Silk Healthcare Limited

Heather Grange

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

Heather Grange is registered to provide accommodation and personal care for up to a maximum of 70 people. The home is divided into three suites known as Village, Woodlands and Garden. Village suite provides care for older people with personal care needs and Woodlands and Garden suite provides care for older people living with dementia. People are provided with a single room and an ensuite facility. At time of the inspection there were 66 people accommodated in the home.

At the last inspection in January 2015 we rated the service as good. At this inspection we found the service remained good.

People living in the home consistently told us they felt safe and staff treated them well. People were supported by enough skilled staff so their care and support could be provided at a time and pace convenient for them. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home. Safeguarding adults' procedures were in place and staff understood their responsibilities to safeguard people from abuse. Potential risks to people's safety and welfare had been assessed and preventive measures had been put in place where required. People's medicines were managed appropriately and according to the records seen, people received their medicines as prescribed by health care professionals.

Staff had the knowledge and skills required to meet people's individual needs effectively. They completed an induction programme when they started work and they were up to date with the provider's mandatory training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. There were appropriate arrangements in place to support people to have a varied and healthy diet. People had access to a GP and other health care professionals when they needed them. A visiting healthcare professional provided us with positive feedback about the service.

Staff treated people in a respectful and dignified manner and people's privacy was respected. People living in the home had been consulted about their care needs and had been involved in the care planning process. We observed people were happy, comfortable and relaxed with staff. Care plans and risk assessments were person centred and provided guidance for staff on how to meet people's needs and preferences. There were established arrangements in place to ensure the care plans were reviewed and updated regularly.

The service was responsive to people's individual needs and preferences. People were supported to follow their interests and take part in a wide range of social activities. The activities were designed to stimulate conversation, promote interaction with others, maintain personal interests and to have enjoyment. People, families and staff had regular meetings to discuss the operation of the home. They were also invited to be members of forums which focused on specific issues such as safeguarding and food.

Each person's needs were assessed and care records had personalised information about how to meet

them. Care was focused on people's wishes and preferences and people were supported to remain active and independent. Staff felt the information available to them enabled them to offer care in the way each person wanted.

People were provided with a safe, effective, caring and responsive service that was well led. The registered manager provided strong, effective leadership to her team. Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included seeking and responding to feedback from people in relation to the standard of care.

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 remains good.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service was responsive.

People were supported to follow their interests and take part in in a broad range of meaningful social activities.

People's care and support needs were monitored and reviewed and proactive practices were in place which enhanced people's health and wellbeing.

There was a complaints system in place. People were confident that the registered manager would respond effectively.

Is the service well-led?

Good

The service remains good.

Heather Grange

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.

We visited Heather Grange on 20 and 21 June 2017. The inspection was carried out by one adult social care inspector, a specialist professional advisor in the care of people living with dementia and expert by experience 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider returned the PIR within the agreed timeframe and we took the information provided into account when we made the judgements in this report.

In preparation for our visit, we also reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with ten people living in the home, one relative, four members of staff, the registered manager and the regional manager. We also spoke with a healthcare professional who had regular contact with the home.

We had a tour of the premises and looked at a range of documents and written records including seven people's care records, three staff recruitment files and staff training records. We also looked at information relating to the administration of medicines, a sample of policies and procedures, meeting minutes and records relating to the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

All people spoken with told us they felt safe and secure in the home. One person said, "I feel safe in the knowledge there's always someone available to help me if I need it" and another person commented, "The staff are marvellous. Everyone is so kind and helpful." Similarly a relative spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found the staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns to the registered manager and / or the local authority. Staff had received training in this area and policies and procedures were in place to provide them with guidance if necessary. Staff told us they had also received additional training on how to keep people safe which included moving and handling, the use of equipment, infection control and first aid. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

The registered manager held a monthly safeguarding forum for everyone living, working and visiting the home. This gave people the opportunity to discuss safeguarding matters. The home also had a staff safeguarding champion who chaired a monthly meeting for groups of staff to discuss safeguarding procedures and de-escalation techniques to help manage behaviour which challenged others and the service.

The registered manager continued to maintain effective systems to ensure potential risks to people's safety and wellbeing had been considered and assessed. We found individual risks assessments had been 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, hydration and nutrition, tissue viability and falls. We noted the risk assessments were printed on pink paper. This meant staff could readily identify the information in people's care files. Records showed that the risk assessments were reviewed and updated on a monthly basis or in line with changing needs.

Environmental risk assessments had been undertaken by the registered manager in areas such as fire safety, the use of equipment, the security of the building and the management of hazardous substances. The registered manager had also risk assessed hazards following safety alerts issued to care homes. All risk assessments seen were thorough and included control measures to manage any identified risks. The assessments were updated on an annual basis unless there was a change of circumstances. Emergency plans were in place including information on the support people would need in the event of a fire.

We saw records were kept in relation to any accidents or incidents that had occurred at the service, including falls. The registered manager informed us she checked and investigated all accident and incident records to make sure any action was effective and to see if any changes could be made to prevent incidents

happening again. The registered manager told us she had made referrals as appropriate, for example to the specialist nurse practitioner, GP and physiotherapist. A detailed analysis of the records was carried out on a monthly basis in order to identify any patterns or trends. We noted action had been taken to limit future reoccurrence. This included changing the layout of people's rooms and the use of technology such as laser sensors in people's bedrooms.

People told us the home was well maintained and kept clean. One person said, "You can't fault the cleanliness. There is cleaning going on all day from 7 am and sometimes even earlier." We found all parts of the building seen during the inspection had a high standard of cleanliness including people's rooms, lounge, bathroom and toilet areas. Since the last inspection, new carpets had been fitted throughout the home and Garden suite had been refurbished.

The provider had arrangements in place for ongoing maintenance and repairs to the building. We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers, the call system, hoists, wheelchairs, lifts and assisted baths. All records seen were complete and up to date. We also saw the gas safety certificate, portable appliance testing (PAT) certificate and the five year electrical certificate were all within date.

Staff recruitment records provided assurance that appropriate pre-employment checks had been satisfactorily completed. These checks included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely and an enhanced criminal records check. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. The registered manager explained that prospective staff were usually interviewed in groups and a person living in the home was invited to be a member of the interview panel. We saw notes were maintained of the interviews to support a fair process.

All people spoken with told us there were sufficient staff to keep them safe and meet their care and support needs in a timely way. For example, one person said, "If I need any help, the staff never leave me waiting." The registered manager managed the rota for the care staff. We looked at the rotas and noted they were updated and changed in response to staff absence. The staffing rotas confirmed staffing levels were consistent across the week. We observed there were enough staff available during our inspection to meet people's needs. The registered manager told us the staffing levels were flexible in line with people's changing needs.

In addition to the care staff, the provider also employed administrators, activity coordinators, housekeepers, cooks and kitchen staff, hospitality staff, a maintenance manager and a chaplain. The registered manager explained that she did not use agency staff and told us she stepped in to provide hands-on support if this was ever necessary to cover a shift.

We reviewed the arrangements for the storage, administration and disposal of people's medicines and found that these remained in line with good practice and national guidance. Medication administration records were well-presented and contained an accurate record of any medicines that people had received. They also contained very detailed guidance for staff on the administration of any medicines that had been prescribed for occasional use. Senior staff designated to administer medicines had completed a safe handling of medicines course and undertook competency tests to ensure they were proficient at this task. We saw staff had access to a full set of policies and procedures which were readily available for reference in the policy and procedure file.

We found suitable arrangements were in place for the storage, recording, administering and disposing of

controlled drugs. Controlled medicines are more liable to misuse and therefore need close monitoring. A random check of stocks corresponded accurately with the controlled drugs register.

Good

Is the service effective?

Our findings

People told us they felt well cared for by staff who had the knowledge and skills to meet their needs effectively. For example, one person said, "They have very good staff here. They are all well trained" and another person commented, "The staff seem very organised. I really can't find any fault." Commenting on the staff team a local healthcare professional told us, "I have no concerns at all. The staff are really spot on with all the records and make very prompt referrals."

Staff demonstrated a good awareness of the principles of the Mental Capacity Act 2005 (MCA) and had received appropriate training. The 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's capacity was considered as part of the pre admission and care planning processes 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, the registered manager involved their family or other social or health care professionals as required to make a decision in their 'best interest' in line with the MCA. We noted best interest decisions had been made in respect to people's admission to the home and the use of laser sensors in their bedrooms, as well as medical treatment.

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 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found 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 34 applications to the local authority for consideration. Two people also had an authorised DoLS. The registered manager had a central register of the applications and checked progress with the local authority every month. We noted there was information in people's care plans to provide guidance for staff on least restrictive practice in order to protect people's rights.

Staff received training that enabled them to support people in a safe and effective way. Staff felt they were provided with a good range of training enabling them to fulfil their roles. They told us their training needs were discussed during their individual supervision meetings with their line manager and annual appraisals. Individual staff training records and an overview of staff training was maintained. A training plan was in place to ensure staff received regular training updates.

Staff told us they had completed a variety of courses relevant to the people they were supporting including moving and handling, dignity and respect, food safety, health and safety, infection control, safeguarding,

MCA and DoLS, first aid, communication and nutrition and hydration. Care staff also undertook specialist training which included care plan awareness, care for the dying and a dementia awareness course known as Creative Minds. Staff spoken with confirmed their training was useful and beneficial to their role.

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. The induction training included an initial orientation to the service, training in the provider's policies and procedures, completion of the provider's mandatory training and the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care.

Staff spoken with told us they were provided with regular one to one supervision and they were well supported by the registered manager. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role. Staff spoken with told us they found the supervision process helpful to them in their work. We saw detailed records of staff supervision during the inspection and noted a wide range of topics had been discussed. Staff were also invited to attend regular meetings. They told us they could add to the meeting agenda items and discuss any issues relating to people's care and the operation of the home. According to the records seen all staff received an annual appraisal of their work performance, which included the setting of objectives for the forthcoming year.

People told us they were happy with the range of meals available at the home. For example one person told us, "The food is very good. I enjoy it" and another person commented, "On the whole the food is very nice and the cook will always make something different for you if you want an alternative." We observed the meal time arrangements in three areas of the home on the first day of inspection and noted people had a positive experience. Staff interacted with people throughout the meal and we saw them supporting people sensitively. The overall atmosphere was cheerful and good humoured. The meal looked well-presented and appetising. The dining room tables were set with clean tablecloths, napkins and condiments. People living with dementia were served their meal on blue plates and were asked to make a choice after looking at two sample meals. Pictorial menus also helped people make a choice of meal. People who preferred to eat in their rooms were served their food on a tray which had napkin, cutlery, condiments and a small flower in a vase.

All food was made daily on the premises from fresh produce. There were systems in place to ensure the cook was fully aware of people's dietary requirements. Staff also recorded people's comments about the meals in a book on each suite and the cook signed the records when he had read the comments. We noted the cook personally visited each suite during the inspection to get first hand feedback about the meal. 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 dietitian as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration.

The registered manager held a food forum every three months which was attended by people living in the home, their relatives, the head cook and the catering and hospitality manager. The forums included food tasting, discussion on the menus and healthy eating. We observed a food tasting activity took place on the first day of inspection which involved people tasting a variety of cheese and wine.

Fruit and drinks were readily available on all suites and these were replenished as necessary. There was also a wine rack for people to choose an alcoholic drink. In addition people could enjoy a drink and snack of their choice in the coffee bar which was staffed by a member of the hospitality team.

We looked at how people's needs were met by the design and decoration of the home. We noted signage had been added to the Garden Suite and toilet and bathroom doors were clearly marked. The registered manager explained that she had plans to further develop the environment to enhance the lives of people living with dementia. All areas of the home were decorated to a high standard.

We saw that people's general health and wellbeing was reviewed by staff on a daily basis and care records were kept up to date regarding people's healthcare needs. People living in the home had access to ongoing healthcare support. We spoke with a healthcare professional during the inspection who told us staff were knowledgeable about people's needs and they made prompt medical referrals as necessary.

Records looked at showed us people were registered with a GP and received care and support from other professionals, such the district nursing team, chiropodists and the speech and language therapists. 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 registered manager and staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. A healthcare professional told us, "We have a really good relationship with the home and work well together."

Good

Is the service caring?

Our findings

People living in the home described the staff as being caring and respectful and were complimentary of the support they received. We saw that staff interacted well with people in a warm and friendly manner and observed that people were comfortable in the presence of all the staff who were supporting them. We observed that staff gave their full attention when people spoke to them and noted that people were listened to properly. One person commented, "It's like home from home, all the staff are very caring" and another person said, "All the staff are very nice." A relative also gave us positive feedback about the service. They also confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed many relatives visiting during our inspection and noted they were offered refreshments.

We observed the home had a friendly and welcoming atmosphere. Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I enjoy everything about working here, especially looking after the residents."

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. People were asked to choose their own key worker. We noted there was a photograph of people's keyworkers displayed in each person's bedroom. 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 how they wished to spend their time and what they wanted to eat.

The registered manager and staff were considerate of people's feelings and welfare. The staff we observed and spoke with knew people well. They understood the way people communicated and this helped them to meet people's individual needs. They also demonstrated a good knowledge and understanding of people's life histories, health conditions and the people and things that were important to them. A healthcare professional visiting the home during the inspection told us, "I have been really impressed with the home. The staff know people well and everything I suggest has been carried out. I have no concerns at all."

People's privacy and dignity was respected and people could spend time alone in their rooms if they wished. All people were provided with a single room which was fitted with an appropriate lock. We observed staff knocking on doors and waiting to enter during the inspection. Staff also placed signs on doors when they were providing personal care, so people's privacy was not disturbed. 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. Staff had also completed the provider's mandatory training on dignity and respect and there was a designated dignity champion.

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. We noted sensory boxes had been created for some people living on Garden suite. For instance a box had been

developed for one person who was an engineer during their working life. The box comprised of items the person could dismantle and put back together again and another box had been filled with items for knitting and crochet for a person who had previously enjoyed these hobbies. The registered manager told us that the introduction of the boxes had made a considerable difference to the people's overall well-being.

People were encouraged to express their views as part of daily conversations, comment cards, residents and relatives' meetings and 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 and we saw people had signed their plans to indicate their participation and agreement.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. For instance the registered manager told us a specialist chair had been obtained for one person to enable them to socialise with other people and join in with the activities. Staff spoken with were committed to helping people to maintain their independence and to exercise as much control over their own lives as possible. In talking about their approach a member of staff commented, "It's good that people are able to do as much for themselves as possible as it helps their self-esteem." This approach was reflected in people's comments, for example one person said, "The staff respect that I can do things for myself and don't bother me unless I need some help."

Compliments received by the home highlighted the caring nature of staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families. For instance one relative had written, "There really aren't enough words to convey our gratitude for the care and compassion you showed to [family member]."

Good

Is the service responsive?

Our findings

People were happy with the activities provided in the home. One person told us, "There is something to do every day. The activities organiser is excellent and is absolutely lovely. He's also a very good singer and entertainer." A member of staff also told us, "[The activities coordinator] does a superb job." We observed activities throughout the days of the inspection and noted there was a vibrant and positive atmosphere in the home. People were seen to be relaxed and content in the home.

The service employed two activity coordinators, who organised a broad range of activities throughout the day. The activities were designed to improve people's quality of life, stimulate conversation, maintain personal interests and promote interaction.

The programme of activities was displayed on all suites and there was a pictorial version on Garden suite to help people living with dementia to make a choice. The activities were arranged both inside and outside the home and were provided on both a group and an individual basis. People also had the opportunity to go out on daily trips to places of local interest.

Each person had completed a "My personal / social choices" care plan with an activity coordinator which included information on past life experiences, family background and preferred activities. People were also asked about any aspirations and wishes. A projected plan was developed to ensure the person had the opportunity to participate in all their preferred activities over a six month period. Records were maintained of all the activities completed to ensure people's social, cultural and diverse needs were met. Special arrangements were made for people who had specific wishes or unfilled ambitions. For instance, people had been supported to return to towns and places they used to live, so they could remember past times. One person had also been supported to go to a golf course and another person had been helped to participate in a remembrance parade.

All people could choose how they wished to celebrate their birthday, either with a trip out, a party or a special meal. One person told us about a recent party, "We had a great big party, with balloons and dancing. The mayor was also there. It was really good." This meant people felt valued and special and were able to share their celebrations with others in the home.

Activities were specifically designed to facilitate conversation, socialisation and discussion. For example, every day the activities coordinators produced a "newspaper" called the "Daily Sparkle". This included news on that day from years gone by and features which were of interest to people living in the home. One person told us, "It's really good it gives you topics for discussion every day." We noted the articles were produced in different font sizes and some editions were more pictorial. This meant the newspaper was accessible to all people living in the home.

People joined other people who shared their particular interests, for instance there was a men only group which met once a fortnight. The men could choose how to spend their time and often visited the local pub or played pool, darts or table tennis. The group was supported by male staff only. There was also a

gardening club, whose members maintained the borders and tubs in the garden and a baking club who made themed cakes for people living in the home. A social club was also held once a month in the social room on the second floor for people and their relatives. In addition, people enjoyed screenings of Pathé news, which was used to help with people's reminiscences. The news was historical and covered items and documentaries from 1910 to 1970.

Members of the local community were encouraged to visit the home at the monthly dementia café which was held in the coffee bar. The registered manager had also forged links with the Prince's Trust and a local college. People had visited the college for manicures and members of the baking club had been invited to look at the college kitchen and meet the chefs.

In addition to daily activities, clubs and daily trips out, people used the coffee bar on the ground floor to socialise with others in the home. The hospitality staff in the coffee bar organised a schedule of daily activities which was designed to integrate people living in all different areas in the home. This included quizzes, food tasting and flower arranging. We noted there were vases of fresh flowers on all suites in the home, which people living in the home had arranged.

People had the opportunity to participate in intensive music therapy with a qualified musical therapist. The therapist worked with groups and individual people. The registered manager explained that using the musical instruments had particularly helped some people living on the Garden suite to communicate their feelings. She was able to describe examples of the very positive impact of the therapy on people's socialisation and communication.

People were supported by staff who understood their individual needs and preferences. People's support needs were assessed before they came into the service. Assessments were undertaken by people's social workers and wider professional teams were involved as and when required. The service also undertook their own detailed pre admission assessment to ensure the person's needs could be met. The registered manager told us people were encouraged and supported to spend time in the home before making the decision to move in. This enabled them to meet other people and experience life in the home. A person living in the home explained they were proud to be an ambassador for the service and enjoyed helping new people settle into the home.

Each person's individual file contained comprehensive information around their care and support needs to guide staff. The information included; care plans and risk assessments for all aspects of their daily living needs including health, social and emotional well-being. Clear and detailed monitoring records were in place and these were adhered to by staff. The records also held information about people's likes and dislikes, social contacts and health and other professionals involved in their care. We noted that people's care plans were printed on yellow paper so staff could access information easily within people's files.

We saw involvement forms had been signed by people or their relatives to show their agreement with the planned delivery of care. The documentation seen demonstrated reviews took place on a monthly basis or in line with people's changing needs. Staff told us they had access to the care records and felt the level of information they received supported them to offer safe and effective care which was responsive to people's needs.

People received a level of care and support which was proactive and which enabled them to remain healthy, mobile and pain free. For example, to prevent pressure ulceration and to maintain skin integrity, staff ensured that where necessary people were repositioned frequently. We observed people were encouraged to move around and maintain their level of mobility, either with aids or with the support of a member of

staff.

We saw charts were completed as appropriate for people who required any aspect of their care monitoring, for example, personal hygiene, nutrition and hydration and pressure relief. 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. Staff told us they discussed people's well-being and any concerns during their handover meetings. This meant there were systems in place to ensure the staff were responsive to people's changing needs.

Information was available to people and their families about how to make a complaint. This information was displayed in the reception of the home and in the information given to people when they moved in. People were provided with opportunities to voice any concerns and were confident the registered manager would take appropriate action. We noted there were systems in place to record and investigate any complaints received.

Good

Is the service well-led?

Our findings

People spoken with made positive comments about the leadership and management of the home. One person said, "[The registered manager] runs the home very well. Everything is highly organised" and another person commented, "There are no improvements needed here. I really can't think of anything." A healthcare professional also told us, "[The registered manager] has her finger on the pulse and knows what's going on. If there is anything she sorts it really quickly."

There was a manager in post who was registered with the commission. 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 2008 and associated Regulations about how the service is run.

The registered manager had responsibility for the day to day operation of the service and was visible and active within the home. During our inspection, she was regularly seen around the home and was observed to interact warmly and professionally with people, relatives and staff. People were relaxed in the company of the registered manager and it was clear she had built a strong rapport with them. The registered manager was very knowledgeable about the needs of all the people living in the home and was aware of their personal preferences and wishes.

Throughout our inspection the registered manager demonstrated a positive and forward-thinking approach. She was committed to the ongoing development of the home and told us she planned to further enhance the environment for people living with dementia, develop the staffs' knowledge of dementia and develop the role of the chaplain, who had recently been appointed by the provider. The registered manager had also set out planned improvements for the service in the Provider Information Return.

The registered manager provided strong, supportive leadership which was clearly appreciated by her staff team. One member of staff commented, "The manager is fair and very helpful and supportive. She always makes time if I need to speak to her" and another member of staff said, "The manager is always helpful and sorts things really quickly." The registered manager carried out regular supervision checks and observations of staff at work to ensure good standards of practice were maintained. This included checks on the night staff and staff working over the weekends. Staff members spoken with said communication with the registered manager was good and they worked together in a well-coordinated and mutually supportive way.

The registered manager was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We saw that any incidents that had occurred had been managed correctly in close consultation with other agencies whenever this was necessary. We noted the provider was meeting the requirement to display their latest CQC rating.

People and their relatives were regularly asked for their views on the service. This was achieved by means of forums, meetings and satisfaction surveys. The last annual satisfaction questionnaire had been distributed

in March 2017. We looked at the collated results and noted people had indicated they were satisfied with the service. Several people had also made positive comments about the home, for instance one person had written, "My overall experience is an excellent one." The results of the survey had been presented in a booklet and distributed to all people living in the home. We noted action plans had been developed in response to any suggestions for improvement.

The registered manager used various ways to monitor the quality of the service. These included audits of the systems to manage medicines, staff training, supervision and appraisal, care planning, infection control, the environment and checks on the call systems and fire systems. The audits and checks were designed to ensure different aspects of the service were meeting the required standards. Action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.

The registered manager was supported in her role by a regional manager, who visited the home on a regular basis. She was also part of wider management team and met regularly with other managers in Silk Healthcare Limited to discuss and share best practice in specific areas of work.