

Avery Homes Weybridge Limited

Silvermere Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 19 October 2018 and was unannounced.

Silvermere is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home can accommodate a maximum of 72 people, some of whom may be living with dementia. There were 61 people living at the home at the time of our 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 and associated Regulations about how the service is run.

At our last inspection in February 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

Why the service is rated Good.

People felt safe and secure at the home. People told us staff were available when they needed them and responded promptly if they used their call bells. Staff understood safeguarding procedures and were aware of their responsibilities should they suspect abuse was taking place. People were protected by the provider's recruitment procedures.

Any risks involved in people's care were identified through assessment and action taken to minimise them. Medicines were managed safely. Health and safety checks were carried out regularly to keep the premises and equipment safe for use. The home was clean and hygienic and staff maintained appropriate standards of infection control. There were plans in place to ensure people would continue to receive their care in the event of an emergency.

People's needs were assessed before they moved into the home and kept under review. Staff encouraged people to make choices in their day-to-day lives and understood the importance of supporting people to make decisions for themselves. Some documentation relating to mental capacity assessments and DoLS applications had been completed inappropriately, although this had not led to inappropriate applications being made. The registered manager acted promptly to address these issues when we pointed them out during the inspection.

Staff had the induction, training and support they needed to do their jobs. All staff had an induction when they started work and access to ongoing training relevant to the needs of the people they cared for. Staff

attended regular one-to-one supervision with their line managers, which gave them the opportunity to discuss any further training they needed.

People and their relatives spoke highly of the food provided at the home. People were encouraged to give feedback about the food and their views were considered when developing the menu. Relatives told us they enjoyed joining their family members for meals at the home. People's nutritional needs had been assessed and were known by care and catering staff. Staff supported people to maintain adequate nutrition and hydration.

People's healthcare needs were monitored effectively and people were supported to obtain treatment if they needed it. Referrals were made to healthcare professionals if staff identified concerns about people's health or well-being. Any guidance about people's care issued by healthcare professionals was implemented and recorded in people's care plans.

The design and layout of the home was suitable for people's needs. People lived in an environment that was furnished and decorated to a high standard and had access to large, well-maintained gardens. Adaptations and equipment had been installed to maximise people's mobility and safety. People were able to personalise their bedrooms to reflect their individual tastes and preferences.

People told us staff were kind and caring. They said staff treated them with respect and maintained their dignity when providing their care. Relatives praised the caring nature of staff, including when people neared the end of their lives. Several relatives highlighted the welcoming atmosphere as an aspect of the home that they and their family members valued.

People and relatives told us the activities programme was one of the home's strengths. People enjoyed the wide range of activities available and valued the opportunity to go on trips and outings. The activities programme also provided opportunities for people to engage with others from their local community. Staff ensured that people who did not participate on group activities or outings were protected from social isolation.

People and their relatives knew how to complain and were confident any concerns they raised would be addressed. Complaints were investigated and responded to appropriately and used to improve the service.

The home had an established management team which maintained a good oversight of the service. Managers were accessible and provided good role models for staff in their own attitudes and behaviours. People and their relatives were encouraged to give their views about the home and their suggestions were acted upon. There were effective systems in place to monitor the quality of care people received.

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? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service was exceptionally responsive to people's needs.	Outstanding ☆
Is the service well-led? The service remains Good.	Good ●

Silvermere Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 19 October 2018 and was unannounced. The inspection was carried out by four inspectors and an expert by experience. An expert by experience is someone who has experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We used information the provider submitted in their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 12 people who lived at the home and three relatives. We spoke with the registered manager and nine staff, including the deputy manager, care, activities, hospitality and catering staff. We observed the care people received, their mealtime experience and the interactions they had with staff.

We checked the care records of six people, including their assessments, care plans and risk assessments. We looked at how falls were managed and assessed whether any equipment used in people's care was appropriate for their needs. We checked the management of medicines. We looked at five staff recruitment files and records related to staff support and training. We checked meeting minutes and how complaints were managed.

After the inspection, we received feedback from nine relatives by email.

Is the service safe?

Our findings

People told us they felt safe at the home. They said staff were available when they needed them. One person told us, "I feel very safe. I trust the carers. They look after us all very well." Another person said, "I feel safe, I have no concerns. I leave my door unlocked at night." A third person told us, "There are always carers around and I have a call alarm if I need them." A fourth person said, "Staff are very kind and very prompt."

There were enough staff with appropriate skills on each shift to meet people's needs. The provider's PIR stated, 'Staffing levels are assessed in line with dependency and the skill mix is reviewed to ensure we have the correct skill mix on each shift to support our residents.' The registered manager told us that staffing levels were regularly reviewed to take account of any changes in people's dependency levels and we saw evidence to support this.

Although people were safe and their care needs were met promptly, staff could have been deployed more effectively at lunchtime. We observed that some people had to wait a long time for their meals due to the way the lunchtime service was organised. This issue had also been raised at recent residents' meetings. The registered manager responded positively to address this issue when we reported it to them during the inspection. The registered manager deployed additional staff to manage the lunchtime service and to provide support to people who needed it. The registered manager told us that this staffing arrangement would continue going forward and that staff had been advised they should avoid taking breaks during the lunchtime service.

Staff attended safeguarding training and were aware of their responsibilities should they suspect abuse or poor practice. They were able to describe the different kinds of abuse people may experience and the action they would take if they suspected it. One member of staff told us, "We have a duty of care to report any suspicions we have. We would document it and inform the managers. Unexplained bruising should be notified to safeguarding." Another member of staff said that, if they witnessed abuse, "I have to report to my senior and, if nothing happens, to CQC. I have to record it."

The provider operated robust recruitment procedures, which helped ensure that only suitable staff were employed. Prospective staff were required to submit an application form with details of referees and to attend a face-to-face interview. Recruitment files demonstrated that the provider obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) certificate before staff started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Staff understood the risks people faced and took steps to minimise these. Assessments had been carried out to identify any risks involved in people's care. Where risks had been identified, we saw that plans had been put in place to address them. For example, one person was at high risk of falls and developing pressure ulcers. A sensor mat had been installed to alert staff if the person got up at night, which reduced the risk of the person suffering an unobserved fall. Staff repositioned the person regularly while they were in bed, which reduced the risk of the person developing a pressure ulcer.

The PIR completed by the registered manager stated, 'We undertake accident and incident analysis on a monthly basis to review for any trends or themes and to put measures in place to reduce risk and ensure people are kept safe.' We found evidence to support this. For example, staff had received themed supervision on the topic of falls prevention to reduce the risk of people falling. Staff understood the importance of recording, reporting and learning from accidents and incidents. They told us these events were used to assess whether people needed additional support to manage the risks they faced. One member of staff said, "We would always record and report an accident and maybe put an additional risk assessment in their care plan. If someone falls regularly, we would refer them to the falls clinic."

People told us staff supported them to take their medicines safely and helped them understand what their medicines were for. One person told us, "I get my medicines on time." Another person said they had been unsure what their medicines had been prescribed for so had asked a member of staff. The person told us, "Everything was explained to me." One person managed their medicines independently. A risk assessment had been carried out to support the person to do this safely. No-one living at the home received their medicines covertly (without their consent). One person received their medicines through a syringe driver (a pump used to administer precise doses of medicines subcutaneously over a period of time). We saw evidence that staff liaised with visiting community nurses to ensure this was managed safely.

Staff who administered medicines had attended appropriate training and their competency had been assessed. Medicines stocks and administration records were audited regularly. Staff used an electronic medicines management system, which enabled accurate monitoring of people's medicines. The medicines administration records we checked were accurate and up-to-date. People's medicines administration records included a recent photograph and details of any medicines to which they were allergic. These records also contained guidance about any medicines they took 'as required' (PRN) and any preferences they had expressed about how they took their medicines. Medicines were stored securely and in an appropriate environment. The conditions in which medicines were stored were monitored daily. There were appropriate arrangements for the ordering and disposal of medicines.

People and relatives told us the home was always clean and hygienic. People said their bedrooms and bathrooms were cleaned regularly. One person told us, "The cleaner comes in every day." Another person said of the home, "It's always spotless." A relative told us, "The rooms are immaculately clean and well-kept." Staff maintained appropriate standards of infection control. All staff attended infection control training in their induction and regular refresher training in this area. Staff understood the importance of preventing the risk of infection. Staff said they had access to personal protective equipment, such as gloves and aprons, and told us they used these when providing care. We observed that staff used personal protective equipment appropriately during the inspection.

Staff carried out regular checks to ensure the premises and any equipment used in providing people's care was safe. There was a fire risk assessment in place and the fire alarm system and firefighting equipment were checked and serviced regularly. There was a personal emergency evacuation plan (PEEP) in place for each person which detailed the support they would need in the event of a fire. Staff attended fire safety training in their induction and were trained in the home's emergency procedures. The provider had developed a business contingency plan to ensure people's care would not be interrupted in the event of an emergency.

Is the service effective?

Our findings

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that some documentation relating to mental capacity assessments and DoLS applications had been completed inappropriately. For example, some mental capacity assessments were not decision-specific and considered a person's capacity to make decisions about several aspects of their care simultaneously. Applications for DoLS authorisations had been submitted for two people who had capacity to make decisions about the aspects of their care being considered. The registered manager acted promptly to address these issues when we pointed them out during the inspection. The registered manager arranged to review the relevant mental capacity assessments, involving people and their families, to ensure they related to specific aspects of people's care. The registered manager also contacted the local authority to withdraw the applications for DoLS authorisations that had been submitted inappropriately.

Although some documentation relating to the MCA and DoLS had been completed inappropriately, we found that staff encouraged people to make choices in their day-to-day lives. Staff attended training in the MCA and understood the importance of supporting people to make decisions for themselves where they had capacity to do so. One member of staff told us, "We must always assume someone has capacity." Another member of staff said, "We are here to help [people] live the lives they choose." Where measures had been introduced to keep people safe, staff had implemented the least restrictive options. For example, if people were at risk of falling from their beds, staff had considered lowering their beds or using sensor mats which alerted staff if the person moved from their bed.

Staff had the induction, training and support they needed to do their jobs. All staff had an induction when they started work, which included shadowing colleagues and attending mandatory training, including health and safety, moving and handling and first aid. Staff also access to training relevant to the needs of the people they cared for, such as dementia and diabetes. The registered manager told us that some staff had already achieved the Care Certificate and that others were working towards it. The Care Certificate is a nationally agreed set of standards that health and social care workers should demonstrate in their daily working lives. Staff had regular one-to-one supervision sessions with their line managers, which gave them opportunities to discuss their performance and their training and development needs. Staff told us supervision sessions were valuable and that they felt able to raise any concerns they had.

All the people and relatives we spoke with told us the quality of the food at the home was very good and some considered it excellent. People told us they enjoyed the food provided and had plenty of choice. One person said, "The food is excellent. You make a choice every day." Another person told us, "The food is always good and there is plenty of variety. They give us a choice; I like that." A third person said of the food, "Mostly it's very nice indeed. I enjoy it very much." Relatives highlighted the standards of service and the quality of the food. One relative told us, "The catering is exceptional, with silver service and a first-class menu. Whilst there have been fluctuations with chefs meeting the likes and dislikes of the age range, the current team is superb." Another relative said, "The food is excellent and the offering has plenty of choice for

residents." A third relative told us, "The food is amazing - nourishing and delicious."

People were protected from the risk of failing to maintain adequate nutrition and hydration. Assessments were carried out to identify any risks people faced in relation to eating and drinking. Where risks were identified, records demonstrated that referrals were made to appropriate healthcare professionals, such as speech and language therapists, for assessment. Staff implemented any guidance about people's nutrition and hydration needs recommended by specialist professionals. People's dietary requirements, likes and dislikes were communicated to catering staff and were known by the chef.

People's needs were assessed before they moved into the home to ensure staff could provide the care they needed. The assessments we checked were comprehensive and addressed all aspects of people's care and support. People and their relatives told us they had been involved in their assessments and encouraged to give their views about the support they wanted.

Relatives told us staff monitored their family members' healthcare needs and people said staff supported them to obtain treatment if they needed it. A relative told us that staff were "Very on the ball" in monitoring their family member's health. Another relative said, "Staff were very attentive in terms of referring out to Occupational Health or the GP when required." A person told us, "They bring the doctor in if you need them." A GP visited the home each week and staff ensured that anyone whose health had deteriorated were seen at these visits. People were also supported to arrange routine appointments with healthcare professionals such as dentists, opticians, chiropodists and physiotherapists. The outcomes of healthcare appointments were recorded in people's care plans.

The design, decoration and layout of the home was suitable for people's needs. Adaptations and equipment had been installed to maximise people's mobility and safety. The home had been decorated and furnished to a high standard and had large, well-maintained gardens. One relative told us, "Silvermere offers a five-star environment for residents with plenty of areas to relax or take part in activities along with a lovely outside area which is well utilised during the summer." Another relative said, "The garden is most attractive and well-kept." People were able to personalise their bedrooms to reflect their tastes and preferences and to bring personal items with them when they moved into the home.

Is the service caring?

Our findings

People told us staff were kind and caring. One person told us, "Staff are very kind and helpful. The care here is very good." Another person said, "The staff are kind and attentive." A third person told us, "Staff are charming and delightful." Relatives said staff were compassionate and enthusiastic about their roles. One relative said, "I am always struck by the cheerfulness and good nature of the staff." Another relative said of staff, "They genuinely care about how [family member] is and do everything they can to make her comfortable and encourage her to do things." A third relative told us, "When you talk to staff, they are enthusiastic about their jobs. They are very fond of their residents. They treat them like their own family." The staff we met spoke with enthusiasm about their roles and the people they supported. One member of staff told us, "I love working here. The residents come first, before anything." Another member of staff said, "I love my job, I like the residents."

Relatives told us their family members had received good support to settle in when they first moved to the home. One relative said, "The staff have performed an amazing job looking after her and making her feel very at home at Silvermere." Another relative praised, "The way the staff all welcomed [family member], the fact they all took time to talk to him and seemed genuinely interested in him and Mum and their life stories." One relative told us their family member had been anxious when they first moved to the home but that staff had provided care and support which enabled them to overcome this. The relative said, "The staff at Silvermere were so kind and patient with her and were extremely attentive and their constant care, along with the doctor ensuring she was taking the right medication, has turned her life round completely! She is now back to her normal old self, is full of fun and constantly laughing and joking with the staff."

Relatives told us they could visit their family members whenever they wished and were made welcome by staff when they visited. They said the home had a family atmosphere that they and their family members valued. One relative told us, "As a visitor, I have always felt comfortable and welcome and there is a very nice atmosphere there." Another relative said, "Every time I went in I was greeted with friendliness and courtesy." A third relative told us, "[Staff] are always friendly and fun when we visit and it's a lovely experience to go there as we all laugh and joke together which really makes it feel like home." Relatives said they were encouraged to attend events at the home. One relative told us, "The home hosts various events during the year such as a summer party and Christmas party which relatives are invited to. These are lovely and really give a feeling of community and are great fun for all."

Staff kept people's friends and families up-to-date about their health and well-being. One relative told us, "The staff are extremely good at keeping in contact with my sister and I. They ring and tell us about everything that is going on, even if Mum just has a cold, they will let us know." Another relative said, "I have always found members of staff very approachable, friendly and courteous. They are always willing to stop and talk about anything we need to know regarding my mother's health and care." Relatives told us the care and support staff provided their had improved their family members' quality of life. One relative said, "I can say that since my mother went in to Silvermere she has thrived. She looks better and is eating well and really enjoys the activities there. She has made some friends and has settled well into her life there."

People told us staff treated them with respect and maintained their dignity when providing their care. Relatives confirmed that staff were respectful towards their family members. One relative described staff as, "Incredibly respectful." Another relative said, "They were particularly respectful with [family member's] personal care when it got more complex." A third relative told us, "The staff look after [family member] with every discretion." Staff understood the importance of supporting people in a way which maintained their dignity and respected their rights and choices. One member of staff told us, "In the morning I knock on people's door and greet them. When we go to the bathroom I put the do not disturb sign on. We have to think about their best interests all the time. To respect their religion and give choices of food, clothes, if they want a shower or bath. Everything really."

The registered manager had taken steps to promote inclusivity and to support people in expressing their sexuality. The registered manager had displayed posters advertising the availability of groups who supported people from the LGBTQ+ communities.

Staff supported people to maintain their independence. People told us staff encouraged them to manage their own care but were available to provide support when they needed it. During the inspection we saw some people trying to eat independently with regular cutlery and crockery and finding this difficult. We discussed the provision of adapted cutlery and/or crockery to improve people's independence with the registered manager. The registered manager explained that adapted cutlery and crockery had been purchased and was available for those who would benefit from it. Staff had recommended adaptations to some people to support their independence. Some people had accepted these recommendations and used adapted cutlery and/or crockery to enable them to eat independently. Where people had chosen not to use the adaptations recommended, this had been recorded in their care plans.

Is the service responsive?

Our findings

People received highly personalised care that was responsive to their changing needs. There were care plans in place which reflected people's individual needs and provided guidance for staff about how their care should be provided. People were encouraged to be involved in developing their care plans and their relatives were consulted about care plans' content. One relative told us, "We are involved in the care plans. They ask us what we think."

Care plans demonstrated that staff monitored people's needs closely and took appropriate action if their needs changed. For example, one person had developed difficulty in swallowing and was losing weight. Staff had referred the person for assessment by a speech and language therapist, who recommended a specialised diet and food supplements. The person subsequently gained weight and had experienced no choking episodes. A relative told us staff had responded promptly when their family member developed signs of pressure damage on their ankle. The relative said, "They got the district nurse in straightaway and it healed up. They turn her regularly now."

One relative said their family member had a visual impairment, which made getting used to new people and places a challenge. The relative highlighted the support given to their family member to settle in and get to know people, saying of staff, "They welcomed him with open arms and immediately appointed him a carer who would orientate him around his room and the rest of the building and made sure he sat at different tables to have meals so he had a chance to chat to the other clients and get to know everyone. He has been here about six months now and made some firm friends and everyone knows him and knows to let him know who is sitting next to him." The relative also praised, "The way the staff all welcomed him, the fact they all took time to talk to him and seemed genuinely interested in him and Mum and their life stories."

The home had nominated 'Champions' in areas including health and safety, infection control, dignity, dementia, hydration and end-of-life care. The champions' role was to ensure that staff adopted best practice in these areas and to signpost them to the resources which would help them achieve this. The home had supported champions to develop skills and knowledge in their respective areas through distance learning courses.

People had access to an excellent range of activities and outings and the home had vehicles available to ensure people were able to access the wider community. People told us they valued the activities highly and relatives said their family members benefited from their involvement in the activities programme. One relative told us, "An impressive feature at Silvermere is the programme of activities and entertainment." Another relative said, "The range of activities is very good. People are encouraged to join in, then they go on to build friendships." A third relative told us, "The outings are great. Sometimes they're planned and others are just ad hoc."

People had regular opportunities to establish and maintain links with their local community. An elderly befriending group was organised by a local church twice a month and National Trust volunteers were involved in providing activities during the summer. The home also promoted intergenerational work, which

gave people living at the home opportunities to meet and mix with people of different ages. For example, a babies and toddlers play group was held at the home once a month and children from a local school visited once a month to join people in playing games.

Staff ensured that all the people who lived at the home had access to meaningful activities and engagement, even if they were unable to participate in group activities or outings. A relative told us, "There are things for the residents to do regardless of their abilities." Staff spent time with people who were cared for in bed on a one-to-one basis to make sure people were protected from the risk of social isolation. One relative told us their family member enjoyed looking through their photograph album with staff. The relative said, "I know [staff] look with her because when [another relative] visited [staff] knew who he was from looking at the photos. The album is looking dog-eared now, which is lovely."

Complaints were investigated appropriately and used to improve the service. People and their relatives knew how to complain and were confident any concerns they raised would be addressed. One relative told us, "If you raise any little problem they are on it. They are on the ball and anxious to get to the bottom of it." Another relative said, "If you have a concern, [registered manager] will make sure it's dealt with." A third relative told us, "I have not had any cause for complaint but I'm sure if I did it would be dealt with promptly." Other people have told me that if they had any little niggles the manager always sorted it out straightaway." The home's complaints record demonstrated that complaints had been investigated and that action had been taken to address any concerns identified. The registered manager had responded to complaints in detail and, where necessary, had offered to meet with complainants to resolve their concerns.

Some people at the home were receiving end-of-life care. Staff had established people's wishes about their care towards the end of their lives and recorded this information in personalised end-of-life care plans. Staff had also worked closely with professionals such as specialist nurses to ensure people received the care they needed. Relatives whose family members had passed away at the home spoke highly of the care their family members received. They praised the support provided by all those who worked at the home to people and their families. One relative told us, "When my Mother passed away, and during the weeks leading up to this, we couldn't have asked for more in terms of the support offered by [registered manager] and her team. The staff went out of their way to not only look after Mum but also the family." Another relative said the care their family member received towards the end of their life was, "Faultless to the end." The relative said of staff, "They looked after not just [family member] but the family, too."

The home had received many messages of gratitude from relatives whose family members had passed away. One relative had commented, "My mother stayed at Silvermere during the last few months of her life. The care she received from your staff there was kind and respectful, and we believe Silvermere has a lot to be proud of." The relative wrote that all staff had been kind but praised one member of staff in particular, saying, "In particular, we felt that [member of staff] made it her mission to ensure that everything happened when it needed to happen, and that she liaised with everyone on our behalf, very effectively and in a timely manner, including the doctor, Princess Alice Hospice and the district nurses." Another relative had praised the support provided by staff not only to the person receiving care but their family too. The relative wrote, "During my mother's final days, Silvermere allowed my sister and I to stay with my mother round the clock, and that meant so much to us. Your staff not only continued to look after my mother with the utmost dignity and care, but also took our family under their wings and supported us in every possible way, from making sure we ate, to being there for us emotionally."

Is the service well-led?

Our findings

The home had an established senior management team which was accessible to people and their relatives and provided good leadership for staff. Relatives told us the registered manager and the home's management team were approachable and demonstrated a caring approach in their own attitudes and behaviours. One relative said, "[Registered manager] is so approachable. You feel as though you can go in at any time. She is very reassuring." Another relative said of the management team, "They are really understanding, nice people. I can speak to [registered manager] at any time. When I see [operations manager], I always get a big hug from her. It's these things that matter."

Relatives told us the home's managers led by example and provided good role models for staff. One relative said, "[Registered manager] and [deputy manager] lead a team of staff by example in that they are always courteous, attentive and ready to respond to any query regardless of how busy they are. This attitude is reflected in all the other staff with whom I have come into contact over the last four years." Another relative told us the registered manager was "Respected equally by residents, staff and the families. She listens to feedback and gets things done." Staff confirmed that they felt well-supported by the registered manager and the management team. One member of staff told us, "[Deputy manager] is approachable and I feel supported by [registered manager]. I can go to her with a problem and she listens to me." Another member of staff said, "The management are really good. They make sure we are working to the routines and the policies."

People who lived at the home and their relatives were encouraged to contribute their views and these were listened to. A residents' committee had been established and relatives' meetings took place regularly. There was evidence that changes that had been made as a result of people's requests and suggestions. For example, a putting green and a spa room had been installed following suggestions made by people. As a result of feedback from a residents' meeting, a residents' handbook had been produced to improve the information people received about the home. A relative told us they found these meetings informative and said their contributions were listened to. The relative said, "They tell you what's happening and what's planned. You can make suggestions. I asked about adding beans on toast to the menu and they did it. They definitely respond." People and relatives were also able to contribute their views through surveys which were regularly distributed by the provider.

There were effective systems in place to monitor the quality of the service. The registered manager and senior staff made sure they maintained an oversight of the home and the care people received. Heads of departments met each morning to discuss and plan the day ahead. The registered manager carried out a daily 'walkaround' during which they assessed people's levels of engagement and the way in which staff supported them. A relative told us, "[Registered manager] and [deputy manager] are always around checking up on things so I always feel assured that the home is being run to a high standard."

The deputy manager audited a minimum of 10% of care plans each month to ensure that they were up-to-date and accurately reflected people's needs. Each of the home's units submitted weekly quality monitoring data to the registered manager, who collated this into a report for the provider's regional manager. The

regional manager carried out regular visits to the home to ensure any actions identified through the quality monitoring process had been completed. For example, the regional manager checked that appropriate action had been taken where people had suffered falls or lost significant amounts of weight.

Staff had developed effective working relationships with other professionals, such as GPs community nurses and speech and language therapists. Staff implemented any guidance recommended by professionals when providing people's care. The registered manager ensured their own skills and knowledge were kept up-to-date. The registered manager was scheduled to begin the Quality Care Framework (QCF) Level 7 in Management, the industry standard for those working in senior management or leadership in health and social care in January 2019. The registered manager attended the provider's national conference each year, which included learning and leadership initiatives for registered managers. The registered manager was aware of their responsibilities in terms of informing CQC when notifiable events occurred and had submitted statutory notifications as required.