Anchorstone Services Limited

Anchorstone Nursing Home

Inspection report

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Date of inspection visit:
15 November 2016

Date of publication:
14 February 2017

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

Anchorstone Nursing Home is situated in a residential street in Farnham, Surrey. The home is registered to provide care and nursing for up to 40 people, who may have dementia.

The home made up of two buildings joined by a central corridor. Communal areas, for the use of people from both buildings, include a large dining area, conservatory and secure gardens.

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.

The inspection took place on 15 November 2016 and was unannounced. At our last inspection in July 2015 we identified two breaches in the regulations. These were around the safety and cleanliness of the environment (specifically the kitchen), and that the requirements of the Mental Capacity Act had not always been followed. The registered manager and provider gave us an action plan on how they would address these issues. At this inspection we found that all the areas of concern had been addressed, and people had a positive experience living at Anchorstone. There was positive feedback about the home and caring nature of staff from people who live here.

People told us they were happy living here. One person said, "I really like it here, and since I've been here I've made lots of friends." A relative said, "We wouldn't change a thing here, they're very good. No one shouts at the residents, staff are so calm and patient." Staff were happy and confident in their work and proud of the job they do.

People were safe at Anchorstone because there were sufficient numbers of staff who were appropriately trained to meet the needs of the people who live here. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police. Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks.

Staff recruitment procedures were safe to ensure staff were suitable to support people in the home. The provider had carried out appropriate recruitment checks before staff commenced employment.

Staff managed the medicines in a safe way and were trained in the safe administration of medicines. People received their medicines when they needed them.

Staff received comprehensive training, to ensure they could meet and understand the care needs of the people they supported. Staff received regular support in the form of annual appraisals and formal supervision to ensure they gave a good standard of safe care and support.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. People's health improved due to the care and support staff gave. People had enough to eat and drink, and received support from staff where a need had been identified. People's individual dietary requirements where met.

The staff were kind and caring and treated people with dignity and respect. The staff knew the people they cared for as individuals. People received the care and support as detailed in their care plans. Care plans were based around the individual preferences of people as well as their medical needs. People and relatives were involved in reviews of care to ensure it was of a good standard and meeting the person's needs. People had access to a wide range of activities that met their needs. Activities were based on individual interests and people were supported to continue with hobbies.

Feedback was sought from people, and complaints and compliments were reviewed to improve the service. When complaints were received these had been dealt with quickly and to the satisfaction of the person who made the complaint. Staff knew how to respond to a complaint should one be received.

The service was well led. Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. The registered manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained. The provider had effective systems in place to monitor the quality of care and support that people received.

People benefitted from living in a home with good leadership and a stable staff team, so they knew the people who looked after them. Staff were very focused on ensuring that people received person centred care. A person said, "Yes the staff are good here and when I feel down they talk to me and make me feel better." A relative said, "I think the home is superb, there are better looking homes, but not one as caring as this one."

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.

People felt safe living at the home. The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

There were enough staff to meet the needs of the people. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Is the service effective?

Good

The service was effective

Staff had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had enough to eat and drink and had specialist diets where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Is the service caring?

Good

The service was caring.

Staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals.

People could have visits from friends and family whenever they wanted.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

People had access to a range of activities that matched their interests, and physical and mental health needs.

There was a clear complaints procedure in place. Complaints were used as a tool to improve the service for people.

Is the service well-led?

Good

The service was well- led.

People and staff were involved in improving the service. Staff felt supported and able to discuss any issues with the manager. Feedback was sought from people via surveys and regular meetings.

Quality assurance records were up to date and used to drive improvement throughout the home.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Anchorstone Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 15 November 2016 and was unannounced. Due to the size and layout of this home the inspection team consisted of an Inspector, a Nurse Specialist and an 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.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had not been requested to complete 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 improvements they plan to make.

To find out about people's experience of living at the home we spoke with nine people and five relatives. We observed how staff cared for people, and worked together as a team. We spoke with 10 staff which included the registered manager. We reviewed care and other records within the home. These included six care plans and associated records, four medicine administration records, three staff recruitment files, and the records of quality assurance checks carried out by the staff.

Good

Is the service safe?

Our findings

At our previous inspection in July 2015 we identified one concern. This was around the management of safe storage of cleaning fluids, and cleanliness in the kitchen. The registered manager and provider gave us an action plan on how they would address these issues. At this inspection we found that improvements had been made.

People were safe living at Anchorstone. They felt safe because they were well cared for by kind staff. One person said, "Safe, oh yes, there's always a lot of people around, it makes me feel better." A relative said, "Yes it's very safe here the security here is very good." Another relative said, "Oh, my family member is very safe here. She hasn't fallen over since she's been here, and the staff are so good with her."

People were protected from the risk of abuse. Staff were aware of their role in reporting suspected abuse and were able to recognise the different types of abuse and neglect that could happen at a care home. They were able to state the actions they would take in accordance with the homes safeguarding procedures and policy in order to protect people from harm. Staff understood how to act as 'whistle-blowers' and report concerns outside the organisation if their manager did not take action to keep people safe. Safeguarding notifications been made appropriately and acted upon when required.

There were safe recruitment practices in place. Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were enough staff deployed to meet peoples care and support needs. People said that staff were always around and they came quickly when called. One person said, "I use my call bell sometimes and they come quickly." When call bells sounded these were responded to in reasonable time by the staff. Staffing levels were calculated on the needs of the people who lived at the home. The provider used a dependency tool to assess the care needs of people who lived at the home. Staffing rotas showed that levels of staff on shift over the past four weeks matched with the calculated support levels of the people that lived here. Staff enjoyed working at the home and said they felt there were enough of them to undertake their roles well.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed.

People were kept safe because the risk of harm from their health and support needs had been assessed. People were not restricted from doing things because it was too 'risky'. One person said, "No there are no restrictions as to where I can go in the home or in the garden." People with limited mobility, were not prevented from moving around and were actively supported by staff who ensured their safety and who respected their decisions. A person said, "I am independent so I try and do things by myself." Throughout the

day people were able to move freely around the home. Staff encouraged people to maintain their mobility by only offering support if the person was struggling or was at risk from falling. Where support was offered it was discrete and followed good moving and handling practice.

Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs. Assessments had been carried out in areas such as nutrition and hydration, mobility, and behaviour management. Measures such as specialist equipment to help people mobilise around the home, or to call staff if help may be needed, had been put in place to reduce these risks. One person said, "They come really quickly; I have a call bell and a mat." Pressure mats were by some people's beds. These would alert staff if someone with a mobility support need had got out of bed. During the inspection when a pad was activated, staff attended to the call quickly. People at risk of falls were not left unattended in communal areas and call bells were within easy reach of people who stayed in their bedrooms. In the main lounge staff communicated with each other to ensure there was always at least one staff member in the room, to help people should they need assistance. This matched with the management of falls guidance in people's care plans, demonstrating staff understood and followed the guidelines to minimise identified risks causing harm to people.

People had personalised mobility equipment to enable staff to move them in a safe way. People who needed help mobilising, such as with the use of hoists, had their own slings. This reduced the risk of accidents as the sling was the correct size for each person, and held them securely and safely when in use. In addition individual slings also reduced the risk of cross infection because other people did not use them. Observations made during the inspection confirmed that people were assisted by staff in a safe way that matched the information in risk assessments.

People lived in a safe home. The home was well maintained clean, and decorated to make a pleasant and interesting environment for people. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, and fire safety. The registered manager had regularly reviewed the needs of people to ensure the environment met those needs. An upstairs carpet had been identified as a trip hazard. The provider had agreed to replace this. The kitchen was also scheduled to be refurbished by the end of January 2017, which would aid with simplifying the processes needed to keep it clean.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, was clearly displayed around the home. People's individual support needs in the event of an emergency had been identified and recorded by staff in fire evacuation plan. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire.

People received their medicines in a safe way, and when they needed them. They were also helped to understand what the medicine was for. One person said, "Yes I am on medication tablets. They're for my leg and the staff come around and give them to me." People were treated kindly and not rushed when staff gave medicine to them. Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it. For 'as required' medicine, such as medicines that may help people to calm down, there were guidelines in place developed by the GP which told staff the dose, frequency and maximum dose over a 24 hour period. Medicine documentation recorded that these guidelines had been followed.

The ordering, storage, recording and disposal of medicines were safe and well managed. Medicines were

stored securely in the clinical room which was clean, spacious and well arranged. Medicine was stored at the correct temperatures as detailed on the prescription. Creams were kept safely in people's room and were applied as prescribed. Body maps were used to indicate the site and frequency of application. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use.

Good

Is the service effective?

Our findings

At our previous inspection in July 2015 we identified one concern. This was due to the requirements of the Mental Capacity Act 2005 (MCA) not being met. The registered manager and provider gave us an action plan on how they would address this. At this inspection we found that improvements had been made.

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had complied with the requirements of the MCA. Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were effectively followed. For example around the decision to live at the home, or taking medicines.

Staff had a good understanding of the Mental Capacity Act (2005) and were seen to work within the legal framework of the act when supporting people. Care records had information on how staff ensured people's participation in the decision making process. For example staff used pictures to communicate with one person. Records showed that relatives who were involved in the person's care took part in the best interest meeting. A staff member said, "We should always assume that people have capacity." Staff listened to peoples' wishes and respected their decisions. Where people had family making decisions for them, the registered manager understood the different Powers of Attorney required, and made sure only those with legal authority made important decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they would have the skills to support people effectively. It involved completing mandatory training in areas such as health and safety and how to care for people.

Staff received ongoing training to ensure they were kept up to date with current best practice. The clinical lead from the provider regularly visited the home to review the nursing practices and offer updates and

guidance for staff. Mandatory training such as safeguarding, health and safety were all regularly completed by staff. The effectiveness of the training was apparent because staff demonstrated the correct use of equipment such as walking aids, footrests for wheelchair use, and pressure cushions when supporting people.

Staff were effectively supported. Nursing staff had meetings where they were encouraged to reflect on their practice. The registered manager said that based on the success of these meetings, by building team work and confidence to discuss issues and practice, she planned to replicate the meetings for the care staff. Staff told us that they felt supported in their work. Staff had regular one to one meetings (sometimes called supervisions) with the manager, as well as annual appraisals. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people.

People had enough to eat and drink to keep them healthy. The food was of a good quality, quantity and people had a choice of food and drinks available to them. People had a choice of where they sat and who they sat with, for example some people sat in their chairs in the lounge areas, while others sat at tables or in the communal dining area where they could interact with people and staff. One person said, "The food is very good and I get a good choice. Sometimes I eat in my room and sometimes in the dining room, and I am never rushed. I can always get snacks as and when I want them." Another person said, "I get a good choice and if I get hungry at night I can have a sandwich just before I go to bed." Meal time was 'protected time' which was observed by everybody. This ensured that people's meal time was not disturbed by medicines, or other events by staff. There was a happy atmosphere throughout the meal we observed, and people talked to each other and the staff.

People were given choices about meals and choice of drinks. Ample tea and coffee was served throughout the day and staff were seen to offer encouragement to people to remind them to drink plenty of fluids. People confirmed this also happened at night. One person said, "I'm never hungry at night. I eat enough during the day and there's water in my room."

People's special dietary needs were and choices met. A relative said, ""My family member is on a soft diet at the moment, but they let her feed herself for her independence and they make sure she has a drink in an ice lolly or a frozen drink." The staff team had a good understanding of the dietary requirements and likes and dislikes of people due to the effective systems that were in place. One person frequently changed their mind over the menu options so at each meal time staff discussed their meal choices. The person said, "They (staff) come to me at the same time they're serving it as I'm so fussy." This made sure the person received the food they wanted.

People were protected from poor nutrition. They were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. People had nutritional care plans and their weight was monitored and recorded to identify any changes that might indicate a need for additional support. Staff shared information at the end of their shift with their colleagues to ensure the staff understood whether people had eaten and if they had or needed any food supplements. A designated staff member checked the food before it went out to each person. This was to check that each person received the right food, at the right consistency. Staff said, "We take food seriously here and this quality check means that the person gets the food as prescribed by the dietician, the SALT, or as chosen by the person. There is then no risk of a temporary staff giving the wrong food to the wrong resident".

People received support to keep them healthy. People have access to a range of medical professionals including, a chiropodist, doctors, an optician and tissue viability nurses. One person said, "Doctor, chiropractic's, optician, dentist, they're always on call when you need them." Where people's health had

changed appropriate referrals were made to specialists to help them get better.

People's health was seen to improve due to the care they had been given by staff, such as effective and proactive treatment of pressure wounds. Care and support needs had been clearly documented in people's care pans. Staff checked people at risk regularly to make sure actions to minimise a pressure sore were being followed. This included regular turning of the person; washing, drying and applying barrier cream where a risk was identified; and the use of pressure relieving mattresses set to the correct setting for the weight of the person. Where a person had a wound the appropriate care had been given and documented. This showed that the wound had healed. Staff knew how to obtain advice about the management of pressure wounds from the local tissue viability nurse should this be required.

For people who required support with medical conditions, such as diabetes, nursing staff monitored blood sugar levels at the frequency specified in the care plans. There was guidance in place for action to take if someone's level was too high or too low, to ensure they received effective care and treatment to manage the condition.

Good

Is the service caring?

Our findings

People told us that the staff were kind and caring. One person said, "Yes the staff are caring towards me, their very good." Another person said, "Yes the staff are nice here, they talk to me." A relative said, "The give absolutely incredible care. All the staff are so respectful, kind and caring."

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. People told us that they were pleased with the standard of care at Anchorstone because staff were kind, and listened to what they wanted and responded quickly to their wishes.

Staff were very caring and attentive with people. A relative said, "Yes, there's a lot of interaction between my family member and the staff." There were communication guidelines provided by SALT to help staff communicate effectively with people, and this caring communication was seen throughout the inspection. Staff never passed people without talking to them, offering them choices and reassuring them. Giving people information was clearly a priority for staff. When supporting one person to mobilise in a wheelchair, staff explained why there was a short delay in them being moved, as they were waiting for another person to walk past. The person who walked past was not rushed by the staff waiting.

The staff showed a caring attitude by the manner they behaved towards the people they supported. Staff engaged with the people instead of each other. They maintained eye contact when talking with people and they got close to people, sometimes getting on their knees so they person could clearly see and hear them. They showed warmth by putting their hands on the shoulders of the people and by holding their hands. They spoke slowly and sometimes repeated questions to ensure that the person had heard them. They showed respect by knocking on bedroom doors before going in, and they give information to people before, during and after giving care and support.

People were supported by staff that knew them as individuals. A relative said, "We have a special name for our family member. You can only find out what it is by reading her life story. The staff call her by that name which means someone has taken the time to read it." Relatives said that the staff knew people well and knew how they liked to be cared for. Throughout our inspection staff had positive, warm and professional interactions with people.

Staff treated people with dignity and respect. Examples of respectful actions displayed by staff included personalised timing of medicines. A nurse said, "This lady likes to have her medicine at a particular time in the morning so I make sure that she is amongst the first three and she smiles when I take time to explain the medication to her." Another example was when protective clothing was removed after meals. Staff took the time to check peoples clothing to make sure they were in good order, such as pulling a jumper back into place where it had rucked up, to protect the person's dignity.

People were given information about their care and support in a manner they could understand. Information was available to people around the home. It covered areas such as local and national events, in house activities, and information from the provider, such which staff would be on shift. Staff took time to

explain things to people before they gave care or support. People told us that they were asked about their care and that staff did listen to them. People's bedrooms were personalised with furniture from home, ornaments and personal photographs.

Relatives said they could visit whenever they wished and that they were made welcome by staff. One relative told us, "No there are no restrictions to when we can come and go. We can turn up here in the middle of the night and that's ok." People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services so they could practice their faith. This was done by regular contact with religious leaders from the community.

Good

Is the service responsive?

Our findings

People's needs had been assessed before they moved into the service to ensure that their needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility. Equipment and support the person required was then put into place before they were admitted.

People's choices and preferences were documented and those needs were met. There was detailed information concerning people's likes and dislikes and the delivery of care. This was designed by gathering information from past placements, personal preferences, from relatives, and previous assessments of the persons care needs. This covered all aspects of the person's activities of daily living and the level of assistance the person required. People and relatives were involved in their care and support planning. A relative said, "We have seen our family members care plan and we have updated it and could question it, but it has all been ok."

Care records were well organised so information about people and their support needs were easy for staff to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs. It was clear staff had read and understood these files, as they were able to tell us about the people they cared for, such as interests and life story, and the information they gave matched with that recorded in the care records. Records showed that care plans were regularly reviewed with the involvement of the person, their residents and the healthcare professional involved.

People received support that matched with the preferences record in their care file. Each resident was allocated a key worker. This staff member coordinated the care of the person and linked with the persons relatives. The key worker worked closely with the person and their relatives in making decisions about care and support. One keyworker said, "Every step is taken to enable the person to make decisions." People said staff always asked if they were happy with their care and said that when they made a suggestion the staff responded to their ideas. The daily records of care were detailed and showed that these preferences had been taken into account when people received care, for example, in their choices of food and drink. Care planning and individual risk assessments were reviewed monthly, if needs changed, to ensure they reflected the person's current support needs.

Where peoples support needs had changed the staff responded well to give appropriate care. People and their representatives were involved in meetings and reviews. Relatives confirmed they were informed if there was an incident or accident. Occupational Therapists and Physiotherapists were involved in the assessment and formulation of care plans in relation to moving around safely. This ensured that people had the necessary equipment and assistance to meet their new need.

People had access to a wide range of activities many of which focussed and promoted peoples well-being, physical and mental health. People were able to follow their hobbies and interests. One person said, "I like knitting, sewing, drawing and gardening (mainly in the summer). And I like singing and they have singers come in which I like." The staff had provided her with the equipment to enable her to carry on her interests.

Another person told us about their love of DIY and how this was managed at the home. They said, "My friend and I make and paint bird boxes. We've sanded down the garden tables and we're going to varnish them."

Relatives were also complimentary about the activities offered by the home. One relative said, "The activities coordinator is fantastic with the residents. They had a Remembrance Day parade which was done by my family member's husband and one of the residents." Activities were fully inclusive and programmes and ensured that people in bed or who preferred not to take part in group activities were enabled to participate. Photographs of people participating in trips, visits and in-house activities were displayed around Anchorstone and provide people with talking points and the opportunity to reminisce.

People were supported by staff that listened to and responded to complaints or comments. People told us they would feel comfortable making a complaint if they needed to and were confident that any concerns they raised would be addressed. People told us that they had no real concerns. They went on to say that when they had mentioned something, then it was sorted quickly by staff.

A relative confirmed they had been given a copy of the home's complaints policy when their family member moved into the home, so understood how to complain if they felt the need to. The policy included clear guidelines on how the registered manager should respond and when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission.

Where complaints had been received these had been clearly recorded and responded to in accordance with the provider's complaints policy. The registered manager and staff explained that complaints were welcomed and would be used as a tool to improve the service. No formal complaints had been received by the service since our last inspection.

Good

Is the service well-led?

Our findings

There was a positive culture within the home, between the people that lived there, the staff and the registered manager. The atmosphere was very welcoming and open. People were happy to share thoughts about their lives at Anchorstone with us. A relative said, "Anchorstone is very well organised and promotes the very best of care. To manage and run any organisation effectively requires it to have a good manager in place and to be surrounded by a well-chosen team. The manager could not have chosen her team any better, they are absolutely brilliant." Staff were seen to provide a positive experience for people living at Anchorstone. There was a warm atmosphere amongst staff with good support offered between themselves when helping people.

The home was well managed to ensure people received a good quality of care and support. People and relatives described the registered manager as being available, visible and somebody who would help if necessary. One person said, "She's always around and yes she does a good job." A relative said, "The manager always stops and talks to everyone she never just walks past anyone. They (staff) really are good here." Staff said the manager had an open door policy and they could approach the manager at any time. Staff felt supported and able to raise any concerns with the manager, or senior management within the provider.

Records management was good and showed the home and staff practice was regularly checked to ensure it was of a good standard. Records of quality assurance and governance of the home were also well organised and showed the registered manager had a good understanding of the care and support given to people. The areas checked included accuracy of care plans, staff practice around dignity and respect, and staff training. People and staff were consulted during these audits to give their views.

Regular monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed by the registered manager and staff on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. All of these audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion. The registered manager and staff also responded well to external feedback received about the service. For example all the issues we had raised at our last inspection had been addressed.

People and relatives were included in how the service was managed. One relative said, "Yes we have met the owner and the manager and every three months they have a forum for the residents and the relatives." The last forum showed the open way the registered manager and provider worked. Issues around the home were discussed with people and their family, such as external feedback that had been received that indicated certain aspects of the home needed to improve. Families were given the opportunity to comment and ask questions about issues and what the staff had done to put things right, or to give suggestions. For example the families were so happy about the care given at the home, they wanted to sing the praises of Anchorstone. As a result they had contacted the local newspapers and positive comments about the care given had been published. People and relatives had the opportunity to discuss any improvements they felt

needed to be addressed. These were clearly recorded in the minutes and action had been taken to address them.

The registered manager was visible around the home on the day of our inspection, supporting staff and talking with people to make sure they were happy. The registered manager was very 'hands on', and helped around the home. This made them accessible to people and staff, and enabled her to observe care and practice to ensure it met the home's standards. The registered manager had a good rapport with the people that lived here, staff and visitors and knew them as individuals.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns.