

Ablecare Homes Limited

Belvedere Lodge

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

We carried out a comprehensive inspection of Belvedere Lodge on 22 November 2016. Following a previous inspection undertaken in May 2015, we served Warning Notices for a breach of one regulation of the Health and Social Care Act 2008 relating to good governance. Complete and accurate records were not being maintained in respect of each person using the service. Compliance with these Warning Notices was followed up in October 2015 and the provider had undertaken sufficient action to meet the standard.

In addition to this, at the inspection in May 2015 we served requirement actions for two other regulations. We found there were not always enough staff on duty to meet people's needs and care records did not always include full information about people. The provider wrote to us following this inspection in May 2015 and told us how they would achieve compliance with the standard. During this inspection in November 2016, we found that sufficient improvements had been made.

Belvedere Lodge provides accommodation and personal care for up to 20 people. The service mainly provides support for older people who are living with dementia. At the time of this inspection in November 2016, there were 18 people living at Belvedere Lodge.

There was a registered manager in post. 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.

People felt safe and we observed they were at ease with the staff that supported them. There were sufficient staff on duty to support people and recruitment procedures operated by the provider were safe. People received their medicines when they needed them. However we highlighted to the registered manager that the depth and robustness of the current audit system may need to be reviewed. Staff understood their responsibilities in relation to safeguarding people from abuse and care plans contained risk management guidance. People were cared for in a clean and maintained environment.

Staff understood the Mental Capacity Act 2005 and how it impacted on their work. The service had complied with the Deprivation of Liberty Safeguards (DoLS), however it was highlighted to the registered manager that staff knowledge varied. People living in care homes can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedure for this is called the Deprivation of Liberty Safeguards (DoLS).

People received the appropriate support from healthcare professionals when required and staff received training relevant to their roles. Staff confirmed they received supervision and were able to develop themselves through additional training. The provider had an induction aligned to the Care Certificate. People in the service received the support they required in relation to eating and drinking sufficient

amounts.

People spoke positively of the staff and we saw good relationships between people and staff. Staff understood the people they cared for and knew how to meet their needs. The service had created personalised care plans for people that reflected their needs and showed their life history. People's communication preferences were noted and where needed the service had translated people's care plans into their first language to allow them to be involved in their care more. There were activities for people to partake in and the provider had a complaints procedure.

People were positive about the management of the service. Staff also spoke positively about the management of the service and expressed satisfaction in their employment. There were systems that monitored the quality of service provided. The registered manager communicated with people and staff. The registered manager spoke positively about the support they received from the provider. The provider had separate quality assurance systems that were undertaken periodically. There were staff performance incentive schemes and the registered manager had recently been nominated for local and national awards.

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.

There were sufficient staff on duty and recruitment procedures were safe.

People at the service felt safe and were observed at ease with staff.

Medicines were managed safely.

Staff understood their safeguarding responsibilities.

The service was clean and equipment was maintained.

Is the service effective?

Good ●

The service was effective.

Staff understood the Mental Capacity Act 2005.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

The service worked with GPs and other healthcare professionals.

People were supported with their nutrition and hydration.

Staff received training and supervision.

Is the service caring?

Good ●

The service was caring.

People spoke positively of the caring staff.

We observed positive interactions between people and staff.

Staff were aware of people's preferences and knew people well.

People made choices about the care and support they received.

The service had received compliments about their care provision.

Is the service responsive?

The service was responsive.

People received personalised care which met their needs.

People's care records contained personalised information.

Activities were provided for people.

People had an allocated keyworker to support them.

The provider had a complaints procedure.

Good ●

Is the service well-led?

The service was well-led.

People and staff spoke positively about the management of the service.

There were quality assurance systems in operation.

There were systems to communicate with people and staff.

The registered manager received support from the provider.

The registered manager had been nominated for local and national awards.

Good ●

Belvedere Lodge

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 was carried out by one inspector.

Following an inspection in May 2015 we served Warning Notices for one regulation. Compliance with this was followed up at an inspection in October 2015 and sufficient improvements had been made. In addition to the Warning Notices, we served requirement actions in relation to two other regulations at our inspection in May 2015. The requirement notices were served as we found there were not always enough staff on duty to meet people's needs and care records did not always include full information about people.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Most people in the home were living with dementia and were not able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. We also looked at 5 people's care and support records.

During the inspection, we spoke with six people who used the service and four members of staff who were providing care to people on the day of our inspection. We also spoke with the registered manager and the deputy manager.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

At the inspection of Belvedere Lodge in May 2015, we found that the provider had not ensured there was always sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed in order to meet the needs of people using the service. The provider wrote to us following this inspection in May 2015 to tell us how they would achieve compliance with the standard. During this inspection we found the necessary improvements had been made to ensure people's needs were met.

People and staff we spoke with told us that staffing levels were appropriate and we made observations to support this. One person we spoke with told us there was, "Loads of staff." One staff member we spoke with told us, "People's needs are met – there are enough of us here." We made observations that people received care and support when they needed it throughout the day and people were not waiting for their care needs to be met. Staff had time to support people who needed to use the stair lift and to support people with their mobility. There were set staffing numbers on duty throughout the day and management cover five days a week. Alternate weekends were worked by the deputy manager to support the staff. We observed that people who had funded 'one to one' care received the care they were assessed as needing.

We spoke with the registered manager who told us they were well supported by the provider in relation to achieving the required staffing levels. Staffing rotas were now produced six weeks in advance to allow existing staff the opportunity to work additional shifts when available. Staff from the provider's other services were then offered shifts and agency staff were only used in extreme circumstances. The registered manager told us agency staff had not been used for a long period of time. The registered manager told us that unplanned sickness would be covered by existing staff coming to work at short notice or the management team.

People we spoke with appeared at ease with the staff that supported them and we observed good relationships between people and staff. People we spoke with did not raise any concerns or complaints about staff and spoke positively of them. One person we spoke with said, "I'm safe here, (I have) nothing to worry about. They (staff) look after me and I get what I need." Another person we spoke with said, "I'm happy with everything."

People received their medicines when they needed them. The service managed medicines and there were systems in place to order, retain, administer and dispose of people's medicines. We reviewed a sample of people's medicine administration records which did reveal a recording error by staff, and this was highlighted to the service management. Liquid medicines we reviewed had a date of when the medicine was opened to reduce the risk of it being used past its recommended storage period. We reviewed the medicines held by the service that required additional legal storage requirements and these were stored correctly. It was highlighted to the deputy manager that one bottle of liquid medicine was very sticky indicating the product may have been spilt by staff. This could have a longer term effect on stock balance levels if not correctly dispensed by staff. It was further highlighted to the service management that the current medicines audit may not have the depth or robustness to ensure staff failings were identified at an early stage. The registered manager told us this would be reviewed.

The provider had appropriate arrangements to identify and respond to the risk of abuse. There were appropriate policies in place for safeguarding and staff had received training. Staff understood their duties in relation to reporting suspected or actual abuse. They explained how they reported concerns internally to senior management or to external agencies such as the Commission or the local safeguarding team. Staff understood the concept of whistleblowing and how they could confidentially report any concerns they may have about the service. The provider had appropriate policies in place to support staff should they wish to report concerns through whistleblowing. We also saw the registered manager undertook a monthly audit of safeguarding concerns and referrals.

People's care needs were assessed. Within people's care records we saw that people's care needs had been assessed and where required risk management guidance had been completed for staff. For example, we saw different assessments had been completed into people's mobility and falls risk, their risk of developing skin damage and risks evident during personal care, such as bathing. Risk management guidance showed how to reduce an identified risk. For example, where moving and handling risks were identified, the number of staff needed to safely support the person during different transfers was recorded. Falls risks identified when staff should observe people when they stand from a chair and offer support when needed. This showed the service actively promoted independence for people whilst monitoring their risks.

We found the service was clean. Domestic staff were employed to maintain cleanliness standards. When we arrived on the day of our inspection the service was clean and odourless and it was evident cleaning schedules were being completed by the domestic staff. There was liquid anti-bacterial gel available at the entrance of the building. Additional liquid anti-bacterial gel was available at other designated points in the service to use. There was signage at the entrance of the service requesting visitors do not visit when unwell due to the cross infection risk it presented. Staff were observed wearing protective equipment when required which also reduced the risk of cross infection. The registered manager had a monthly auditing system to monitor the cleanliness of the service.

The registered manager had undertaken a monthly review of reported incidents and accidents. This review was to identify any patterns or trends in incidents and accidents and was aimed at preventing or reducing reoccurrence through intervention and support for people. We saw that these reviews involved the use of a clock face to mark the times of incidents to establish if incidents were happening at a specific time. There were floor plans of the building to establish if certain locations were part of a pattern and each incident was reviewed and commented on by the registered manager or a senior member of staff. Recent reviews showed no trends in the reported incidents or accidents.

Safe recruitment processes were completed. Staff had completed an application form prior to their employment and provided information about their employment history. Previous employment or character references had been obtained by the service together with proof of the person's identity for an enhanced Disclosure and Barring Service [DBS] check to be completed. This DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified.

The provider had systems that monitored the environment and the equipment within the service. There were systems that monitored the maintenance of the service in relation to hoists and specialist bathing equipment. Gas appliance safety certificates were current and we saw that boiler servicing and the stair lift were serviced. Further records showed an electrical installation condition report was completed in February 2016. A maintenance book showed the provider had systems to effectively identify and manage minor repairs around the service, such as loose hand rails, faulty sockets and changing light bulbs.

There was a fire folder that contained a risk assessment for the premises dated February 2016. The folder

showed emergency evacuation plans and drills and we saw supporting records that showed the fire alarms, lighting and firefighting equipment were checked and tested. We reviewed the Personal Emergency Evacuation Plans (PEEPs) for people. The deputy manager told us these were currently being reviewed as a matter of priority as the service had recently renumbered and renamed people's bedrooms and the PEEPs were being updated to reflect these changes.

Is the service effective?

Our findings

People we spoke with were positive about the staff that supported them and people told us they received the care they wanted. One person said, "I'm happy here and I'm happy with my room." Another person we were able to speak with told us, "The staff are good here and I get all I need. I'm able to do as I wish."

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. We spoke with staff who told us they had received training and they had an understanding of the MCA.

Care plans contained mental capacity assessments for specific decisions. This included, for example, assessments relating to the provision of personal care, bathing, medication and the use of the stair lift. Staff we spoke with were able to demonstrate an understanding of the MCA and told us how they ensured people were given choices about their daily lives. Staff explained how they gave people choices, for example at meal times and when supporting them with personal care and choosing their clothes. This demonstrated that although most people in the home lived with dementia, staff ensured that where possible people were empowered to make decisions.

We observed staff asking people for their consent prior to assisting them. For example, we observed staff actively asking people, "Would you like me to?" or, "Do you mind if I?" prior to supporting people. Where people declined support, this was respected and an alternative given. For example, one staff member said to a person, "Do you want me to get your slippers - your feet might get cold?" The person declined but the staff member then said, "I will go and get them in case you want them later and leave them next to you."

People living in care homes can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The application procedure for this is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home 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 reviewed the current DoLS file within the service. At the time of our inspection, three people in the service had a DoLS authorisation in place and there were 12 applications currently submitted to the local authority pending their action. We spoke with the service management about the conditions attached to people's DoLS and the management understood the conditions. The service management also explained the input and guidance they had received from the dementia wellbeing service which demonstrated a multi-agency approach had been undertaken when providing care to people lawfully deprived of their liberty.

There was an evident variance in staff understanding in relation to knowledge of DoLS. For example, of the three staff members we spoke with, two were able to give a clear account of what DoLS was, why a person

may need to have DoLS authorisation and what impact the DoLS may have on the person. The two staff members were able to explain who in the service had a current DoLS authorisation. A third member of staff did not have this knowledge. They were unable to tell us who had a DoLS authorisation in place and did not have a clear understanding of why a DoLS authorisation maybe in place. This was highlighted to the registered manager who acknowledged additional training and information sharing may be needed with staff in this subject and stated they would look into possibilities for this.

People received the support they required to access healthcare services when needed. For example, we saw from a review of people's care records that when the service had a concern for people the relevant healthcare professional was called. Records showed that where required, people had been referred to and received visits from their GP, the district nursing team, the chiropodist, paramedics or the local authority Deprivation on Liberty Safeguards (DoLS) team. Within some records we also saw that where there were non-emergency concerns for people, the national non-emergency 111 number had been used. Most people at the service were registered with the same local GP practice who also attended the service regularly to review people's health needs.

People received the care and support they needed from staff to ensure they ate and drank sufficient amounts. Staff at the service told us that there were currently no people at risk of malnutrition or obesity. People had a range of abilities and some people ate independently requiring minimal support from staff where others required more assistance. People spoke positively about the food. Within people's care records we saw that people were weighed monthly and a nationally recognised tool was used to establish if they were at risk of malnutrition or obesity.

The provider's induction for new staff was aligned to the Care Certificate. The manager produced the documentation to support this. The Care Certificate is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. Staff were also monitored and observed by senior staff during their induction period. One member of staff who had completed the provider's induction spoke positively and said, "I got the help I needed during my induction."

Staff told us they were supported through performance supervision. Staff told us they received supervision and the registered manager produced the supporting documents. Supervision records showed that matters such as the staff member's performance and role were discussed, together with training and development needs, people's care needs, safeguarding and any matters agreed at the previous supervision.

Staff received training to carry out their roles. Staff told us they felt they received sufficient training and were supported by the provider with additional training. Staff explained how some training was provided in the service and other training provided at one of the provider's other locations. The training records showed staff had completed training in key areas to support them in providing effective care to people. This included first aid, moving and handling, safeguarding, infection control and food hygiene. We also saw that with the support of the provider, some staff had completed national qualifications in Health and Social Care and others were currently working towards a diploma.

Is the service caring?

Our findings

People's comments were positive when we asked them about the caring nature of staff. We did not receive any negative feedback from the people we spoke with. One person we spoke with told us, "Staff are really friendly and very helpful. I get what I need." Another person said to us, "They (staff) will get you anything you need." Another person commented, "It's fine here. I'm tired and I'm going to bed. They (staff) will help me when I ask. I like it here I really do – they are lovely."

Staff demonstrated positive caring relationships with the people they were supporting. For example, during lunch a staff member sat with people at the dining table with them whilst lunch was being eaten. The staff member sat and had their lunch at the same time and was seen talking with people and where needed offering discreet support to people. People appeared to enjoy this close interaction with the staff member and were seen speaking with them.

We observed people being supported in the main lounge with their meals. Staff sat with people and we saw the lunch experience for them was not rushed. One member of staff was observed explaining to the person what the food was and how they were cutting it up for them. People appeared relaxed with staff over this period. One staff member we observed said to the person, "I will just wait for you to finish what you are eating, just take your time and let me know when you are ready."

Additional observations we made throughout the day were positive and demonstrated how people's privacy and dignity were promoted. For example, in the afternoon one person was distressed about receiving contact from a family member and was clearly anxious. The person was constantly speaking with staff about this and it was evident the person was not retaining the information given to them and was asking staff the same question repeatedly a short time apart. Staff remained patient with the person, explaining the situation to the person every time they asked, as if it was the first time the person had asked, which helped ease the person's anxiety for a short period of time.

One person in the service spent many periods of the day walking around with the buttons on their trousers undone. Staff seemed knowledgeable of this, and discreetly approached the person at various different points during the day to support the person to do up their buttons. This showed that staff aimed to ensure people's privacy and dignity was maintained. We also observed that staff knocked on people's doors before entering their room. When people were receiving personal care in their rooms, we saw that the door was closed to ensure their privacy.

We reviewed the compliment cards sent to the service that showed very positive feedback. Within one card a person's relative wrote, 'I and my family would like to thank you for the care and love you gave to our Mother.' Another card read, 'Thank you for taking great care of [Person's name].' A further comment from a relative was, 'I would like to express my sincere thanks and gratitude from myself and family to all the staff at Belvedere Lodge for all the love and care shown to my wife.'

People had personalised rooms with items important to them. We saw within people's rooms that items such as photographs and personal keepsakes were present. This ensured that people had items significant

to them to aid in recollection of their family and historical events throughout their lives.

Staff were knowledgeable about people's care needs. Staff understood personalised care and demonstrated this when they told us how different people liked to be cared for. This also showed they understood the people they cared for. It was evident through our observations between people and staff that there were good, caring relationships and people always appeared relaxed and happy during interactions with staff.

Is the service responsive?

Our findings

At the inspection of Belvedere Lodge in May 2015, we found that the provider had not ensured people's care records were consistently accurate and contained relevant information about people. This included information such as people's life histories to support staff in ensuring they understood the people they cared for. The provider wrote to us following this inspection in May 2015 to tell us how they would achieve compliance with the standard. During this inspection we found the necessary improvements had been made to ensure people's needs were met.

People said that staff met their needs and we made observations that supported this. For example, we saw people regularly being offered drinks and when requested, staff ensured people received their drinks. People who required assistance at meal times received the care they needed whilst promoting their independence. People who required assistance with their mobility received the care and support they needed, and where people used the stair lift they were supported safely. Call bells did not sound frequently during the day but staff were observed to be responsive when they did.

Care plans were clear and concise and contained information relevant and important to the people to whom they related. In addition to risk assessments and risk management guidance, care plans contained personalised information to support staff in providing individual care. For example, care records contained a 'Service user's needs at a glance' section that showed people's preferred routines in the morning, afternoon and evening. Other information included the person's needs, for example, in relation to continence and how they like to spend their day. This section also quickly identified any risks associated with the person or if the person could at times display behaviour that may be challenging.

Care records showed additional information about people's life histories. There was a document within people's records entitled, 'This life of.' This showed personalised information such as where people were born, if they followed a religion, their education and employment history, if they were married, where their family home was and any hobbies together with their likes and dislikes. This assisted staff in understanding the history of the people they were caring for and could guide them in making conversation and interacting with people.

People's care records contained personalised information for staff about how to communicate with people and how to support them when they became anxious or upset. For example, within one person's care record there was communication guidance for staff that read, 'Staff to explain in short, simple sentences.' Guidance on how to support the person when they became upset read, 'I may become tearful when I'm confused and want to go home. Please distract me and take me for a walk in a wheelchair. I really enjoy that.' We saw within another person's care records that English was not the person's first language. The service had ensured the person's care plan had been translated into their native language to aid them in understanding their care provision.

Care plans were reviewed monthly to ensure all records were current, accurate and reflective of people's needs. The registered manager had introduced a daily staff allocation sheet to ensure staff were aware of

their responsibilities. This helped to ensure people's needs were met in relation to personal care, medicines, activities and drinks. Daily care records were completed by staff which showed what personal care people received, the support they required with their continence, their activities over that time period and their food and drink consumption. This aided the service management in monitoring if people's needs were met.

Additional communication methods were in operation to ensure people's needs were met. There was a communications book. The registered manager told us they expected staff to review this book a minimum of once daily when commencing shift. Staff we spoke with told us they undertook this task. This book ensured key information was communicated quickly to staff. For example, the book highlighted if staff were sick, a reminder of records that needed completing, any calls received from the GP or hospital, or any messages from people's families the service had received.

People were provided with a named keyworker to help in delivering personalised care. The purpose of the keyworker was to provide an additional means of personalised care. The keyworkers role was to play an active part in the person's life and to ensure the person had all they needed. Additional tasks were to ensure their clothing was available and in good condition and to ensure all relevant paperwork relating to the person was completed.

The service had a complaints procedure and this information was available to people and their relatives. The complaints policy gave guidance on how to make a complaint and the manner in which the provider would respond. There was information on how to escalate a complaint to the local government ombudsman should this be required. We reviewed the complaints record within the service that showed a total of two formal complaints had been received during 2016. The service had acted and responded in accordance with their policy when responding to these complaints.

Activities were provided over seven days in the service. People we spoke with told us they were enjoyable and said they could participate if they chose to. The registered manager told us that activities were decided on the day in line with people's preferences. We saw that arts and crafts, dominoes, quizzes, skittles and flower arranging were options for people to do. There was a monthly communion available for people to participate in if they wished. Trips to the local area were also available on the provider's minibus.

The service also included activities for people living with dementia, for example discussing history and reviewing history books. The service was also currently creating reminiscence books, and two themed books had already been created about the 1930's and 1960's for people to look at and discuss. Themed activities had been held for people recently, for example fireworks on Guy Fawkes night and staff had assisted people during the Diwali festival to make lanterns and lights.

Is the service well-led?

Our findings

People we spoke with commented positively on the management of the service. We asked one person how they found the registered manager at the service. The person smiled and replied, "She's lovely she is." Another person we spoke with told us, "Manager's here are good." A further person commented, "Management and staff good here." During the inspection we observed the registered manager and deputy manager were continually engaged with people and it was evident people knew them well.

Staff we spoke with were very positive about the leadership and management of the service. All of the staff we spoke with commented positively about the leadership of the service and said they were well supported by the registered manager and deputy manager. One staff member commented, "I find them supportive in my role, there's an open door set up." Another staff member we asked about their role and the management of the service commented, "Absolutely love it - I love my job. [Registered manager's name] and [deputy manager's name] are brilliant, both of them. We can approach them if we need to."

The registered manager had created new working guides for staff to help promote good service quality. A 'Carer's Guide' was being introduced that contained important information and guidance for staff. For example, the guide contained information on where to locate important documents, a list of medication trained staff, morning and afternoon care staff schedules and keyworker tasks. There was also a list of senior care staff and information about the standards expected in relation to appearance, mobile phone usage, meeting attendance, wearing protective equipment and cleanliness standards.

The service had systems to monitor the quality of service provided. For example, the registered manager and deputy manager had undertaken unannounced 'spot checks' of staff practice. These were completed for both day staff and night staff. The checks were to monitor care provision and ensure scheduled tasks had been completed by staff. The records showed that these observations had resulted in observing good practice, however also noted that at times staff conduct had been identified as being under the required standard. For example, records showed that 'spot checks' had resulted in staff being identified not wearing the correct uniform and being found using their mobile phones in communal areas of the service. Where required, supervision had been held with staff to ensure the required standards were communicated.

Staff incentive schemes had been introduced by the provider to encourage good performance and reward staff. An 'Employee of the month' scheme was in operation. The scheme was across all six of the provider's locations. Any staff member could be recommended for the award for providing a high standard of care provision and engagement with people. Staff who were successful in getting nominated as 'Employee of the month' received a gift voucher from the provider.

Monthly management audits were completed for other aspects of the service. For example, personal evacuation plans were reviewed and all notice boards were checked to ensure information was current. Menus were checked for accuracy and staff rotas were reviewed to ensure they were accurate and completed. People's risk of malnutrition was checked by management following their monthly weight being recorded and first aid boxes were checked to ensure they had the correct equipment.

There were additional governance systems to monitor the health, safety and welfare of people. For example, the registered manager completed infection control audits and medicine audits. As reported in the 'Safe' section of this report it was highlighted to the registered manager that the current depth of medication audit should be reviewed. The provider and the provider's quality manager completed periodic quality assurance visits against the five key questions the Commission review as part of our inspection methodology and the key lines of enquiry. We saw that where areas for improvement were identified, an action plan was created and the action signed off when completed.

Meetings were held with staff and people to communicate messages about the service. The registered manager told us the formal meetings were held approximately every six months but also stated that communication was frequent outside of the meetings. Staff we spoke with confirmed this. Staff meeting minutes showed people's care needs, timekeeping and record keeping, keyworker roles, activities and medicines were discussed. Meetings with people focused on the care people received, activities and meals. The minutes of both the most recent staff and resident meetings were displayed in the entrance foyer to share with people and their families.

We spoke with the registered manager about the support they received from the provider. They described the provider as, "Very supportive" and told us if they needed help, support or guidance it was always available. The provider and registered manager met weekly to discuss the business matters within the service. We saw from the supporting minutes that financial matters, staffing, vacancies and training were discussed. This demonstrated the provider and registered manager communicated frequently about the service to ensure important business information was shared. In addition to this, monthly meetings were held with all service managers throughout the provider's services. This focused on business management including staff vacancy numbers, safeguarding, uniforms and staff awards or incentives.

The provider was a member of Care and Support West and the registered manager attended meetings and training days provided by the organisation. The meetings ensured the registered manager was aware of current guidance, legislation and best practice. The registered manager had recently been nominated for the award of 'Best Care Home Manager' in the annual Care and Support West awards and finished as the runner up. They were also nominated for the 'Best Registered Manager' at the National Care Awards and best for 'Resident Engagement' at the Great British Care Awards. They successfully achieved the runner up position in these awards.

The registered manager was aware of their obligations in relation to the notifications they needed to send to the Commission by law. Information we held about the service demonstrated that notifications had been sent when required. The Provider Information Return (PIR) we requested was completed by the registered manager and the PIR was returned within the specified time frame.