

Runwood Homes Limited

Silvanna Court

Inspection report

84 Runwell Road
Wickford
Essex
SS11 7HR

Tel: 01268767384
Website: www.runwoodhomes.co.uk

Date of inspection visit:
30 May 2018
31 May 2018

Date of publication:
06 July 2018

Ratings

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

Summary of findings

Overall summary

We undertook an unannounced inspection of Silvana Court on the 30 and 31 May 2018.

Silvana Court is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 83 older people, some of whom may be living with dementia related needs. At the time of our inspection, 81 people were living at the home.

At our last inspection in January 2016, we rated the service 'good'. At this inspection, we found the evidence continued to support the rating of good, and the key question 'Is the service Caring?', has improved to outstanding. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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.

Why we rated the service good.

There was a strong emphasis on person centred care. Staff knew people very well and were exceptionally kind and caring. They were committed and passionate about supporting and enabling people to live fulfilled and meaningful lives. People, and their relatives, were extremely complimentary about the kindness and quality of care they received. Care plans were comprehensive and contained detailed information and guidance, including people's preferences and individual needs and how they wished to be cared for. Care plans were reviewed regularly and people and, where appropriate, their relatives had been involved in the review and planning of their care. Staff shared information effectively which meant any changes in people's needs were responded to appropriately.

People were kept safe by trained and competent staff. There were effective systems in place to ensure suitable staff were recruited. There were enough staff to safely meet people's care and support needs and to protect them from harm and abuse. Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and well-being were appropriately assessed, managed and reviewed. There were effective systems in place for the safe management of medicines. People received their medication as prescribed, and systems were in place for the receiving, administering and disposal of medicines.

Staff received regular supervision and support to enable them to fulfil their roles. People's nutritional needs

were met and people were supported to maintain a healthy and balanced diet. People were supported to access health care professionals and services when required.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff knew people very well and were kind and sensitive to their needs, ensuring people's privacy and dignity was respected at all times. People's independence was promoted and they were encouraged to do as much as they could for themselves.

People were provided with the opportunity to participate in activities and pursue their hobbies and interests. There was an effective complaints procedure in place, and complaints had been dealt with in line with the registered provider's policy.

There were effective systems in place to regularly assess and monitor the quality of the service and drive improvements. This included opportunities for people, relatives and staff to say how they felt about the home and to make suggestions.

Further information is in the detailed findings below.

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 Good.

Is the service caring?

Outstanding ☆

The service has improved to Outstanding.

People received care and support from an exceptionally caring staff team.

People, and where appropriate, their families were fully involved in the planning and review of their care.

People were treated with dignity and respect at all times.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Silvanna Court

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 comprehensive inspection took place on the 30 and 31 May 2018 and was unannounced. The inspection team consisted of three inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, we reviewed information available to us about the service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts and notifications that had been sent to us. A notification is information about important events which the registered provider is required to send us by law.

During our inspection, we spoke with 18 people, ten relatives and three health care professionals. We also spoke with eight members of care staff, maintenance officer, deputy manager and the registered manager.

We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed 12 people's care records. We also looked at a range of documents and records including the management of medicines, staff training, four staff recruitment and support records, rostering information, complaints and compliments and how the registered persons monitored the quality of the service.

Is the service safe?

Our findings

People told us they felt safe living at Silvana Court. One person told us, "I feel safer here than when I was at home. I hadn't realised how unsafe and scared I was." Another person told us, "I feel safe and secure here. I cannot leave my room at the moment but [staff] will always come if I press the call bell." Relatives also told us they felt their family members were safe. One relative told us, "[Person] is not very adaptable, so we're surprised how quickly they have settled; I think it's mainly because of how safe they now feel. They really didn't want to come into a home, but we are so relieved how well it worked." Another said, "I wouldn't ever move my [person] from here. I have complete trust in [staff]."

Systems were in place to keep people safe and protected from harm. There were safeguarding and whistleblowing procedures, and staff had received training on how to safeguard people from the risk of abuse and how to report any concerns. This included reporting to external organisations, such as the local authority and the Care Quality Commission. One member of staff told us, "If I had any concerns about any of our residents I would tell my care team manager and the home manager." Another said, "I understand about whistleblowing and that I am responsible for reporting concerns if I don't think they have been properly handled here." The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Systems were in place to identify, mitigate and for the on-going review of the risks to people. Risk assessments had been undertaken, and were regularly reviewed to help keep people safe. This included, for example, the risks to people's pressure area care, mobility, falls, nutritional and dietary needs. This meant any identified risks were mitigated and staff were provided with information of any risks and guidance on how to manage these. Staff we spoke with were able to demonstrate a good knowledge of people's care needs and associated risks and how to manage them.

There were safe recruitment processes in place to ensure staff were of good character and suitable to work with people living at Silvana Court. Relevant checks had been completed prior to new staff starting work at the service. These included undertaking a criminal record check with the Disclosure and Barring Service (DBS), obtaining references, and proof of identity. There were disciplinary procedures in place to respond to any poor practice.

There were sufficient staffing levels to meet people's needs and people received care from a consistent staff team. People told us they felt there were enough staff on duty at all times to provide a consistent high standard of care. One person said, "Staff are always around and I do feel safe here." A relative told us, "Sometimes they have staff shortages, I can see it, but they've had new staff start recently and it is much better. There often used to be no staff in this lounge, but that's quite rare now." The registered manager told us staffing levels were flexible to ensure adequate numbers of staff at all times, including when people were being supported to access the community. The registered manager informed us they no longer used agency staff as they had built up a bank of care workers to ensure a consistent team of care staff at all times. Staff confirmed to us no agency staff were used and they felt there were always enough staff on duty. Feedback from staff included, "We are always fully staffed. If someone goes off sick the managers are pretty good at

getting bank staff to cover." And, "It can be very busy but we all get on well as a team and, if we ask the managers for help, we get it." During our inspection, we observed sufficient numbers of staff supporting people in a timely way.

People received their medicines when they needed them. Staff who administered medication had received training and had their competency to administer medication checked regularly. The medication administration records (MARs) we looked at had been completed appropriately. Where people had 'as and when required' medication such as pain relieving medicines, protocols were in place containing clear information for staff to follow. Regular audits were completed to ensure people were receiving their prescribed medicines safely and correctly. Systems were in place for the ordering, receiving, storing and disposal of medicines.

People were cared for in a safe environment and appropriate monitoring and maintenance of the premises and equipment was on-going. The service employed a maintenance person to carry out general maintenance and day to day repairs.

People were protected from the risk of the spread of infection. The service had two 'infection control' champions, and staff received infection control training. Staff had access to personal protective equipment (PPE) such as disposable aprons and gloves. During our inspection, we found the environment at Silvana Court to be clean and there were no malodours. One person told us, "Cleanliness and hygiene are very important to me, and I cannot fault them. I couldn't stay somewhere if it was dirty or smelly."

There were processes in place to learn from incidents and accidents. Both the registered manager and registered provider had oversight of these which ensured if any trends were identified, prompt action would be taken to prevent reoccurrence. Records showed the registered manager had ensured information from these was shared across the staff team to enable shared learning to improve the safety and well-being of people living at Silvana Court.

There were systems in place to keep people safe in the event of an emergency such as fire. These included personalised emergency evacuation plans (PEEPs) for people and a business continuity plan.

Is the service effective?

Our findings

People's care and support needs were continually reviewed to enable staff to deliver effective personalised care, in line with legislation, evidence based guidance and best practice. People and their relatives told us they were involved in the planning and review of their care and staff knew their needs well

Staff continued to receive training and support to enable them to acquire the skills and knowledge to carry out their duties and responsibilities effectively. One member of staff said, "I feel I have enough training. Importance is placed on training and we are always told when we need to do refresher training." Staff received regular supervision and an annual appraisal of their performance. Feedback from staff included, "I get one to ones regularly where we can discuss things about work and training." And, "If I speak to my manager, I always feel they listen and take notice of my views and opinions." The registered manager informed us the supervision process had recently changed to include more observational checks of staff practice to ensure staff's on-going competence and to identify any training needs. The registered manager demonstrated a strong commitment to staff's learning and development. This included seeking additional training and supporting staff to aspire and progress to senior roles.

People received good healthcare. One person told us, "I came in here with very bad, sore legs. They have really helped me here, and they keep an eye on my legs so they don't get that bad again." Relatives also spoke positively, one relative told us, "They discovered one small mark on [person], and immediately they got them a special new mattress to prevent bedsores. They don't just leave things to get bad." Staff worked in partnership with other organisations to ensure people received effective care and support. One health care professional told us, "I visit [Silvanna Court] several times a week and, as a whole, this is a good home. They call us promptly and staff know people well and their needs. They follow my recommendations, I have no concerns."

The registered manager told us they were implementing the 'Red Bag Pathway'. This is an initiative which has been designed to support care homes, ambulance services and hospitals to meet National Institute for Health and Care Excellence (NICE) guidelines when people are admitted to hospital. A red bag is used to transfer standardised paperwork, medication and personal belongings and stays with the person throughout their stay in hospital and returns back with them to the care home on being discharged from hospital. This helps to support continuity of care and reduce people's anxiety. Following our inspection, on the 5 June 2018, the registered manager forwarded to us an email they had received from the local hospital. It stated, 'I would like to let you know that we have received [person] this morning in the A&E and she is the first patient that arrived with the red bag. I just wanted to let you know that you have done very well with the paperwork that is required and also her belongings in the bag. I feel very positive now and let's hope that we can make it work better for all of us, including the residents and families.'

People were supported to drink and eat enough and maintain a balanced diet. Care plans recorded people's dietary needs and preferences and staff were able to demonstrate their knowledge of these. People were able to choose alternatives if they chose not to eat the planned menu. During our inspection, we saw one person in their bedroom eating a cheese salad. The person told us, "I didn't fancy either of the meals, so

they've done me a very nice salad, I'm really enjoying it." People were complimentary about the food. Comments included, "I think the food here is marvellous, nobody could complain about it" and, "Really lovely, very tasty." One person told us, "The food is good but there's not much variety. I'd like some more adventurous dishes as I've done a lot of travelling in my life, so I like foreign food too." We saw bowls of fresh fruit in all the lounges. One person pointed to a fruit bowl and told us, "We always have fresh fruit on offer if we don't fancy the dessert, or we can take it for later. I'm glad the fruit bowl is always here." Mealtimes were sociable and we saw people and staff relaxing chatting together. Where people were supported to eat their meals, staff did so sensitively and at the person's own pace. We also observed staff encouraging people to drink and reminding them of the importance of drinking regularly.

Silvanna Court is a purpose built three storey building. The design and layout of the premises promoted people's wellbeing, and all areas of the home were wheelchair accessible. People had access to communal lounges, dining rooms, a cafe and communal gardens with raised garden beds. There was appropriate signage around the home to assist people living with dementia to orientate around the building.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where required, we saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. Staff understood the principles of the MCA and the importance of gaining people's consent prior to care tasks being carried out. We observed people being given choices by staff and staff gaining people's consent to care, involving them in any decision making. For example, what people wanted to eat, how they wanted to spend their time and whether they needed any assistance with personal care. This showed us that people's rights were being protected.

Is the service caring?

Our findings

People's relatives expressed confidence in the staff and felt they knew the needs of their family members well, and were extremely complimentary about the caring attitude and compassionate nature of staff. One relative told us, "I think they're excellent, they do all their can for [person]. I've never heard staff be unkind or shout at anyone, despite some people being very aggressive to them, they are so patient." Another relative said, "[Person] can be very difficult and gets argumentative, but staff are always so kind and understanding. [Person] refuses their help but they spend time talking them round, they have a way with [person]."

People clearly valued their relationships with staff. One person told us, "The staff are all very kind and lovely, there is not one I dislike. Staff make me laugh and they are marvellous." Another person told us their first language was Hindi but their family members were unable to speak Hindi. They told us of their joy that a member of staff speaks to them in Hindi; they said, "It's absolutely wonderful, [staff member] makes a point of speaking to me in Hindi, and I love it." We observed them having a laugh together. The person jokingly told us, "I can say anything I like to [staff member], nobody understands what I am saying, do they?" The member of staff told us, "I am very aware [person] has had nobody to speak Hindi with for ages, so I do try to make a point of spending time with them whenever I can."

The registered manager and staff were highly motivated and committed to providing a person-centred environment where people received excellent quality care. Staff embraced the registered provider's 'Philosophy of Care' and the 'Residents Charter of Rights', which included privacy, dignity, independent, choice and fulfilment. Throughout our inspection, we observed staff who were friendly and caring in their approach and interactions with people, and making people feel that they mattered. For example, care records showed staff had noticed a person was not their usual self and low in mood. When they asked the person what they could do to make them feel better, they responded they would like to go out for a meal at a local restaurant with the activities coordinator. This was arranged and the person said, "I had a lovely day with lovely company, I enjoyed my dinner very much. This outing bucked me up and made me feel special." We saw many more compliments the service had received from people and their relatives regarding the caring nature of staff who had gone the extra mile to enhance their health and well-being.

Staff consistently spoke with people in an engaging and very cheerful manner, showing patience and an excellent understanding of people's needs and what was important to them. We observed a member of staff who had noticed a person had forgotten their comfort item. The member of staff told the person, "[Person], you do not have your dog." They then proceeded to find it and bring it back to the person. On receiving this, the person's face lit up and they cuddled the dog tightly. It was clear the comfort item was very important to them. We also observed a member of staff ensuring a person with a visual impairment had access to their call bell. They knelt and spoke gently with the person, encouraging them to feel the call bell and where it was placed in case they required any assistance. They ensured the person knew where their drink beakers had been placed on the table in front of them, reminding them which cup had tea and which cup had squash. The member of staff was not rushed in their interaction with the person and made sure they had everything they needed before leaving their bedroom. They went on to explain to us the importance of ensuring the person's curtains were opened fully and the lights left on due to the person's visual

impairment.

On people's bedroom doors there were short, detailed posters which provided key information about people's life histories and what was important to them and included details such as a person's wartime activities in the RAF, people's hobbies, family pets, former careers and family life. One poster simply said, '[Person] likes her handbag to be close by all the time.' These short statements served as both a reminder to staff and visitors about people's earlier lives, their current needs and proactively promoted positive two-way communication.

People continued to be treated with respect and dignity and their right to privacy protected. Staff respected people's choices on how they preferred to spend their time, for example in their own rooms, in communal areas or accessing the local community. We observed staff knocking on doors before entering people's rooms. We also heard a member of staff asking a person, "[Name], would you like to come with me?" They then spoke discreetly and quietly with the person advising them they had a small wet patch on their trousers and took the person to get changed.

Staff received dignity training and embraced the registered provider's commitment to promoting people's dignity. A dignity board was displayed in the main foyer at Silvana Court highlighting the importance of treating people with dignity. A different 'theme' was used each month. The theme for the month of May 2018 was 'Choice'. Also displayed on the board was a photograph of a staff member who had embraced the theme of the month for April, 'Strengths and Abilities'. The registered manager described to us how the staff member had 'gone the extra mile', empowering a person to have a better life at Silvana Court than they had prior to coming to live at the service and the positive impact this had on their health and well-being.

People were encouraged, and supported, to maintain relationships with partners, friends and families. We saw from minutes of resident meetings how one person appreciated the support from staff to enable them to spend time with their partner, enabling them to spend quality time together as husband and wife. The registered manager told us how they were supporting one person to continue their relationship with their partner, this included staying at their former home for night visits and for the person's partner staying at Silvana Court. From our discussions with staff and the registered manager, it was clear they recognised the importance of people being able to maintain their relationships with the people that mattered to them, and the positive impact this had on their well-being. Visitors were welcome to visit at any time and we saw a high number of visitors visiting the service during our inspection. They were warmly welcomed by staff and it was evident a strong rapport had been developed between families, staff and the registered manager. One relative told us staff were aware of their own health issues and always asked after their welfare when visiting, showing them genuine care and compassion.

People continued to be supported by staff who understood the importance of helping people to develop and/or maintain their independence. Care plans recorded detailed information on what people were able to do to ensure their independence was promoted and maintained and tasks which they required assistance from staff, including the extent of support. We saw feedback from a relative which stated, 'Thank you for running a lovely, warm, caring, clean and happy home. When [person] came they were underweight, not eating or drinking properly, could hardly walk or stand and needed two carers to help them. Now, because of your wonderful staff, [person] has gained weight, enjoys their food, and can walk holding their frame. They have made friends and to us are a new person. Your staff take time to talk, laugh, interact and show great care and compassion, and are professional in all their duties. I know [person] is well cared for and looked after, I cannot ask for more.'

Where appropriate, people and their relatives were involved in making decisions about their care. Care plans

contained detailed information on people's likes and dislikes, life stories, interests and hobbies and families and friends. The service had a leaflet called 'A life worth living – a story worth telling'. This was a guide to creating a life story which staff completed. We saw a completed life story for one person. It included information regarding the person's brothers and sisters, where they were born, what their father did for a living, and basic information about their life. It also provided information on the person's early and mid-life and what is happening now and what the future holds. In one section, a question is asked about things which are important to the person. It had been recorded, 'to hold my hand when you see I'm sad. I like touch and eye contact, I like people smiling'. When the person had been asked 'what makes them feel better?', it had been recorded 'cuddles'. This showed us that staff had spent time with the person to gain what was important to them now, as well as providing staff with information on who the person had been and the life that they had lived.

From April 2016, all organisations which provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. The service was meeting this standard and the registered manager was able to describe the various communication tools such as pictorial cards and British Sign Language. They went on to say that they would always ensure appropriate formats would be sourced if required to enable effective communication and the registered provider would fully support and provide the necessary resources. We saw feedback the service had received from a relative which stated, "Although [person] had progressively worsening dementia, it was clear from the moment they arrived at Silvana Court, they were happy. Although [person's] command of English was very poor, having spent most of their life in [countries], the staff were still able to communicate with [person], and it was heartening to see this occur."

There was information regarding advocacy services displayed in the main entrance foyer of Silvana Court. The registered manager told us people would be supported to access an advocate if needed. An advocate is a person who speaks on behalf of a person if they are unable to fully express their views.

People's sensitive and personal information was kept safely and securely .

Is the service responsive?

Our findings

People, and their relatives, told us they received a service that was responsive to their needs. The registered manager repeatedly demonstrated their passion and commitment to providing person centred support to people, enabling them to lead an independent and happy life as possible.

Prior to moving into Silvana Court, a pre- assessment was completed to identify people's health, personal care and social support needs to ensure these could be met by the service. The registered manager told us, "We have a diverse range of ages and needs here. I need to ensure, and be satisfied, that we are able to fulfil people's needs and Silvana Court is right for them. If they require any specialist equipment, this also has to be in place before they come to live here."

Information from the pre-assessment was used to develop people's care plans. Care plans were written in a person-centred way and clarified how people needed to be supported while being empowered to maintain skills and independence. Care plans were reviewed monthly, or sooner if people's needs changed. Where appropriate, people were involved in the review of their care and relatives also had the opportunity to be involved in the review process. A relative told us, "About once a month we get called in to discuss [person], and how things are progressing. It's helpful for us and we feel our views are listened to." If people's needs changed these were discussed at handover meetings and recorded in their care records. Staff completed written handover notes between each shift. The registered manager told us this ensured nothing important was missed, and staff had up to date information on people's needs. Copies of the handover documentation were shared with the registered manager to enable them to have a clear oversight of people's needs.

People were supported to pursue their interests and hobbies and staff were committed to strengthening this aspect of people's daily lives and preventing the risk of social isolation. The registered manager placed significant focus on ensuring people had the support to enable them to access activities which were meaningful to them and they enjoyed; whether in a group setting or on an individual basis. We saw photo albums evidencing the activities, events and outings people had participated in. One photo showed people being introduced to 'snap chat' and filters being added. People were seen to be laughing and enjoying the new experience. Another photo showed people on computers with staff. One person had been supported to send emails to family in Australia. Staff had also helped people to use 'Google Earth' and see the places they had previously visited. One person had visited their place of birth in India. We saw technology sessions were available for people to attend on a weekly basis. People told us they enjoyed the activities provided. One person told us how they enjoyed the exercise class, and how they look forward to the planned outings, trips to the local park and going to a local pub for lunch. A relative told us their family member rarely joined in activities; they went on to say, "The manager took [person] to the park recently, I was so pleased that she had managed to get [person] out." During our inspection we also saw evidence where staff had introduced two people with similar interests and they now enjoyed participating in activities together such as crazy golf.

Information on the service's complaints and compliments procedures were clearly displayed. People told us they knew how to raise a complaint if they needed to. Comments included, "I know I can make a complaint, but I have not needed to." And, "I have never needed to complain." Relatives also knew how to raise any

concerns and confirmed they had always been happy with the response from the registered manager. They added staff were also very attentive and would ensure things would be changed if they were brought to their attention. Records showed one complaint had been received since January 2018, and this had been dealt with in line with the provider's policy.

The service supported people to have a pain free and dignified death, and had information leaflets regarding bereavement and death in the main foyer if families needed it. There was a dedicated End of Life champion. The staff member told us they wanted to make a difference and recognised the need to support people, families and staff, not only when a person was nearing their end of life, but during the grieving period following a person's death. They told us how they were passionate in driving this forward and, with the support of the registered manager, had been empowered and supported to do so. This included completing a course delivered by a local hospice and the conversion of a small office into a consultation room to enable a private space for support and reflection. We saw from minutes of relatives meetings that the member of staff had spoken about this new initiative to supporting end of life care, which would also be open to the wider community for people who may not have a direct connection with Silvana Court.

Is the service well-led?

Our findings

The service had a registered manager in post who had worked at Silvana Court for 10 years. 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 demonstrated they were aware of all aspects of the service at Silvana Court, knew the people who lived there very well, and was committed to delivering a person-centred service.

The registered manager operated a culture of openness and transparency. They said, "I like to involve people, relatives and staff. If we work together we can achieve very good outcomes for people. I ask staff to challenge [on how the service is run], I am very proud of the team I have now. I improve from within, it's important to recognise staff's potential and strengths." Staff were fully supported, felt valued and enjoyed working at Silvana Court. They told us the registered manager was 'hands on' and led by example. Comments included, "The manager is very supportive and has an 'open door' policy. I can also talk with my unit manager at any time if I have any problems." And, "I don't see this as my job because I enjoy being here so much, the manager supports staff really well." Staff meetings were held regularly. This provided an opportunity to discuss, and be involved, in the day to day running of the service. Learning from incidents and accidents were openly discussed with staff. This allowed for reflection and learning to prevent reoccurrence. The registered manager told us, "It's important to learn from any mistakes and do things properly." They went on to say, "We need to do all we can to improve people's lives and make sure we have a positive impact; if we didn't they would deteriorate or plateau."

The registered manager had introduced 'champions' for different areas of care, such as pressure ulcer management, moving and handling and infection control. The champions acted as a point of contact for staff if they needed any support or guidance. Following our inspection, the registered manager confirmed to us three members of staff had volunteered to become nutritional champions, one for each floor to oversee people who had been identified as at risk of malnutrition.

People we spoke with were able to talk to us about the registered manager by name, able to describe her character and personality, and her ethos for the home in detail. They told us they felt the registered manager was very committed to the home and worked hard to provide a safe and happy environment for people. One person told us, "[Registered manager] is lovely, she really wants to help people. She comes to see me quite a lot, and she will do anything for me. You've got to go a long way to find somewhere more comfortable than here, I'd thoroughly recommend it." Another person said, "[Registered manager] runs it like her home, so we all feel at home. I really cannot complain about anything."

Relatives were also very complimentary about management at Silvana Court and thought it was well led and managed. Comments included, "The manager is very efficient, her door is always open. She's very good...all in all I'd give this home 11 out of 10." And, "I was recommended this home by a friend, and I would do the same for others."

There were effective systems and processes to encourage people, relatives and staff to influence the development of the service. This included, manager 'drop in' surgeries, meetings, suggestion box, surveys and 'Ask Gordon' cards where people, relatives, staff and visitors could feedback their views to the chief executive of the registered provider.

The registered manager placed much emphasis on social inclusion and had developed good community links for example, with the local churches, the British Legion, local majorettes, garden centre and restaurants. The registered manager recognised the importance of social interaction and the impact this has on people's well-being. Staff were fully committed and embraced this ethos.

There continued to be effective quality monitoring systems in place to monitor all aspects of the service to ensure standards remains high. The registered provider had achieved ISO 9001 accreditation. This showed the registered provider had quality management systems in place which focus on meeting customers' expectations and satisfaction, and that quality is consistently improved.

The registered manager was committed to implementing best practice. For example, the service was signed up to the local authority's 'Prosper' project, which is a resident safety initiative funded by The Health Foundation to improve the culture around people's safety in care homes. The registered manager told us they had taken on board recommendations from the Prosper project to encourage people to decorate their walking aids, and we saw evidence of this during our inspection. One person showed us their walking frame; they told us, "It's pretty isn't it, I now know which one is mine." The registered manager kept themselves up to date with legislation and good practice by accessing websites such the National Institute of Excellence (NICE) and the Care Quality Commission. They also attended senior management meetings and relevant information was cascaded to them by the registered provider, such as health and safety alerts. The registered manager told us they were well supported by the registered provider.

Registered providers are required by law to prominently display their most recent ratings from the Care Quality Commission; both within the building and on their website. This had been done by the registered provider.