Silk Healthcare Limited

Belvedere Manor

Inspection report

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Ratings

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

Overall summary

We carried out an inspection of Belvedere Manor on 18 and 19 November 2015. The first day was unannounced. The home was registered with the commission on 5 January 2015 and this was the first inspection of the service.

Belvedere Manor is registered to provide accommodation and personal care for up to 84 older people. The home is located approximately half a mile from Colne town centre and set in its own grounds. Accommodation is provided over three floors in 84 single occupancy bedrooms, all of which have an ensuite toilet and shower facility. The home is split into three suites known as Village, Woodlands and Garden. Village suite provides care for older people with personal care needs and Woodlands suite located on the first floor provides care for people living with dementia. There are two passenger lifts linking the floors. At the time of the inspection there were 42 people accommodated in the home.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People spoken with including their relatives were complimentary about the care provided. They told us they received safe and effective care by staff who were compassionate, attentive and kind.

There were good systems and processes in place to keep people safe. Risks to people had been identified, assessed and managed safely. Staff knew how to recognise and escalate any concerns so people were kept safe from harm. The premises and equipment were managed safely and we noted safety checks were carried out on a regular basis. There were sufficient numbers of staff deployed to meet people's needs and the service followed safe recruitment practices. People's medicines were managed safely and were administered by trained staff.

Staff were trained in all essential areas and participated in an induction programme. This helped to ensure the staff team had a good balance of skills and knowledge to meet the needs of people living in the home. Staff were well supported by the management team and received regular supervision.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions for themselves.

People had their nutritional needs met and were actively involved in the development of the menu. People were offered a varied diet and were provided with sufficient drinks and snacks.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure their wishes and preferences were met. Staff worked with healthcare professionals to obtain specialist advice about people's care and treatment.

People and staff had developed positive, caring relationships. People were encouraged to express their views and be involved in their care. People's privacy and dignity was respected. Visitors were made welcome to the home and people were supported to maintain relationships with their friends and relatives.

People were provided with a wide range of activities both inside and outside the home. People made very positive comments about the activities and told us they were looking forward to forthcoming events. We observed people participating in a number of varied activities during the inspection.

People knew how to make a complaint if they had any concerns and told us they could talk with any of the staff if they were worried about anything.

There was a positive and open atmosphere and the registered manager was visible and active within the home. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people living in the home, their relatives and the staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff understood their responsibilities in relation to protecting people from any harm and abuse.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in people's plan of care. Medicines were managed and administered safely.

There were sufficient numbers of staff on duty to meet people's needs.

People's medicines were managed safely and administered by trained staff.

Good

Is the service effective?
The service was effective.

Staff were well supported through a system of regular training, supervision and appraisal.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and all staff had received training on this topic.

People were provided with a varied and nutritious diet in line with their personal preferences.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

Good

Is the service caring?
The service was caring.

Staff communicated effectively with people and treated them with compassion and respect. People made positive comments about the caring and kind approach of the staff.

People told us their rights to privacy and dignity were respected and upheld. People were supported to be as independent as possible.

Good

Is the service responsive?
The service was responsive.

Care plans and risk assessments were reviewed and updated when people's needs changed. People were satisfied with the care provided and told us they enjoyed participating in the activities.

People had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Good

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

The registered manager had developed positive working relationships with the staff team, relatives and people living in the home.

Good

Summary of findings

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home and their relatives. Appropriate action plans had been devised to address any shortfalls and areas of development.

There were clear lines of accountability. The registered manager and nominated individual were available to support staff, relatives and people using the service.

Belvedere Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 19 November 2015 and the first day was unannounced. The inspection was carried out by one adult social care inspector, an expert by experience and a specialist professional advisor on the first day and one adult social care inspector on the second day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist professional advisor had expertise in the provision of services for people living with dementia.

Before the inspection, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection. The provider also sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information to us about the service, what the service does well and any improvements they plan to make.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with the registered manager, the chef, eight care staff, the activities organiser, 15 people living in the home and six relatives. We also discussed our findings with the nominated individual and the operations director for Silk Healthcare Limited. Following the inspection we received an update from the regional manager.

We spent time looking at a range of records including seven people's care plans and other associated documentation, three staff recruitment files, staff training records, the staff rota, 10 medication administration records, a sample of policies and procedures, quality assurance records and incident reports and other records relating to the management of the service. We observed care and support in the communal areas and dining room during the visit and spoke with people in their rooms. We spent time observing the lunchtime arrangements on both Village and Woodlands suites and observed the administration of medicines.

Good

Is the service safe?

Our findings

All people spoken with told us they felt safe and secure in the home. One person told us, "I feel very safe here. To be honest I can find no faults whatsoever" and another person commented, "They (the staff) are very gentle with me." Similarly relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member. One relative told us, "My mother is very safe here. There is security with the key codes on the doors and her care is excellent."

We discussed the processes involved in safeguarding vulnerable adults with the registered manager and three members of staff. The staff explained how they ensured the safety of people living in the home. They were clear about whom they would report any concerns to and were confident that any allegations would be appropriately reported and fully investigated by the registered manager. Staff said they had received safeguarding training and records of training seen during the inspection confirmed this. Staff also told us they had received additional training on how to keep people safe and this included moving and handling, fire awareness, infection control and first aid. We found staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the home, if they felt they were not being dealt with effectively.

We noted staff had access to detailed internal policies and procedures on safeguarding vulnerable adults to guide their practice in this area. Our records showed that the registered manager was aware of her responsibilities with regards to keeping people safe and had reported concerns appropriately to the local authority.

People felt there was sufficient staff on duty to meet their needs. One person told us "Staff are always available if you need any help. You only have to ask and they will do all that they can." The staff rota showed staffing levels were consistent across the week and weekends. We noted the rota was updated and changed in response to staff absence. Staff spoken with confirmed they had time to spend with people living in the home. Staff told us they usually worked on the same suite. This helped to ensure people received consistent care.

The registered manager used a dependency tool known as the Residential Forum and adjusted the number of staff on duty based on the needs and the number of people using the service. The registered manager had a flexible staffing budget to respond to any changing needs. During the inspection, we saw staff responded promptly to people's needs on both suites visited.

Each person had an individual care plan. The care plans were supported by risk assessments, which showed the extent of the risk, when the risk might occur, and how to minimise the risk. We found individual risks had been assessed and recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Examples of risk assessments relating to personal care included moving and handling, diet, malnutrition, pressure areas and falls. Records showed that risk assessments were reviewed and updated on a monthly basis or when required to ensure they met the current needs of the people. Information from the risk assessments was transferred to the main care plan summary and action was taken to reduce risks. All relevant areas of the care plan had been updated when risks had changed. We also noted all people had a personal emergency evacuation plan, which set out the assistance they would need in the event of an urgent evacuation of the building. This meant staff were given up-to-date information about how to reduce risks.

Environmental risk assessments had been undertaken by the registered manager in areas such as food safety, slips, trips and falls and the use of equipment. These were updated at regular intervals.

Staff took appropriate action following any accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handovers. The registered manager carried out audits of the records on a monthly basis in order to identify any emerging themes or patterns.

We reviewed the arrangements in place to recruit new staff. We looked at three recruitment files for staff employed by the service and noted appropriate checks had been carried out before the staff members started work. The checks included a DBS (Disclosure and Barring Service) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. However, we noted the provider's

Good

Is the service safe?

recruitment and selection policy and procedure did not fully reflect the current regulations. The provider agreed to update the policy and procedure and we received a revised copy of the document within two working days of the inspection.

People were satisfied with the way their medicines were managed. People were offered appropriate pain relief, one person told us, “They will give you a tablet if in pain and keep an eye on you. I suffer from pains and they ask me morning and night if I want a pain killer.”

Medications were stored securely on each suite. There were appropriate systems in place for the administration, recording and disposal of medicines. However, we found some minor shortfalls with the records, which were rectified during the inspection. We saw staff administer medication safely, by checking each person’s medication with their individual records before administering them. This ensured the right person got the right medication. Staff training records demonstrated the staff had received training to administer peoples’ medication safely.

We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. A check of stocks corresponded accurately to the controlled drugs register.

The premises were safe, clean and well maintained. The environment was spacious which allowed people to move around freely without risk of harm. Corridors were wide and clear for people to move around freely and safely. We saw regular checks and audits had been completed in relation to fire, health and safety and infection control. According to information given in the provider information return, the provider also employed a professional health and safety advisor, who carried out an audit of the environment every six months. Communal areas on the ground floor had direct access to the gardens and were well maintained with clear pathways for those who used mobility aids and wheelchairs. The provider had arrangements in place for on-going maintenance and repairs to the building and we saw records of the work completed during the inspection.

Good

Is the service effective?

Our findings

People felt staff were skilled to meet the needs of people and spoke positively about their care and support. One person told us, "I'm sure the staff are hand-picked, they are that good" and another person said, "The staff are very good and very helpful."

From the staff training records and discussions with staff we noted staff had received appropriate training and support. All staff completed induction training when they commenced work in the home. This included an initial orientation induction, the provider's mandatory training and since March 2015 the Care Certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff were given the opportunity to shadow experienced staff. This helped the staff to learn and understand the expectations of their role. We spoke to two staff about their induction and both told us the training was useful and beneficial.

There was a rolling programme of training available for all staff, which included, safeguarding, medication, health and safety, Mental Capacity Act 2005, care planning and recording, moving and handling. One member of staff told us, "The training is brilliant. It covers absolutely everything." The training plan documented when training had been completed and when it would expire. The registered manager had systems in place to ensure all staff completed their training in a timely manner.

Staff spoken with told us they were provided with regular supervision and they were well supported by the management team. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. We saw records of supervision during the inspection and noted a wide range of topics had been discussed. The registered manager also planned to carry out an annual appraisal of each member of staff's work performance. Staff were invited to attend regular meetings and told us they could add to the agenda items. Staff confirmed they were able discuss any issues relating to people's care as well as the operation of the home. We saw minutes of the meetings during the inspection.

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.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found staff understood the relevant requirements of the MCA and put what they had learned into practice. Throughout the inspection, we saw staff speaking to people clearly and gently and waiting for responses before providing care. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments in line with legal requirements, so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keeps them safe. We saw a best interest meeting had been held for one person in respect to the support provided with the administration of their medication.

The registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection she had submitted nine applications to the local authority for consideration.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People told us they enjoyed the food and were given a choice of meals and drinks. One person told us, "The food is lovely, really spot on" and another person commented, "The food is good. They accommodate different tastes." People also told us they had made comments about the food in the

Good

Is the service effective?

past few months and any suggestions for improvement had been acted upon. For instance one person said they had mentioned their food was cold by the time it was delivered to their room. Plate covers were now used and this had rectified the problem.

The registered manager explained weekly meetings had been held with people over the summer months in order to devise a menu of their choice. A food survey had also been carried out to find out people's preferences and likes and dislikes. We noted people had been given the opportunity to go to local supermarkets to choose any specialist foods of their choice such as different cheeses and bread.

Weekly menus were rotated every four weeks and adapted according to seasonal changes. Details of the menu were displayed outside each dining room. The tables in the dining areas were dressed, with place settings, tablecloths and condiments. People could choose where they liked to eat, some ate in their rooms, others in the dining areas. We observed staff offering people drinks throughout the day. During lunchtime staff, were kind and attentive and supported people when they needed assistance. The atmosphere was relaxed and unhurried.

There were systems in place to communicate people's dietary needs and requirements to the catering staff. We noted diet notifications were provided to the chef on people's admission to the home. The chef was also informed of any fluctuations in people's weights, so specific diets could be tailored to meet their needs. While we were in the dining room the chef came in to make sure everyone was happy with their meals. People told us this was part of routine practice.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration.

We looked at how people were supported to maintain good health. Records we looked at showed us people were registered with a GP and received care and support from other professionals. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. This helped staff to recognise any signs of deteriorating health. From our discussions and review of records we found the staff had developed good links with health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. We spoke with a healthcare professional during the inspection who told us prompt referrals were made to medical services.

The home is a purpose built building which opened in January 2015. All furniture, fittings and décor were new. People and their relatives made very complimentary comments about the environment. One relative told us, "It is absolutely amazing, the surroundings are beautiful." Whilst there were signs and names on doors throughout the home, there was limited signage to help with navigation around the home. We discussed this issue with the registered manager and the nominated individual who agreed to look into ways to provide some useful signs.

Good

Is the service caring?

Our findings

All people and relatives spoken with were happy with the care and support provided. One person told us, "All the staff are really good, there is no fault with any of them, and they will do anything for you" and another person commented, "All the staff treat us respectfully. They are always kind and courteous." Similarly a relative said, "They can't do enough for the residents. They are very caring" and another relative told us, "Nothing is too much trouble. I'm overwhelmed by the high standards of care."

All relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments. According to information provided in the provider information return people were supported to maintain contact with relatives who lived some distance from the home via letter, telephone, email and face to face conversations using a computer.

We observed the home had a friendly and welcoming atmosphere. Staff demonstrated empathy and compassion for the people they supported. One member of staff told us, "We all do our best to look after people properly. It's really important that people are happy." We saw staff using touch to reassure and comfort people and they spoke to people at eye level by sitting or kneeling beside them. Staff knew people well and were able to tell us about people's individual needs, preferences and personalities.

There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff spoken with were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance where they wished to sit and what they wanted to eat.

The registered manager and staff were considerate of people's feelings and welfare. People told us staff were always available to talk to and they felt staff were interested in their well-being. One person told us "The girls (staff) will sit and chat about anything I want to talk about. They will do anything for you."

People's privacy and dignity was respected. Each person had a single room which was fitted with an appropriate lock. People told us they could spend time alone if they wished. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting. There was also information on these issues in the service user's handbook. The handbook was given to all people on admission to the home. There was also a welcome guide available in all bedrooms. This presented an overview of the home and the services and facilities provided. We noted there was information about advocacy services in the reception area.

We observed staff supporting people in a manner that encouraged people to maintain and build their independence skills. For instance people were encouraged to maintain their mobility. One person also regularly went out of the home to visit places in the nearby town. The registered manager explained how she had involved the help of a healthcare professional to ensure the person was familiar with the local area.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions. This helped to ensure and promote a sense of comfort and familiarity.

People were encouraged to express their views by means of daily conversations, feedback cards, residents and relatives' meetings, annual care reviews and customer satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed. Wherever possible, people were involved in the care planning process. This meant they were supported to have direct input into the delivery of their care.

Good

Is the service responsive?

Our findings

People told us they received the care and support they needed and that staff responded well to any requests made for assistance. One person told us, "If you call them they come pretty quick and if they can't sort it out straight away they tell you why and how long it will take and they come back when they say so." People said the routines were flexible and they could make choices about how they spent their time. We observed people doing a variety of activities which included spending time in the coffee bar reading newspapers, talking to visitors and participating in activities arranged by the home.

We noted an assessment of people's needs had been carried out before people were admitted to the home. We looked at completed assessments and found they covered all aspects of the person's needs. The registered manager told us people had been involved in their assessment of needs and she had gathered information from relatives and health and social care staff as appropriate. This process helped to ensure the person's needs could be met within the home. Following the inspection the regional manager informed us that the pre admission assessment form had been revised to ensure a full record was made of all information gathered during the assessment process.

We looked at the arrangements in place to plan and deliver people's care. We noted all people had an individual care plan which was underpinned by a series of risk assessments. We looked at seven care plans and found they were split into sections according to specific areas of need, for instance mobility and falls, personal hygiene and consent and capacity. The care plan documentation also included personal profile information in the form of a personal and social choices plan. However, we found some profiles had not been fully completed. We discussed this issue with the registered manager and the nominated individual and were assured these matters were being addressed. We also noted the development of people's personal profiles had been identified in the provider information return as a planned improvement over the forthcoming months. Following the inspection, we were informed by the regional manager that a specialist in dementia care had been recruited by the company to develop a dementia strategy.

We saw evidence to indicate the care plans and risk assessments had been reviewed and updated on a monthly basis or in line with changing needs. The provider had systems in place to ensure they could respond quickly to people's changing needs. For example staff told us there was a handover meeting at the start and end of each shift. During the meeting staff discussed people's well-being and any concerns they had. This helped to ensure staff were kept well informed about the care of people living in the home.

Staff told us they read people's care plans on a regular basis and felt confident the information was accurate and up to date. All staff had received training on care planning and daily reporting. This helped to ensure staff understood the care planning system and appropriate and accurate information was recorded.

We saw charts were completed as necessary for people who required any aspect of their care monitoring, for example, personal hygiene, falls and behaviour. Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals was included in people's care plans. Staff also completed daily records of people's care which provided information about changing needs and any recurring difficulties. We noted the records were detailed and people's needs were described in respectful and sensitive terms.

People spoken with were universal in their praise for the activities organiser and the activities provided. One person told us, "(The activity organiser) is the strength of this place. He makes every effort to ensure everyone is included." A relative also told us, "The activities are absolutely brilliant. (Family member) is never bored, there is so much going on."

There was a range of activities arranged on a daily basis. Information about forthcoming activities was displayed in the coffee bar and in each suite. We observed people participating in both individual and group activities during the inspection, including an interactive music and singing session, baking, games and several outings in the minibus. Once a week, a person living in the home arranged a mystery tour round the local area. People told us they enjoyed the activities and looked forward forthcoming events. The activities organiser spoke with people on a daily basis and had a good relationship with people living in the home. He talked about his role in very positive terms especially his commitment to ensuring activities enhanced people's sense of happiness and well-being.

Good

Is the service responsive?

We looked at how the service managed complaints. People spoken with told us they had not needed to complain and that any minor issues were dealt with informally and promptly. Relatives spoken with told us they would be happy to approach the staff or the registered manager in the event of a concern. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a complaints procedure displayed in the reception and information about the procedure in the service user handbook. We looked at the complaints records and noted the registered manager had received one complaint during the last ten months. The complaint received had been investigated and resolved. According to information in the provider information return all complaints were reviewed by senior management in order to identify any lessons learnt and enable strategies to be put into place to minimise the risk of reoccurrence.

Good

Is the service well-led?

Our findings

People and relatives spoken with made positive comments about the leadership and management of the home. One person told us, "It's a really nice place. They are quick on the draw if anything is wrong and it is sorted straight away" and another person told us, "I think it is very well run. I think people must be queuing up to come here."

There was a manager in post who had been registered with the commission since January 2015. The registered manager expressed a commitment to develop the service further and was able to describe her achievements in last ten months and her development plans over the next 12 months. At the time of the inspection, the registered manager was in the process of completing a nationally recognised qualification in management. The registered manager was visible and active within the service. She was regularly seen around the home, and was seen to interact warmly and professionally with people, relatives and staff.

There was a positive and open atmosphere at the home. People told us the registered manager was available to discuss any concerns they may have about the care provided. We noted the registered manager had an 'open door' policy to promote ongoing communication, discussion and openness. She also held a weekly surgery in an evening to ensure she was available for any relative who was working during the day.

During our inspection we spoke with the registered manager about people living in the home. She was able to answer all of our questions about the care provided to people showing that she had a good overview of what was happening with staff and people who used the service. She told us she was proactive in developing good working relationships with partner agencies in health and social care.

There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities. Staff spoken with had confidence in the management of the home, one member of staff told us, "The manager is very good, she will always make time and she is often out and about talking to people."

Staff told us they were able to voice their opinions and share their views. They felt there was a two way communication process with the management team and they were well supported in their roles.

People were actively encouraged to be involved in the running of the home. We saw meetings were held on a regular basis. The minutes of recent meetings showed a range of issues had been discussed, such as activities, food and the forthcoming events for Christmas. People had also been invited to complete a satisfaction survey. This had last been distributed in March 2015. We noted the results had been collated and an action plan had been devised in response to any suggestions to improvement.

The registered manager explained there were a range of quality assurance systems in place to help monitor the quality of the service the home offered. This included formal auditing, meeting with senior managers and talking to people and their relatives. Audits included regular daily, weekly, monthly and annual checks for health and safety matters such as cleanliness, passenger lifts, firefighting and detection equipment. There were also care plan and medicines audits which helped determine where the service could improve and develop. We saw copies of the completed audits during the visit and noted plans had been devised to resolve any identified shortfalls.

Regular audits and monitoring undertaken by the regional manager helped the registered manager and staff to learn from events such as accidents and incidents, complaints and concerns. The results of audits helped reduce the risks to people and helped the service to continuously improve.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the provider had appropriately submitted notifications to CQC about incidents that affected people who used services.

The registered manager was part of the wider management team within Silk Healthcare Limited and met monthly with other managers to discuss the operation of the service and share best practice in specific areas of work. The nominated individual and the operations director visited the home on a regular basis especially at weekends and were available if people, their relatives or staff wished to discuss any issue relating to the home.