Avery Homes Weybridge Limited

Silvermere Care Home

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

Silvermere Care Home is registered to provide accommodation and care for up to seventy five people some of whom are living with dementia. On the day of our inspection there were 65 people living in the service. There are extensive facilities including individual rooms with en- suite bathrooms and access to assisted bathing. There are numerous areas to support recreational and leisure pursuits including lounges, dining rooms libraries, hair dressing and an art room. The service overlooks large gardens, a lake and a golf course.

The service did not have a registered manager in post on the day of the inspection visit. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. A general manager, deputy manager and regional manager assisted us with our inspection.

Risks were well managed and when risks were identified assessments were in place to minimise the risk to people. These were supported by guidance in people's care plans to help keep them safe.

There were sufficient numbers of staff who were appropriately trained to meet the needs of the people who lived at the service. Staff received regular support in the form of annual appraisals and formal supervision.

Staff recruitment procedures were robust to ensure that staff had appropriate checks undertaken before they commenced employment.

People were protected from the risk of abuse. One person said "I feel safe here." Staff had received training in safeguarding adults and were able to evidence to us they knew the procedures to follow should they have any concerns. They told us they would report anything they were uneasy with to the person in charge. The provider was familiar with the process of making referrals to the local authority if they suspected abuse had taken place.

People had their medicines when they needed them. All medicines were administered and disposed of in a safe way.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the persons rights were protected.

Health care needs were being met. People had access to a range of health care professionals, such as a GP, district nurses, a community psychiatric nurse, dentist and opticians.

People told us the food was very good and there was lots of choice. One person said "The food is very good here." We saw people had access to drinks and snacks at any time during the day or night.

People were encouraged and supported to be involved in their care. People's bedrooms had been decorated to a good standard and were personalised with their own possessions.

Staff were kind and compassionate. We saw people were treated with and respect and their privacy and dignity were maintained at all times. For example staff knocked on people's doors before they entered their room.

People had individual care plans which gave clear guidance to staff on what support people needed. They were detailed and updated regularly. Relatives told us they had been consulted regarding people's care plans and were able to attend reviews of care.

The general manager, deputy manager and regional manager operated an open door policy and we saw several examples of people, relatives and staff visiting the office to discuss people's care and treatment or issues regarding the operation of the service. The management team visited people in their rooms if they were unable to access the office.
People were aware of the complaint procedures and told us they would know how to make a complaint. A relative told us they were confident any issues they had would be addressed by the management team.
The management team had maintained accurate records relating to the care and treatment of people and the overall management of the service. The provider had systems in place to record and monitor the quality of the service provided and to make improvements where necessary. Accidents and incidents were recorded and acted upon.
People would be protected in the event of an emergency at the home. Staff were aware of the home's contingency plan, if events occurred that stopped the service running. They explained actions that they would take in any event to keep people safe. The premises provided were safe to use for their intended purpose.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risks were assessed and managed well, and risk assessments provided clear information and guidance to staff.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the safeguarding adult's procedures.

People received their medicines as prescribed.

Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Is the service effective?

Good

The service was effective.

People were cared for by a team of qualified and skilled staff to meet their needs

Staff received regular training to ensure they had up to date skills and knowledge to undertake their roles and responsibilities. They also received supervision.

Mental Capacity Assessments and best interest meetings were in place for people where they lacked capacity. DoLS authorisations had been applied for where people's freedom was restricted.

People had enough to eat and drink and said they enjoyed their food.

People's health care needs were being met and they were supported to remain healthy.

Is the service caring?

Good

The service was caring and sensitive to people's needs.

People were well cared for and their privacy and dignity was maintained.

We observed staff were caring and kind and treated people kindly and with respect.

Staff were friendly, patient and discreet when providing support to people.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's needs.

Care plans were well maintained.

There were a wide range of activities available to people.

Complaints were monitored and acted on in a timely manner.

Is the service well-led?

Good

The service was well led.

The provider had system in place to monitor the quality of the service provided.

The management team maintained accurate records relating to the overall management of the service.
Staff said they were supported by the management team.

People were asked for their views on the provision of service and these were used to drive improvement.

Silvermere Care Home

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 was planned to check 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 23 February 2016 and was unannounced. The inspection team consisted of five inspectors.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding referrals made to the local authority. Notifications are information about important events which the provider is required to send us by law. We did not ask the provider completed a Provider Information Return (PIR) before the inspection, as we brought this inspection forward due to concerns about the quality of care being provided and the management of the service. The PIR is a form that asks the provider to give some information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with twenty people, twelve members of staff, the general manager, the deputy manager, eight relatives and two health care professionals.

We spent time observing care and support being provided. We looked at ten people's care plans medicine administration records, recruitment files for staff, mental capacity assessments for people who used the service. We also read other records which related to the management of the service such as training records and policies and procedures and quality auditing systems.

The last inspection of this service was 13 June 2013 where we found the regulations were being met and no concerns were identified.
Start this section with the following sentence:

Good

Is the service safe?

Our findings

People told us they felt safe and did not have any concerns about the service. One person said "I feel safe and secure in here, I want for nothing." Another person said "It's the sense of security here that gives one peace of mind." Relatives felt their family members were safe. One relative said "They do their best to keep people safe." A visitor said "It was sad when my friend had to leave their own home but I can see why now as they are safe here."

People were safe because staff understood their roles with regard to safeguarding people from abuse. Staff had a good understanding of what abuse meant and the correct procedures to follow should abuse be identified. All staff members had undertaken adult safeguarding training which was mandatory and this was updated yearly in line with the provider's policy. Staff were able to explain the different types of abuse. One staff said "Abuse could be physical, mental, sexual or even financial." Another member of staff said "It's about protecting people who do not have capacity and may be at risk or unsafe." One member of staff said "I had to report an incident to the management once. This was managed well within three days." Staff told us they had not seen anything that resembled abuse while working in the service and if they did they would report this immediately. Staff had access to contact details of the local authority should they require this. The provider was aware of their continued role and responsibility about informing the Care Quality Commission regarding any referrals made to the local authority under safeguarding.

People were safe from harm because the provider managed risks to people's safety. When hazards had been identified risk assessments were in place to manage them. These were detailed and contained information for staff to follow regarding what the risks were to people and the measures needed to be taken to reduce the risk of harm. For example staff told us someone was having increased falls because their mobility had declined. They noted these were more frequent in the evenings so they increased the support this person required and provided a falls sensory mat beside their bed to reduce the risk to that person.

Accident and incident records were reviewed to ensure appropriate action had been taken and lessons learned to reduce the risk of them happening again. Where someone had a high level of falls recorded the registered manager was proactive in seeking support from the falls team to reduce the frequency and promote wellbeing.

When risks were identified due to someone becoming unwell and unable to eat normal diet guidance was in place for staff to follow to minimise the risk of dehydration or weight loss. When people were at risk of developing a pressure ulcer the risk was managed and the appropriate pressure relieving equipment was provided to minimise the risk to that person. Input from other health care professionals was also used to support this. These were constantly updated either routinely or when needs changed. A member of staff told us they would change a person' position in bed to prevent them from getting sore skin. They deputy manager told us they constantly reviewed risks to people to help keep them safe.

People said there was sufficient staff provided to care for them. One person said "I think there are enough staff here and they come to my room when I call." Another person said "When I ring my call bell staff will

always respond. Sometimes this takes longer. I don't mind that as they always come eventually." Revatives told us they felt generally the home was well staffed. One relative said "I visit at various times during the week and the staffing levels seem pretty balanced." Another relative said "I often sit in the lounge and there are always plenty of staff in here." During our inspection call bells were answered in a timely way. There were sufficient members of staff deployed to meet the needs of people. We looked at the staff duty rota for the previous four weeks. The rota revealed staffing levels were consistent across the time examined. The deputy manager explained how staffing levels were calculated. These were based on people's assessed needs and if additional staff would be required to meet these needs. The deputy manager explained that staff could be deployed from one unit to another on days when people's needed justified this decision.

Staffing levels were changed to meet people's needs. When the service had more people admitted in a particular month two extra staff had been deployed to meet people's needs. Staff numbers were consistent with voids in permanent staff being covered by agency staff. The general manager and the deputy manager showed us their recruitment plan in place to recruit more staff to achieve a full team of permanent staff. In addition the service also employed ancillary staff including a chef, kitchen assistant, hospitality staff, housekeepers, a laundry assistant, an administrator, activity coordinators and a maintenance team, so care staff could focus on giving care.

Staff told us they felt there were sufficient staff employed to keep people safe and meet their needs. They told us some days were more rushed that others but people always received the care they needed.

The staff recruitment procedures in the service were safe. Appropriate checks were undertaken before staff began work. Staff employment files contained information to show the provider had taken the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. There were also copies of other relevant documentation including references, employment histories, photographic identification, job descriptions, and staff contracts in staff files.

People received their medicines safely and in a timely way. People told us they were given their medicine as prescribed by their doctor. One person said "The staff always tell me what my tablets are for when I have forgotten." There was a medicines administration policy in place and all staff administered medicines according with this policy. Only staff who had undertaken medicine administration and awareness training were authorised to administer medicines.

The general storage of medicine was well managed. There was a dedicated lockable room for the storage of medicines, and a trolley used for medicines was also locked so that only authorised people could access them.

We saw good audit trails of how medicine was checked into the service and how medicines were returned to the pharmacy. The provider also undertook quality monitoring of medicine to identify areas for improvement and to ensure safe and effective handling of medicines. Previously when a medicine error had occurred the deputy manager took appropriate action to ensure the person was safe, contacted the GP to seek advice and guidance, explore how the error happened and introduced further training and support for the staff responsible to prevent a reoccurrence.

The Medicines Administrations Records (MAR) charts for people were fully completed by staff when medicines had been given. People had a photograph at the front of the MAR so staff could be sure they were giving the medicine to the right person. Allergies were included in MAR charts for information. Where people

had 'As required' (PRN) medicine there was guidance for staff on when to administer this.

The premises were safe for people who lived at the service. Radiators were covered to protect people from burns; and ramp access was provided as appropriate. Fire equipment and emergency lighting were in place and fire escapes were clear of obstructions. Windows had the appropriate restrictors in place to reduce the risk to people. .

People's needs had been identified so they would be supported in the event of an emergency. People had PEEPs (personal emergency evacuation plans) in place that were personalised to people's individual needs. For example one person who was living with dementia had a plan which stated they would not respond to an alarm and would require a staff member to assist them from the building and to reassure them. When asked what this person's emergency plan was, a member of staff was able to say "I would go to them and reassure them as they have dementia and would not understand what was going on. They have mobility needs so I would need someone to assist me to get them in their wheelchair and get them out of the building."
Each person's plan contained information about the method of evacuation to be used, and evacuation aids required and the number of staff required to achieve this safely.

The manager showed us the home's emergency contingency plan should events stop the running of the service for example utility failure. Staff confirmed to us what they would do in an emergency.

Good

Is the service effective?

Our findings

People were supported by a staff team with the skills and knowledge to meet their assessed needs. Staff felt they had the sufficient training and support they required to meet people's needs. One member of staff said "We are always offered training and there is even training provided at the weekends for staff who don't work during the week." One person said "The staff are competent and know how to look after me."
Relatives told us they were happy with the way their family members care and support was undertaken and that staff seemed trained to undertake their roles.

All new staff completed an induction period in line with the Care Certificate in health and social care. The Care Certificate is an identified set of standards that health and social workers adhere to in their daily working lives. Staff told us that when they commenced employment they worked alongside a senior member of staff until they were assessed as competent to undertake duties unsupervised. New staff were supernumerary for their first week to enable them to become familiar with the service and get to know people.

Staff received training that kept them up to date with best practice. Staff told us they undertook training in subjects relevant to the care needs of people they were supporting. For example nutrition training included a section on pureed food, the use of thickeners in fluids and dealing with the risk of choking. One member of staff told us it made training more interesting when they could relate it to an individual they cared for. The provider had made training and updates mandatory for all staff in the following areas. Health and safety, moving and handling, infection control, first aid, food hygiene, fire safety and safeguarding people from abuse. Staff were also encouraged to gain further qualifications and staff had been enrolled to undertake diplomas in health and social care. We spoke with the dementia advisor who was employed in the service two days a week. Their role was to advise and provide hands on training for staff working on the dementia unit. This training was person specific and provided staff with the skills and understanding to care for and manager people with dementia needs individual to them. This had an impact on the quality of care and the good examples of staff interaction we saw throughout the day.

Staff were supported by management to give effective care to people. Supervision sessions and yearly staff appraisals for staff had been undertaken or planned in line with the provider's policy. The general manager told us that all staff received regular supervision every three months. Staff received support and guidance from the deputy manager or their line manager and were able to discuss their performance. Records showed areas covered included general performance, achievements, objectives, and identified training needs. We also saw that issued raised were followed up from one session to the next. Staff told us they found supervision sessions useful. One staff told us "I feel supported in my work."

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 make a particular decision any made on their behalf must be in their best interest and as least restrictive as possible.

We examined the care plans of people who required close supervision and support, which constituted a deprivation of their liberty. In each case the provider had acted appropriately, having requested a Deprivation of Liberty Safeguards (DoLS) assessment and authorisation following a mental capacity assessment. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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 was being met.

Staff had a good understanding of the Mental Capacity Act 2005. They were aware of people's rights to make decisions about their lives. They told us they always asked for peoples consent before providing care, explained the reasons for the care and gave them time to think about their decision before taking action. Staff had undertaken training regarding the Mental Capacity Act 2005 and they demonstrated its use as we saw some good care practice throughout our visit. When staff promoted choice regarding personal care, menu choice and activity participation.

People were supported to keep healthy. Care records showed people's health care needs were monitored and action taken to ensure these were addressed by appropriate health care professionals. People were registered with a local GP who visited the home weekly or more frequently if required. One person said they put their name on a list when the doctor was due to visit but could also see a the doctor urgently if that was required. People had regular access to dental care, a chiropodist, and an optician. We noted the provider involved a wide range of external health and social care professionals in the care of people. These included speech and language therapists, district nurses, tissue viability nurse, local authority DoLS Teams and Older People Community Mental Health Teams. We noted that advice and guidance given by these professionals was followed and documented. Appointments with consultants or specialists were made by a referral from the GP if people's health needs changed. People told us they were satisfied with the way their health care was managed by the service. Relatives told us the service was very good at keeping them informed about any new treatments or change in their family member's health needs. A health care professional told us they visited weekly and their aim was to keep people as mobile as possible. They said "Staff are open to the best way to manage people and they always action things I ask of them. They said communication was good between them and the staff.

People had enough to eat and drink to keep them healthy. People told us they enjoyed their food and were consulted about the menus and the food provided. People told us there was always a choice of meals and we saw people were offered a choice of starter, main course and desert. We also saw people had the choice of wine or fruit juice. One person told us "The food is very good. There is plenty of choice and it is good quality." Another person said "The food is always good and they will cook me something if I do not like the choice offered."

The food offered during our visit looked appetising, nutritious and well presented. We observed lunch being served in three dining areas. The atmosphere was relaxed and people chatted amongst themselves. Staff interacted with people and provided support when required. Staff on the dementia unit showed people two plates of food to help them choose their preferred meal. They then helped people who required support to eat. Some people chose to eat in their rooms and staff ensured they were positioned comfortably and within reach of everything before they left the room.
Relatives were complimentary about the food. One relative said "I sometimes dine here and it is excellent." Another relative said "They make sure my family member has enough to eat and will tell me when they are off their food."

Individual nutritional plans were in place that outlined people's specific dietary needs. For example if someone required a soft or pureed diet, diabetic, low or high calorie, vegetarian or cultural diet.
People's weights were monitored monthly to confirm they were having enough to eat and drink. If someone was losing weight and at risk of poor nutrition the staff would monitor and record their food and fluid intake more closely, weigh them weekly, seek advice from the GP and consider introducing fortified drinks. Records we examined confirmed this.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said "The staff treat us very well and are attentive." Another person said "The staff are caring and kind and the care is wonderful." A further person said "The staff are always cheerful and make me smile."

One relative said of the staff at Silvermare "They always seem to be happy and aware of the residents. Everyone's always smiling." Relatives were satisfied with the care provided by staff. They said that staff knew their family members' needs and provided care in a kind and sensitive way.

Relatives said they could visit whenever they wished and they were made welcome by staff. One relative told us "The staff are very welcoming." Another relative told us they visited their family member at various time and always found them well cared for. They could visit their relative in the privacy of their room or there were private areas throughout the home that people were able to use. Relatives told us that staff were always available if they wished to discuss any aspect of their family member's care and treatment.

Staff promoted people's dignity and privacy. A member of staff said "I always ask if they are happy for me to help before carrying out tasks such as personal care." They said "I always make sure the door is closed and curtains are drawn before I undertake personal care."
People's privacy and dignity was maintained and people received personal care in the privacy of their bedrooms or in bathrooms provided with lockable doors. If people wished to have gender specific staff to undertake personal care this could be accommodated in order to promote dignity. We noted people were addressed by their preferred name which was usually their first name. When people's care and treatment was discussed this was done in the privacy of the office to prevent other people and visitors from overhearing.

Staff supported people in a kind and sensitive way. There was a relaxed atmosphere in the service and staff gave people time when undertaking tasks that suited their pace. People were involved in their care as much as possible. Staff encouraged people to make choices and interacted with people individually. They got down to their level and gave eye contact when talking with people and spent time explaining what they were going to do, listening to them and responding to their queries. Staff had a good working relationship with people that they supported. On the dementia unit staff were observed interacting with people. Staff showed an understanding of the levels of interaction people wanted, for example one person liked to sit quietly and observe the activities and staff knew not to involve them too much. Staff were knowledgeable about the people they cared for. They knew what time they liked to get up and went to bed where they liked to spend their time, what activities they enjoyed and their preferences in respect of food and drink. A member of staff told us some people liked to have their bedroom door opened so they could see what was going on while other people liked to have the door closed.

It was evident by observing care that staff had a good understanding of people's current needs and past experiences. Staff were able to engage people in conversation about their hobbies and interests and people responded well. We saw two members of staff sitting with someone and looking at their old photographs.

They were able to tell staff when these were taken and what they had been doing at the time. Staff told us it is important as "The person was having a good day and that they may not be as responsive tomorrow."

People looked well cared for. They were well dressed, and their hair was nicely neat and tidy. People told us they were able to visit the hairdresser when they wished. Staff were aware of people's routines and what mattered to them. One staff member told us that one person liked to go walking and when the weather was good they liked to get ready early to go out. The staff member said "We like to meet people's wishes."

Bedrooms were pleasantly decorated and people had the opportunity to bring personal possessions, photographs, ornaments and items of furniture with them into the home. People had television sets and some liked to listen to the radio. People had mobile phones or land line telephones so they were able to maintain contact with family and friends.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences.

People had needs assessments undertaken before they came to live at Silvermere to ensure the service had the resources and expertise to meet their needs. Pre admission needs assessments were comprehensive and included all the information necessary to help make sure the home could meet people's needs. These were reviewed within weeks of a person being admitted to the service to ensure they reflected people's current needs within the service setting.
People had been consulted and included in their care as much as possible. One person told us the deputy manager visited them in hospital to undertake their assessment before they moved into the home. A relative said "I came to look at the home first and liked it, so I made the decision for my family member."

Care plans were well maintained and were reviewed monthly or more frequently when needs changed. This ensured staff had the most up to date guidance to deliver responsive care. Care plans were written with information gathered from the needs assessments, input from people and their relatives. Some people were aware of their care plan and others were unable to remember what this was. We saw good examples when people's preferences were documented for example how they liked to be supported, how they liked to take their medication, what paper they read, how many spoons of sugar they had in their drinks, and if they wore glasses or used a hearing aid. Each care need was supported with an objective and guidance for staff to follow on how to achieve this. Staff recorded daily entries in the care plans about how care was delivered on each day. This information was communicated to the staff team during the shift handover to ensure continuity of care and that no important information was missed.

People told us there was a range of activities they could take part in if they wished. One of the activity coordinators talked about the very wide variety of events and activities arranged. On the day of our inspection there was flower arranging taking place in the conservatory and later a golf game that several people engaged in. During an activity session on the dementia unit music was playing that had been selected by a person who lived there. People were singing and doing chair exercises and actively enjoying this. A staff member told us the person who chose the music appreciates this so much "We invited the Salvation Army Band to play and they absolutely loved it." They said "I feel lucky as I know all the residents really well, I enjoy spending time with them."

An activity coordinator had an iPad and they took photographs of previous activities and events. During the day we saw them showing people a video of them dancing which they enjoyed. They said "Families like to see these and it gives them some idea of activity that takes place when they are not visiting." One relative told us "They were very good at providing activities and they are very good at keeping us informed of events and activities that take place."
Forthcoming events were announced on the notice board to ensure people and relatives were kept informed. The service also circulates Silvermere Times each month with news and activities planned. As an activity people write post cards to other homes and they sometimes receive some back. This then prompts discussion about different parts of the UK. People who were confined to bed or who chose to stay in their

rooms were offered one to one activities. This included hand massage, nail painting, reading aloud and listening to music. Some people told us they liked their own company and would pick and choose the activities they wished to attend.

The service was responsive in supporting families who were living with the impact dementia had on their lives. The specialist dementia advisor provided information and support to family members. One relative was complimentary of this person and said "She works with families on dementia awareness and has helped me."

People's spiritual needs were supported. Silvermere has links with the local church and were able to attend church services there. The church also visited the service and run bell ringing sessions which many people enjoy.

The service was responsive to people's mobility needs. Assisted bathing and toilet facilities had been provided to promote people's mobility. Grab rails were fitted throughout the service which provided people with the confidence to move about more freely. There were ramps in place enabling people to access the front and rear gardens with ease.

People told us they would feel comfortable making a complaint if they needed to and were confident that any concerns they raised would be addressed. One person said "I have not had to make a complaint but I would be happy to raise any concerns with the deputy manager if I was unhappy about something." A relative said "I have not had to make a complaint but if I had issues I would go directly to the people in charge as we do not have a manager at the moment."

People had been provided with a copy of the provider's complaints process when they moved into the home. There was a copy of this displayed in the reception area where people, relatives and staff could access this. There was also a copy of this policy in people's care plans. This included clear guidelines on how and by when issues should be resolved. It also contained contact details of relevant external agencies such as the Local Government Ombudsman and the Care Quality Commission.

There had been eighteen formal complaints made in the past year. Seventeen complaints had been resolved in a timely manner with an action plan where necessary to prevent further issues. One complaint was appropriately referred to Surrey Safeguarding team for further ongoing investigation. During the same period the provider had received complimentary letters and numerous thank you cards in appreciation of the care and kindness provided.

Good

Is the service well-led?

Our findings

People told us they were happy with the management arrangements in place. The service was being managed by the general manager, the deputy manager and the regional manager. The regional manager demonstrated to us the measures in place to recruit a registered manager who was appointed two days following our visit. People said the management team were always available and felt they were able to talk to them. One person said "If a problem was within their power to solve they would do so."

Relatives told us they could talk to the management team and were kept informed of their family member's care and treatment. They also told us they were encouraged to participate in reviews of care and events that took place in the service.

Staff told us they felt supported by their line managers in their roles. One team leader said "They make sure we have the support we need do our jobs well." Staff were aware of the servise's values and worked to provide care and support for people in a safe caring environment.

The provider had systems in place to monitor the quality of the service being provided and to make improvements when these were highlighted. The management team demonstrated to us a variety of audits undertaken to monitor areas such as infection control, record keeping, medicine management, food safety, nutrition and hydration and clinical improvement. All of these audits resulted in the production of reports which outlined an overview of service provision and action plans to improve quality and reduce risk. We looked at these and noted issues identified were dealt with by a named individual in the allotted time span. For example we noted following the recent visit from the community pharmacist improvements identified were now in place including a topical creams chart and individual storage facilities in people's rooms where appropriate. The provider monitored the quality of the service and generated a business plan to drive improvement. For example the service had an ongoing plan of refurbishment and staff recruitment in order to drive improvement.

Health and safety audits were undertaken to ensure the safety and welfare of people who used the service, people who visited the service and to promote a safe working environment. Records relating to health and safety for example maintenance checks, utility certificates, fire safety, and equipment were maintained to a high standard. Reviews of the health and safety audit identified areas for improvement such as new self-closing mechanism for the door in the kitchen which were now in place. Minutes from the previous health and safety committee meeting were seen and detailed action taken following accidents and incidents and by whom.

Staff meetings enabled staff to discuss any concerns regarding matters in the home or issues they had. Management listened and took action. For example they were working towards the reduction in the amount agency staff used.

People had opportunities to give their views about the service. Residents and relatives meeting were

organised and the last meeting was in November 2015. People shared concerns regarding the home manager vacancy and staffing levels, and listened to suggestions for improvement. The management team shared with the meeting that recruitment was ongoing and interviews were being held to employ a manager.

People, their relatives and their representatives were asked for their views about their care and treatment. These were sought via completed satisfaction questionnaires on a yearly basis. We looked at the latest results of the 2015 survey conducted by the provider which contained the views of 40% of people living in the home. The questions people were asked fell into four categories which included staff and care, home and comforts, choice and having a say, and quality of life.
There were high satisfaction rating from people and their families regarding the home, the layout and location. Most people surveyed found the standard of cleanliness satisfactory but some relatives said they felt this was "below par" at times. Some people felt staffing levels could improve at weekends but were very complimentary about the staff employed. People were satisfied with the standard of care provided.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed CQC of significant events that happened in the service in a timely way. This meant we could check that appropriate action had been taken.