

Alliance Care (Dales Homes) Limited

Emberbrook

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Emberbrook is a care home which provides nursing care and accommodation for up to 68 people, some of whom may be living with dementia. The home is divided into four units; two on each floor, each with their own lounge and dining areas. At the time of our inspection, 63 people were living at the service.

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

We were given mixed feedback about staffing levels, particularly in some parts of the service. There were similar views in relation to activities taking place in the service. The registered manager had recognised these areas required improvement; however, we have issued a recommendation in relation staff deployment to the registered provider.

People felt safe and well cared for at Emberbrook. They told us staff were kind, caring and showed them respect. People felt well known by staff and they received safe, effective and person-centred care. People told us their lives had improved through staff attention and access to health care professional input.

People received the medicines they required and they were provided with sufficient food and drink to help maintain their well-being. People lived in an environment that was checked for its safety, kept clean and one that was suitable for their needs. People were supported to personalise their rooms and there were communal areas that people could use.

People were cared for by staff who felt supported by their managers and staff who received sufficient training to help ensure they had the relevant skills for their role. Staff were recruited through a process which helped ensure they were suitable to work in this type of service.

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.

People knew how to raise any concerns or complaints and they were given the opportunity to participate in the running of the service through meetings. People said they received a good level of care and they were happy living at Emberbrook.

Relatives gave equally positive views about the care their family member received. They told us communication from management was good and relative meetings were positive.

The registered manager had a clear vision for the service and had already started to make improvements. Good governance arrangements were in place to monitor the quality of the service and the registered manager had already identified areas which required improvement. The registered manager and other staff worked well with external health and social care professionals to help improve people's experience of living

at Emberbrook.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (report published 7 October 2020). This was following a focused inspection on 27 August 2020. Prior to that we had carried out a fully comprehensive inspection on 18 June 2019 when we rated the service Requires Improvement.

At our inspection on 18 June 2019 we found the registered provider was in breach of regulations in relation to person-centred documentation, compliance with the principles of the Mental Capacity Act and insufficient staff on duty to care for people in a timely way. At this inspection, we found improvements had been made and the registered provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Emberbrook on our website at www.cqc.org.uk.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Emberbrook

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.

Inspection team

The inspection was carried out by three 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.

Service and service type

Emberbrook 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. Emberbrook 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. 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

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information received by the service which included notification of accidents, incidents or safeguarding concerns and we contacted external social care professionals who were involved in the service for their feedback. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people and four relatives and one visitor to gain their views on the care provided by staff at Emberbrook. We spoke with the registered manager, two of the provider's regional support managers as well as seven staff (which included clinical, care, catering and activity staff).

We reviewed information in relation to seven people's care plans and related documentation, numerous medicines records, four staff recruitment files, governance systems and other information connected with the running of the service.

Following the inspection, we had a conversation with two of the registered provider's senior managers. We received written feedback from four relatives. We also received documentation we had request from the registered manager around staff training and supervision for staff and activities.

Is the service safe?

Our findings

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

At our focused inspection in August 2020, we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- We had mixed responses in relation to staffing levels. These matched our observations on the day. One person commented, "Not every day (enough staff), some days there aren't enough." Others said (in respect of night staff), "The only thing that worries me is the physical distance between [unit name] and where we are. You would have to run fast if there was an issue."
- We did receive positive feedback which included, "I think there are lots and they come in and check on me", "Seems to be enough of them. I've been well looked after" and, "If I ask for something I do seem to get it." A visitor said, "There seems to be enough staff."
- There were enough staff on three of the units throughout the day and staff told us they felt there were enough of them. However, one unit was not as well staffed as the others. Staff told us, "If we have four (staff) it is fine, but on some days there are three. It's heavy work. Most people are dependent. It means interaction is lacking because we are just getting the job done" and, "A lot of people need hoisting. People may have to wait for care."
- Staff told us eight of the 15 people who resided in this unit required moving using a hoist. With only three staff on duty, this meant people may not receive care in a timely way. We spoke with the registered manager about this who told us, "We had a directive from above telling us we are over staffed and we have to reduce staffing. I was not happy with it and I told them." They said, they aimed to have four staff on duty each day, but if a staff member called in sick, then they would not get cover which meant on those odd occasions, only three staff were working. This did not happen very often.

We recommend the registered provider regularly reviews people's dependency to determine the appropriate staffing levels throughout the service.

- Staff were recruited through a robust process which included them providing an employment history, references and proof of ID. Staff underwent a Disclosure and Barring Service (DBS) check prior to starting at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to recognise abuse and put this training into practice. They told us they would have no hesitation in reporting any suspicion that people were being harmed. A staff member said, "I would go straight to the manager." Another told us, "I stay up to date with my training, so I know what action to take if I have any concerns."
- People said they felt safe living at Emberbrook. We were told, "Nothing here worries me" and, "I do feel safe."

- Safeguarding concerns were reported appropriately to the relevant authority as well as CQC and the registered manager completed internal investigations.

Assessing risk, safety monitoring and management

- Risks to people had been identified and guidance or equipment was in place to help reduce those risks. Where people were at risk of their skin breaking down, they were provided with suitable mattresses, set appropriately and staff repositioned them to help prevent pressure sores.
- Some people were at high risk of falls and had been provided with mobility aids, or had their beds lowered and crash mats in place to help reduce the risk of harm if they fell out of bed.
- People said they received the care they needed. One person told us, "I consider Emberbrook my safe space. No matter what is happening, the carers always prioritise my care." A relative told us, "I think the carers and everybody are very attentive. I feel in here they are just careful of everyone's needs...warm and safe in a physical way."
- The environment was checked for its safety. Electrical, gas and fire equipment checks took place and regular audits around cleaning and health and safety were completed. A relative told us, "Inside I've never bumped into anything, slipped on a floor or found anything bad. Nothing has ever worried me."

Using medicines safely

- People told us they received the medicines they required. One person said, "I don't take much, but they look after it well." A relative told us, "They (staff) do keep me informed about Mum's medications."
- Medicines management systems were safe. Medicines were stored appropriately, and stock counts were checked. People's medicine administration records had no gaps and where people had, 'as required' medicines, guidance around these was available for staff.
- Staff who administered medicines had been trained and their competency was checked regularly. This helped to ensure they continued to follow good medicines management practices.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

Management were following latest national guidance in relation to visiting in care home. This meant people were able to meet with their family member without restriction. One person said, "My children don't have to stick to visiting times, they can come and go when they like more or less."

Learning lessons when things go wrong

- Accidents and incidents were recorded, with details of the event, the outcome and lessons learnt. Staff involved external healthcare professionals when needed, for example the GP if someone was in pain following a fall.

- A monthly analysis took place to review the accidents and incidents for themes and trends and clear outcomes were recorded. For example, one person was referred to the falls clinic following a series 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 inspection in June 2019, we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our inspection in June 2019, we found some staff had not received refresher training and were not being given the opportunity to meet with their line manager on a one to one basis through supervision. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements at this inspection and the registered provider was no longer in breach of this regulation.

- People felt staff were well trained with one person commenting, "They (staff) go to lots of training."
- Staff received induction when starting at the service. Staff told us, "I did on-line training for a week, then came in to do face to face moving and handling training. I then shadowed for two weeks before I worked on my own" and, "Senior carer gave me induction when I was new. They briefed me on everything and it was definitely helpful."
- Staff said training was good and it provided them with the skills to carry out their role confidently. A staff member said, "There is lots of refresher training."
- The training matrix showed a wide range of training was on offer to staff. This included basic life support, safeguarding, fire and food safety. The matrix showed good staff compliance with training.
- Staff had the opportunity to meet with their line manager on a one to one basis to discuss their role, training requirement or any concerns. Staff told us, "We have supervision every six months" and, "If necessary with changes, they (manager) will give us a quick supervision." A new clinical lead had started on the day of inspection and they would carry out supervision with the nursing staff.

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.

At our inspection in June 2019, we found staff were not following the principles of the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements at this inspection and the registered provider was no longer in breach of this regulation.

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. People said their consent was sought. One person said, "They always ask before they do anything. They ask me if and when I would like a shower, they never tell me when I have to."
- Capacity assessments had been completed for people in respect of sensor alarms in their room or living in a service with locked doors. When a person was deemed not to have capacity, a best interest decision was made.
- Staff understood the MCA and knew that people who had capacity did not require a capacity assessment. Staff told us, "If they don't have capacity, we just supervise them but still encourage choice" and, "We need to be sure people have had capacity assessments, and if they have not, we don't restrict them."

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

- People were provided with sufficient food and drink served in a way that met their dietary requirements. This included for those people on a normal diet or others who required a softened or pureed diet. One person said, "(The food) has improved immensely" and a visitor and relative told us, "Food is pretty good" and, "I'm interested in nutrition and the nutritional content has really improved."
- Choices were given to people at mealtimes and during the day we saw people being offered squash or hot drinks. One person said, "They would make me something else if I don't like it." Three people were having tea and cake during the afternoon and they told us, "It's a lovely cup of really nice hot tea." One person said, "I can ask for a drink when anyone pops in, a cup of tea or coffee with sugar in it."
- Staff supported and encouraged people to eat. Staff told us, "We watch people who are eating their lunch and encourage them to eat more if they don't really touch anything on their plate."

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

- People lived in an environment that was suitable for their needs. Equipment was available for those who required it to aid their mobility or to help maintain their health. Corridors were wide and there were lifts between the floors for ease.
- People's rooms were personalised with their own items and there was a choice of places people could sit and relax. This included the lounge areas, a café area and seats dotted around the corridors. We saw people using these throughout the day. One person told us, "I am happy and comfortable." Another said, "I'm very grateful for living here. It's very comfortable and pleasant."

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

- People said they had access to health professionals when needed. We were told, "They have the dentist here. I haven't had to have the GP, but if something's wrong, they'll get him for me" and, "The dentist comes yearly, there's the optician and the chiropodist is here tomorrow."
- Staff worked with professionals and external agencies to help ensure people received the care they needed, as well as to reduce the need for hospital admission. One person told us, "I think they (staff) try their

absolute hardest to make sure every residents physical and mental well-being is met."

- There was evidence in people's care plans that the service worked with other agencies. People had been supported in their care needs by the mental health team, GP, speech and language therapy team as well as the dentist and optician.
- Relatives felt staff provided effective care. They told us, "The difference in my mother's health and wellbeing has been significant since the move (into Emberbrook)" and, "Her overall wellbeing has been preserved to a high standard and no doubt extended her life."

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

- People's needs were assessed prior to them moving into the service to help determine if Emberbrook was the most appropriate place for them to live.
- The pre-assessment formed part of a person's care plan and care plans were reviewed and added to as staff got to know people. People told us, "My son has a care plan for me. They (staff) try to accommodate me as I can't stand very well, so they gave me a bell for help" and, "I do have one (care plan)...I can speak to staff and tell them what to put in it."
- Nationally recognised tools were used to help ensure people's care was meeting their needs. This included checking people's weight on a regular basis, blood sugar levels for those who were diagnosed with diabetes and people's skin integrity.
- Staff had daily handovers which enabled the registered manager or clinical staff to share any changes or updates about people to all staff. A staff member said, "If anything changes, it's always shared."

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 inspection in June 2019, 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

- People gave positive feedback about living at Emberbrook. People said, "They always treat me well. I choose when I want to go to bed, get dressed or open a window. They come in and help me wash if I need it", "I've been very happy. I've been looked after", "It's nice to see the same staff if you get on with them which I do" and, "There's always a light-hearted approach and first name terms between staff. They know the residents well. They are the real heart and soul of Emberbrook."
- Relatives were equally happy with their family member living at Emberbrook. A relative told us, "The carers are amazing and very nice" and, "What struck me at the beginning is that the staff sit and have lunch and conversations, which is a real positive."
- It was evident people had good relationships with staff as we saw kind interactions and genuine interest shown by staff towards people. One person said, "The girls are really lovely." We saw staff supporting people to drink and chatting to them whilst doing so, asking them questions like, "Is it nice?", "Did you enjoy your tea?"

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

- People were supported to make decisions around their care. One person told us, "They are very helpful and I choose my clothes. If I said I wanted something, they'd do their utmost to get it" and, "They know me well, what I like and don't like."
- Relative's supported this view, with one telling us, "I think it's good that they involve everyone" and a staff member told us, "I always ask people questions when I am supporting them to encourage choices."
- One person sat in the lounge watching television during the morning and staff made sure they had the remote so they could switch between channels when they wished.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and also enabled to maintain their independence. One person told us, "Independence is encouraged by my choices. They knock on the toilet door and ask if I'm okay." A second said, "They always knock on the door before coming in and they ask what I would like to do. When they take my clothes off, they cover me over and close the curtains. I never feel exposed. They respect the fact that I have full capacity."
- A visitor said, "By what I've seen, the staff are respectful. They don't just barge in on someone.....they know her needs and treat her individually."
- Staff described how they would show a person respect and privacy. One staff member said, "If I am carrying out personal care, I would make sure the person's body was covered. I would close the windows

and always knock on their door before entering."

Is the service responsive?

Our findings

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

At our inspection in June 2019, we rated this key question Requires Improvement. 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; End of life care and support

At our inspection in June 2019, we found there was a lack of designing care and treatment to make sure it met people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the registered provider was no longer in breach of this regulation.

- People received person-centred care. Staff knew people well; even those who had recently moved in, and care plans were personalised. One person liked food they could easily pick up and their plan listed suggested foods that would be suitable for them, such as chicken pieces. Another person was diabetic and there was good information in their care plan for staff around the symptoms of their blood sugars being too high or too low. A staff member said, "We support people how they want to be supported."
- Staff said they felt they knew people. One staff member said, "The best thing about the staff team is knowing people's needs. We get to know their little quirks, likes and dislikes."
- People had their life history recorded with meaningful information for staff. This helped encourage conversation between staff and people. A staff member said, "When a new person moves in, we just make it our goal to learn as much about them as we can."
- Staff were heard chatting to people about topics that interested them. For example, one staff member and a person were talking about growing up in London and discussing the football game that was on the television.
- People had end of life care plans in place and these were added to as people felt more comfortable discussing this aspect of their care. These included their wishes and expected outcomes.

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

- We received mixed feedback about the social side of living at Emberbrook with some people telling us activities could improve. Comments included, "Activities are rubbish", "There's not a lot to do in here, I'd like more activities, exercising and that kind of thing" and, "Very limited entertainment or challenge provided....Nothing going on in the evenings."
- At times during the day we found there was little going on some units. We saw people in front of the television all day, with limited interaction from staff and there was little social contact with those who spent their time in bed. In one unit, a morning activity finished at 11:00 and during the afternoon we saw a staff member doing a puzzle with one person, but no other activity. Although we did see two staff members singing and playing the guitar in one lounge with people and a word game going on in the café area with

several people.

- But, we also received positive comments about activities as well with people telling us, "I've got my own room. I watch TV and read today's papers", "One of the men will take me out for a walk quite often and that's quite nice" and, "They take the minibus to the garden centre. We had a really nice morning and mystery tour on the way back. Things like that make Emberbrook, Emberbrook." Relatives supported these views. We were told, "The range of activities post COVID has increased", "The outings are great" and, "I see lots going on."
- There was a dedicated activity team who developed a weekly activity plan and provided one to one time was spent with people. The team had grown recently and this was helping to gradually increase the social aspect of the service. Staff told us, "We do what the residents like to do. We have regular outings through the summer" and, "We have an activities calendar, whether it is jigsaw puzzles or bowling and we do it in the lounge mostly."
- The registered manager had already identified the need to improve activities and as such had recruited to the team. They told us, "I want to 'up' the activity provision. I need to ensure we have a good team to provide this." Following our inspection, they sent us a range of evidence about the activities taking place as well as information about an internal activity system called Magic Moments which offered a daily variety of activities designed by external experts. This was being used to help provide appropriate activities. We recommend the registered provider continues to expand activities and social interaction within the service

Improving care quality in response to complaints or concerns

- The service had a complaints policy giving information on what to expect if a complaint was made. We saw one complaint had been received and the regional support manager explained this was being dealt with. People told us, "I'd tell my niece. I can't complain, they're very good to me" and, "I think I'd tell the staff."
- Compliments had been received by the service which included, 'We have been extremely fortunate in the carers and nurses we have had for my mother. For their work and for the loyalty and dedication they have shown to the home' and, 'I have seen a big improvement since you (the registered manager) have taken over. The whole atmosphere of the home has improved massively. You seem to genuinely care about the residents and improving their care'.

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 which recorded their needs in this respect. For example, one person was noted as being hard of hearing, but if staff spoke in a loud, clear voice, they could hear them. Another person had recorded how they preferred to be addressed by staff.
- There was signage and points of interest around the service to enable people to orientate themselves in a way that was easy for them to understand.

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 focused inspection in August 2020, we rated this key question Good. At this inspection the rating for this key question 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

- Management assumed their roles with confidence. The registered manager had a good depth of knowledge and a good understanding of people's needs as well as the overall running of the service. The registered manager told us they felt supported by senior management.
- The registered manager told us they had faced challenges when arriving at the service, saying, "Documentation was the real challenge. We're reviewing all the care plans and I have set up a risk register starting with the residents with the highest needs first. I've also organised documentation training for staff. Activities need to improve. There is a lot going on in the summer as people can go outside, but we need to do more at other times."
- Governance systems and processes were in place to regularly review the service provided to people to help ensure it was consistently of a good quality. In addition to the internal auditing processes, the provider's senior management team also carried out reviews of the service. Care plan and medication audits were completed, and a regular home review carried out which covered all matters relating to the service. The latest medication audits showed some shortfalls in medicines records and a regional quality visit had identified the fire book had not been completed. These actions had been addressed.
- The manager had already identified some of the shortfalls we found during our visit, such as needing to improve activities, deployment of staff and ensuring documentation was accurate. Although other elements had not been picked up, such as broken clinical bin lids in some treatment and sluice rooms. We raised these with the registered manager who promised to address these straight away. We had confidence this would happen.

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

- People were happy living at Emberbrook. We heard, "(It's the) way they look after you. I get on well with the staff. I have no complaints....I like living here", "I'm comfortable and the staff are friendly. I don't think I'd change anything" and, "They provide me with a happy and safe environment." Relative's shared this view, with one telling us, "The day to day staff are excellent."
- The registered manager was starting to make an impact on the service and they were liked by relatives. They told us, "Strong leadership and recognition for going the extra mile is something I have seen in operation at Emberbrook. A genuine display of care and compassion" and, "Since [registered manager] took over at Emberbrook the place has improved dramatically."

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 duty of candour being applied when people had accidents or incidents, or complaints had been received. There was an incident on the day of our inspection and the staff member said, "I will finish completing the accident form once I've informed the (person's) relative."

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

- People and their family members were invited to participate in meetings and complete surveys. We saw regular resident and relative meetings had been held and topics such as food and activities were discussed. Relatives told us, "Here they do a Zoom call in the evening with [registered manager]. We can give our feedback and it was very helpful" and, "I've filled in a tick box thing a couple of times."
- The outcome of a recent relatives meeting was a request for the menu and activities timetable to be sent out to relatives weekly. The registered manager said this would start to happen. A relative said, "The new team are much better with immediate action to points raised at residents' family meetings."
- Staff were happy working at the service and felt supported and involved in the service through departmental meetings and supervision. Staff told us, "(The new manager) is fantastic", "It's really lovely here at Emberbrook. It is wonderful" and, "I like [registered manager]. She is approachable and easy going. I would feel confident going to speak to her."

Continuous learning and improving care; Working in partnership with others

- The manager had a clear vision for the service. They told us, "I would like a complete refurbishment and to make people's en-suites into wet rooms. We need a new call bell system so I can monitor call times properly and I would like to move to electronic care plans." They went on to say, "The big aim was to reduce the agency staff. I've been having consultation meetings and shaking things up to get the home on an even-keel. I am pleased to say we have no agency care staff now and are only using agency for the nursing staff."
- The registered manager had introduced monthly clinical meetings and they told us following our inspection, "I have secured a virtual reality headset which can be shown on the big screen. This is extremely beneficial for not only interactive activities for residents but also an aid to improve cognitive awareness with stimulating activities to boost brain function."
- The manager engaged input and support from external professionals and agencies and records confirmed staff had contact with a range of health and care professionals. They told us, "I am keen to meet with the Quality Care Home team. I keep myself updated through CQC updates, the Surrey Care Association and the Care Forum. I know there is new training for people with a learning disability which would be good for staff to do. I also work with the social work team."