems. Then we would work to reduce progress of complications and aim for recovery of good skin integrity."
- People told us they felt cared for in a safe way at the service. One person said, "Not long after moving here, I had a fall. They (staff) were with me in seconds."
- People lived in a service that was checked for its safety. Regular fire checks, electrical and gas checks were carried out. In addition, weekly fire alarm testing was completed.
- Information about people's care was kept in a safe way. Records were stored securely on a password protected system and access was limited to those with overall responsibility for the day to day care of the person.

Staffing and recruitment

- We received mixed feedback about staffing levels from the people and relatives we spoke with. People's comments included, "If I want something, they (staff) come quickly. There's always someone around", "It's a lovely place to live. They (staff) are there for us all of the time" and, "You don't have to wait long for someone to come. I'm aware of staff checking up on me at night." A relative told us, "We feel very comfortable that our relative is living here. There always seem to be enough staff when we visit."
- Some feedback we received were not as positive. Comments included, "Sometimes, I don't think there are enough staff." "When the staff go for their breaks, you can see that they are short-staffed, sometimes there is only one person on duty here (lounge area)." "You can tell that there are staff shortages because often the activities don't happen." And, "There are never enough staff – this morning they were a bit late getting me up."

- Our observations on the day were that people were cared for by a sufficient number of staff. Throughout the day, staff were seen attending to and engaging with people. Call bells were answered in a timely way and people received attention when they needed it.
- Staff were recruited through a robust process which included providing employment history, providing references as well as their right to work in the UK. Disclosure and Barring Service (DBS) checks were carried out before staff started work. A DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received the medicines they required in line with their prescription. People told us, "The medication is all done well and on time. The nurse knows what she is doing." "There are no problems with my medication." And, "At first they couldn't get the medication right. Now they seem to have got it right and I'm happy with that side of things."
- Staff followed good practices with medicines. They were stored, recorded and administered safely. Staff followed guidance on managing 'when required' medicines and documented the reason they had administered the medicine.
- Staff were patient and kind to people during medicine administration and only appropriately trained staff gave people their medicines.
- Each person had a medicine administration record which contained sufficient information such as a photograph and any allergies of each person. The records were completed accurately and a sample stock check tallied with the balances recorded.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was meeting shielding and social distancing rules.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to see those who were close to them. Visitors were enabled to come into the service and meet with people in their rooms or in various areas in the garden.

Learning lessons when things go wrong

- Where people experienced accidents and incidents, these were logged and investigated. The registered manager carried out a monthly analysis to look for trends and themes.
- Where action was required to help prevent reoccurrence of accidents this was recorded. For example, an anti-slip mat was provided to someone who tended to slip down in their chair, increasing their risk of falls.

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 last inspection we rated this key question Outstanding. At this inspection the rating has remained Outstanding. This meant people's outcomes were consistently better than expected compared to similar services.

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

- There was a strong emphasis on the importance of eating and drinking well within the service and food was tailored to people's individual tastes. At our last inspection we heard, without exception, how good the food was and how the catering team through their passion for their role made a difference to people in relation to how well they ate and drank. At this inspection, the catering team had gone a step further. Staff went to great efforts to help ensure people received the food and drink just right for them and in a way that encouraged them to eat. This meant people retained a healthy weight and some people regained the ability to drink or feed themselves. A relative told us, "My mother has significant problems with eating and drinking ... and it can take a consider amount of time to give her food and drink... A designated person was appointed to support her with her eating and drinking which has been fantastic. She is now able to hold a glass and feed herself sometimes."
- The catering team had completed research into texture-modified foods to help them plan and prepare meals which were appetising and appealing to people. The team observed people's reactions to these meals and used their observations to make improvements. They told us, "We need to be able to offer individual solutions for each resident." A relative said, "My relative has a small amount of pureed diet and it is presented beautifully and looks appealing."
- Moulds were used to present texture-modified foods in an appetising way. These were used for all meals and snacks including, cakes and biscuits and during events such as, barbeques. This enabled people who were on this type of diet to remain involved. Staff told us, "They (people) are more engaged and included (as a result)." The team had won a provider-led competition for the best texture-modified meals. As a result, the provider introduced Princess Christian's approach to all of their other services.
- Innovative methods and positive staff relationships were used to encourage those who were reluctant or having difficulty in eating and drinking. A project designed to improve the nutrition and mealtime experience of people living with dementia had changed the way the catering team worked with the care staff. Staff fed people's individual meal experiences back to the catering team who then planned meals based on this feedback. The provider also supported a staff member to study nutrition and use this knowledge to develop the project further.
- The chef planned menus around people's favourite foods. The chef told us, "We got rid of standardised practices. We made it more person-centred. If you think about each resident, the solution is clear. It is all about the resident. Each individual is different, so we have to monitor how they respond (to meals)." A relative told us, "[Name] loves the food here. They (staff) actually took the time here to find out what our relative likes and that has helped a lot."
- People were supported to take an active role in the kitchen. A weekly cooking club had been established

where people could go to the main kitchen to bake or cook. One person told us, "The chef gave us a cookery lesson the other day. There were four of us and it was fun. We made a fridge cake." People reported they were very happy with the food, with feedback including, "I do enjoy the meals. There is a choice and there is definitely enough food", "The food is lovely and there is always a choice" and, "The food here is very good."

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

- Through internal professionals as well as the dedication of staff, people's lives had improved. Staff always sought to improve people's care, treatment and support by identifying and implementing best practice. One person had regained their mobility and speech. They said, "I was in hospital for a long time before coming to live here. When I arrived, I could not walk or talk. With the help of [staff names] I've been able to learn to walk again and speak. I wouldn't have done it without them. They made me walk up and down the lane. That tells you all you need to know about the care here."
- Another relative said, "When my [family member] first went to the home she was confined to bed. As of February this year, they (staff) were able to get her into a reclining chair which means she can now go to the day room which is a huge improvement."
- The provider has its own physiotherapist who was available to support people with their mobility. Although the physiotherapist was not permanently on site, we were told how they had made a marked difference to some people. A relative told us, "When our relative first arrived here from another care home, they had spent a long time not doing very much because of COVID and had lost the ability to walk. There was a physiotherapist here who tried to build up my relative's strength. They had around ten sessions of physiotherapy and it helped in many ways. He is really good at his job."

Staff support: induction, training, skills and experience

- Through planned, considered and joint ideas, staff received all of the training they required in order to carry out their role to the best of their ability and in a way that made a difference to people. Catering staff had undergone International Dysphagia Diet Standardisation Initiative (IDDSI) training. IDDSI is a framework consisting of eight levels to describe food textures and drink thickness. This helped ensure that people with swallowing difficulties, received their nutrition and hydration in a safe way.
- The service worked in partnership with other organisations to make sure they are training staff to contribute to the development of best practice. The provider was accredited by the Nursing & Midwifery Council to provide learning and training for clinical staff coming to the UK from overseas. This support provided nurses with the assistance they needed to prepare for the Objective Structured Clinical Examination (OSCE) exam. Six staff were currently working through this programme. This meant management did not have to wait to recruit new clinical staff and as such people received consistent nursing care.
- Management developed and supported their staff so they delivered outstanding care. The service had a gold Investors in People award. This award recognises a service for the ways in which they engage, retain and inspire their staff. This meant there was a low turnover of staff so people were cared for by staff who had got to know them and their care needs well.
- Staff were aware of the importance of training and assumed different responsibilities to ensure staff were following best practice. One clinical staff member told us, "I carry out competencies on medication, injections and catheterisation." A relative said, "They demonstrate a high level of professionalism and skill and are obviously extremely well trained."
- Clinical staff were very knowledgeable in what they would do in the event of a medical emergency and staff were observed carrying out safe moving and handling practices. One person told us, "All of the manual handling is done skilfully – they know what they are doing."
- New staff underwent an induction into the service, followed by a period of shadowing a more experienced staff member prior to providing care themselves. A staff member said, "I had an induction when I started,

then three days of shadowing."

- Staff felt supported by their line managers and senior management through regular supervisions where they had the opportunity to discuss their roles, progress or any training requirements. A staff member told us, "(Supervision is used for) how we feel, what we can improve, what we can do better." Another staff member said, "It's to check we are doing our job properly, if our training is up to date and we can talk about how we would like to develop."

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

- Where people had complex needs, people experienced a level of care that promoted their well-being by working in a consistent and effective way. A relative said, "My relative had very difficult behaviour early in his illness, he was treated in a very structured way with consistency (by staff). The change in him has been remarkable, he is now calm and more engaged with his surroundings." Another relative told us, "She had a number of medical and emotional issues at the time. Since then she has been transformed to a different person thanks to the staff at the care home."
- There were champions within the service who actively supported staff to make sure people experienced timely care. The service had an end of life champion who worked with staff on how to provide the best possible end of life care to a person. This had resulted in the service earning the Gold Standard Framework award for end of life care. Through management links and work with external health services, a professional had approached the service to ask for support to extend Princess Christian's end of life care to other services within the borough. This would help reduce unnecessary hospitalisation and hospital deaths.
- There was evidence in people's care plans that staff worked closely with other agencies to help meet people's needs. For example, staff had good liaison with a social worker around one person who had risks associated with their behaviour. Another person was known to the community mental health team. One person said, "They will arrange for me to see whatever healthcare professional I need to see."
- There was also evidence of staff liaising with healthcare professionals on behalf of people. People were supported to see practitioners such as the GP, speech and language therapists (SaLT), dentist and podiatrist. One person said, "I do attend hospital for my eyes. I like to take care of my teeth. There is a dentist who visits here." Another person told us, "I see a doctor, optician and dentist. If I don't feel well, I tell a nurse."

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

- People lived in an environment that was adapted and suitable for their needs. Staff told us, "We have enough equipment to use here." We saw plenty of moving and handling equipment, adapted wheelchairs, mobility aids and other equipment to make people's life's more comfortable.
- The interior of the building was bright, with vibrant colours. People's bedroom doors were painted in different colours to look like a front door, for easy identification, and there were memory boxes outside of some people's rooms.
- People had access to an enclosed courtyard which enabled them to go outside yet remain in a safe environment.

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

- People's needs were assessed prior to moving into the service to ensure Princess Christian was the most suitable environment for them. A relative told us, "We filled out some forms – questionnaires – when our relative moved in."
- People's assessment information formed the basis of their care plan and staff used nationally recognised tools to individualise these plans. This included information about a person's mobility, their nutrition and hydration needs or their skin integrity.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people lacked capacity to make their own decisions, staff followed the principles of the MCA to determine whether any restrictive practices were in their own interest. For example, living at the service, lap belts in their wheelchairs and bed rails. DoLS applications had been submitted and authorised appropriately.
- Some people received their medicines covertly (in their food or drink). Capacity assessments and best interests decisions were completed with GP and pharmacy input before their medicines were provided in this way.

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 last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant 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

- Staff communication with people was warm and friendly, showing caring attitudes and engaged throughout conversations whether these were outwardly meaningful or not. All staff appeared to be enjoying their work. People's comments included, "The staff are very nice. I cannot fault it. They are such nice, kind people. Everyone always seems so happy", "I am supported well" and, "The staff are kind. They are gentle and that is what matters."
- People's diverse needs were supported and there were good relationships between people and staff. One person told us, "There are church services here if you want to attend." Another person said, "The staff are kind. We have a good laugh together. [Staff name and staff name] are my friends. They're just great."
- Relatives were equally complimentary about staff. Comments included, "The care is good. We are always welcomed at the home. Our relative is happier here than at their previous home" and, "They (staff) are very touchy-feely with our relative and she really likes that."
- Other comments we received included, "The staff are wonderful they treat everyone with great humanity and patience", "I cannot sing their praises enough. I have seen much kindness in my life but never to this extent" and, "I can recommend Princess Christian Care Centre for the services they provide as excellent."

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

- People could make their own decisions. One person told us, "They (staff) support me with what I need. I can go where I like. Today I wanted to stay in bed so that is why I'm here. My choice. Put it this way, whatever I want to do I can do."
- We observed people choosing where to sit for their lunch and whether they wished to participate in the morning activity.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and dignity, for example, they knocked on people's doors and waited before entering. A person told us, "The staff here are wonderful, they treat me well and with dignity."
- People told us they were able to do things for themselves and were supported to retain their independence. One person said, "If I get stuck when getting washed or dressed the carers will help. We do it together. They help me when I need it, but I can still do things for myself." Another person told us, "I have my independence. This afternoon I'm going to bed for a nap, which is my choice. No one forces you to do anything."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Good. This meant 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's care plans were comprehensive and personalised, with good background history recorded which would help staff get to know the person as an individual. Staff told us they had handover each morning to discuss people and their needs. A staff member told us they were, "Very strict" with the handover meeting and expected all staff to be there as it was, "Very important for them to hear what has happened during the night and how we are planning the day."
- Staff were given time to get to know people, read care plans and risk assessments. They said, "We can use the (care plan) device to read the care plan. It helps us get to know the residents."
- Several people were funded for one to one support by staff and we were told, "It is important to know the resident when we are working one to one. We are told what the potential triggers are for their distressed behaviours and how to manage these." One to one planners were used which was documented in a format to help the person understand how they would spend their day. These were accompanied by protocols to ensure the one to one care was provided in a safe way. One to one support was used in a varied way. A staff member said, "I have taken [person] to the garden, the pub, the barbers shop. I enjoy finding out about their hobbies and encouraging them to keep up their interests."

End of life care and support

- People at the end stages of their life were cared for in a culturally sensitive and dignified way. They were encouraged to remain in the service with specialist professional input or equipment needed. At the time of our inspection, staff were providing end of life care to one person.
- The service had an end of life champion. They told us, "I teach the staff how to position the resident, how to communicate with them and how to talk to families. The most important thing is the resident's wishes. It is about making sure they are treated with respect and dignity. We are there to support them and the family as well."
- The service had continued accreditation to the platinum level of the Gold Standards Framework for end of life care. This meant the service had been able to demonstrate they continued to meet a required 20 standards of end of life care to a high level.
- Following the death of someone, staff completed an after-death analysis which enabled them to reflect on what they did well and any areas they could improve on.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans in place. These included information such as what may distress someone. One person could shout and staff were guided not to speak about any distressing subjects as this upset them. Their plan noted how they liked having their hair combed as it calmed them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were a range of activities taking place during our visit. We observed some staff watching programmes with people on a tablet computer. This included watching a football match. Other staff were reading newspapers or magazines with people and a staff member sat doing a jigsaw with other people. Activities staff spent time on a one to one basis with people.
- People gave positive feedback about activities. One person told us, "I like doing all sorts of things here. I can sit in the garden if I want. I like being with other people, that's that best thing." Another person told us, "I enjoy being able to sit and look out at the garden. A few of us stayed up last night to watch the tennis." A further commented, "We do quizzes, painting and have an exercise class on Tuesday. There's normally something going on." A relative told us, "They had a party in the garden for the Jubilee. They do some good activities here. They have chickens in the back garden and the cat. It makes it feel more homely." Another relative said, "She is kept entertained every day. It brings her great pleasure to tell us about her day."
- Activities staff told us, "We ask the residents what they like to do. I try to find activities suitable for their needs. There is an activities programme. We get ideas from the internet, we use the bar area, we do a coffee afternoon with residents. Residents can take part in gardening and pottery."
- Where special events were held, a one-page newsletter was produced. This contained pictures of people participating in the event. For example, a puppy coming into the service, a butterfly and music event, staff taking part in an Alzheimer's walk, a person's 100th birthday and the Jubilee celebrations. The newsletters were shared with relatives.

Improving care quality in response to complaints or concerns

- People were aware of how to complain. One person told us, "If I had a complaint, I'd go to the head of the department." Another person said, "I would go to the manager if I had a complaint." A further person added, "Any complaints I would go to the health care nurse. She is very kind and would understand."
- We reviewed the complaints received at the service and found these had been investigated and the complainant responded to.
- A compliment received, read, 'I would like to thank you and all the staff for the excellent, compassionate care given to mum which she was with you'.

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 last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The staff who were in charge assumed their roles with ease and confidence. They confirmed their training was comprehensive and up to date. A nurse told us, "I manage the residents and staff in this unit, I manage the medication, consultations with the GP and multi-disciplinary team and I train the new nurses as well as do the competency assessments."
- Staff said they worked well together. One told us, "We have good communication and we work well together."
- A range of governance tools were used to monitor the quality of the service. This included auditing medicines, infection control practices and reviewing call bell response times. Where shortfalls were identified these were addressed. Actions were monitored and only signed off when completed. For example, where there were gaps in people's care plans.
- Some people's care plans required further information. The registered manager acted immediately and sent us a copy of the amended care plans which included all of the required information. Monitoring of people's care plans would continue in line with the service audit regime. The impact to people in relation to the gaps in care records we found was minimal as clinical and care staff knew people and their needs extremely well.

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

- The registered manager and senior team promoted an inclusive culture where people were central to the service. We received positive feedback from relatives. Comments included, "Every aspect of the home is well managed by an exceptional management team who really care. This is reflected throughout the home." And, "It is obvious that the care home is well run and the management team are on top of all aspects of the care home."
- People told us they saw the registered manager out on the floor. One person said, "I know who the manager is and he is approachable." Another person told us, "I do know who the manager is. He does come round to speak with us."
- Staff enjoyed working at the service and one told us, "Everyone is very friendly and welcoming. With [the registered manager] we can talk to him about anything. He will find a solution for us. He will always come up with something. He is good at supporting the staff. He is a good listener." A further staff member said, "The staff are lovely; we are like one big family."
- The service was currently rated as 9.8 out of 10 on the Carehomes website. With many positive reviews

from family members. These included, 'The staff are wonderful; they treat everyone as individuals in their own right with great care, love and professionalism' and, '.....is receiving the highest care from the staff in his unit. The nurses and carers know how to keep him safe and occupied....'.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to apologise when care did not go to plan.
- There was evidence of the registered manager applying duty of candour when people had accidents or incidents, or complaints were raised.

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

- People told us they got together for social functions, but there was mixed feedback on whether there were resident meetings they could attend. Some people told us, "There are no residents meetings." And "I don't think there are residents meetings. I would attend if there were." However, others said, "They do have residents meetings." And, "I don't go to the residents meetings. I can't think of any improvements." We were provided with minutes of meetings by the registered manager. However, due to COVID-19 they had not happened as frequently as he would like.
- Relatives told us there was a Friends of Princess Christian group who met regularly. This group took feedback from relatives and people to look for ways to improve the service. There were also family meetings where relatives could hear about and discuss any aspect of the service.
- Individual unit staff meetings were held to give staff the opportunity to give feedback and suggest improvements. These were in addition to all-staff meetings or clinical meetings which were also held frequently.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they were always looking for ways to improve the service. They told us of a recent initiative which involved people wearing 'tags'. The tag would enable the person to move around the service, both internally and externally independently but with staff being aware of their whereabouts at all times. The tag would automatically open doors and switch on lights. Once the tags were received, each individual would be assessed for their suitability to wear one.
- Staff worked closely with external agencies, particularly the funding authorities in relation to those people who were being provided with one to one hours. A staff member told us, "We review the one to one regularly. If people's needs change I would inform the commissioners that the one to one was no longer required."
- The registered manager was a member of the Surrey Care Association and regularly attended meetings. This was an opportunity to meet and learn from peers and receive information about changes within the sector.
- Some staff from the service were participating in a 'well-being and health for people living with dementia' programme. This was an evidence-based programme to improve the quality of life and reduce agitation and other symptoms for people living with dementia. The outcome of this work was yet to be analysed.