

Anchor Trust Holmpark

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection took place on 11 and 12 October 2016 and was unannounced. The service was previously inspected in October 2015. During that inspection breaches of legal requirements were found. The issues identified that the provider did not have suitable arrangements in place for assessing and monitoring the quality of service provision and did not always keep records and information up to date in relation to the care and support provided. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. The provider took action and at this inspection we found improvements had been made.

Holmpark is registered to provide care and support for up to 37 older people who have needs relating to their age or dementia. Nursing care is not provided. On the day of our inspection there were 35 people at the home and two people were in hospital.

The registered manager was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People told us that they felt safe living at the home. Staff knew how to protect people from avoidable harm and abuse. Staff knew how to keep people safe and reduce risks but this information was not always reflected in people's care records. There was enough staff to support people in a timely manner. People generally received their medicines as prescribed. However, we found some signatures missing and omissions in the frequency of when to apply creams on some topical medicine (prescribed cream) charts.

Staff were appropriately trained and skilled to provide care and support to people. The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people. Staff supported and encouraged people to eat a healthy and balanced diet and to have access to other health and care services when needed.

People were cared for by staff who were kind, caring and empowering. Staff understood the needs of people they were providing care for. People were involved in making decisions and planning their own care. People told us that staff respected their privacy and treated them with dignity.

People told us that they were happy and involved in their care and support planning. We saw people had access to activities and interests that they enjoyed. People knew how to complain and the provider had a system in place to manage complaints.

People told us that they felt the home was well-managed and that the registered manager was approachable. People were consulted about all aspects of the home. Staff told us they were supported by the registered manager. The registered manager had used feedback from the last inspection to make

improvements. Quality assurance audits were in place to monitor the quality and safety of the home, however, some of these audits had not identified some of the record keeping issues that we found.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Staff knew how to keep people safe, but some risks were not reflected in care plans.

Medicines were not always safely managed.

Staff could identify signs of abuse and concerns were escalated when needed.

Is the service effective?

Good 

The service was effective.

People were supported by staff who had the knowledge and skills to meet their needs.

People were asked for their consent before care and support was provided.

People had a choice of and enjoyed the food and drinks that were available to them.

Is the service caring?

Good 

The service was caring.

People told us that they were treated with kindness and compassion.

People were supported and encouraged to express their wishes with how they wanted their care and support provided.

Staff supported people in a way that respected their dignity and privacy.

Is the service responsive?

Good 

The service was responsive.

People told us the care and support they received was provided

in the way they liked and they made decisions about their care.

There was a complaints procedure in place which people and their relatives knew about and could access when needed.

Is the service well-led?

Good ●

The service was well-led

People and their relatives consistently praised the management of the home.

People told us that they were asked for their views and experiences about the quality of the care provided.

There were procedures in place to monitor the quality and safety of the service. Improvements were underway to continue to improve record keeping.

Holmpark

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 11 and 12 October 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience on the first day and one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of our visit we reviewed information the provider had sent us. The provider was asked 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. This information was received when we requested it. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We also spoke with service commissioners (who purchase care and support from this service on behalf of people who live in this home) to obtain their views. We reviewed the notifications the provider had sent us and any other information we had about the service to plan what areas we were going to focus on during the inspection.

During the inspection we met and spoke with ten of the people who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spent time observing day to day life and the support people were offered. We spoke with three relatives of people and two visiting health and social care professionals during the inspection. In addition we spoke with the registered manager, the district manager, the chef, one team leader, five members of care staff, one activity co-ordinator and one house keeping staff.

We sampled some records including eight people's care plans, the medicine management processes and the providers systems for staffing, training and for the monitoring and improving the quality of the service.

Is the service safe?

Our findings

At our last inspection in October 2015 we found that medication systems needed to be improved to make sure people received their medication as prescribed and recruitment checks were not robust enough to reduce the risk of unsuitable staff being employed. At this inspection we found that these issues had been improved.

People who we spoke with told us that they felt safe living at the home because the provider had systems in place to safeguard them from avoidable harm. One person we spoke with told us, "I feel extremely safe here. They have fitted it out with everything you need including fire detectors, fire alarms, sprinklers, outside lights, the front door locks and I have a key for that, and I have a lock for my bedroom door too." Another person told us, "I understand about abuse and neglect and if I ever saw anything like that here I wouldn't hesitate to whistle blow. Thankfully this is not a worry as they [the staff] are all wonderful." A third person told us, "I have no regrets. It's the best thing I could have done. I feel so safe here with everyone around me and to think I was so frightened of living on my own." One relative we spoke with told us, "My Dad is very safe living here."

Staff we spoke with demonstrated a good awareness of their responsibilities in respect of safeguarding people. Staff were able to describe signs and symptoms of abuse and when they should escalate concerns and to whom. One member of staff told us, "If I saw anything wrong I would speak to the team-leader or the manager and I could ring the safeguarding team." Discussions with the registered manager identified that any concerns or allegations about potential abuse had been promptly raised in-line with safeguarding procedures. The registered manager told us, "It's important I share all safeguarding concerns with the staff so we can learn from mistakes and prevent it happening again." This showed that any safeguarding matters would be investigated and people were protected.

Most risks to people had been identified and assessed and appropriate risk management plans were in place for staff to follow but improvement was needed to ensure all risks were assessed to protect people. For example, one person's care records indicated that they had a specific health condition. Whilst staff described how they would support the person with the risks associated with their health condition there was no risk assessment in place or guidance available for staff to follow. We brought this to the attention of the registered manager who rectified this concern during our visit.

One person who lived at the home told us, "They [the staff] have discussed with me that I shouldn't walk around on my own as I am not strong enough yet and might fall. They are trying to make sure I am safe, so if I don't listen and then fall it will be my fault because they have warned me." Staff we spoke with described how they kept people safe. One member of staff told us, "I always check the hoist is fully charged and the slings are okay before I use it." During the inspection we observed transfers and moving and handling techniques being completed in a safe and dignified manner. People were not rushed by the staff supporting them. We saw staff were alert and observant supporting anyone who needed it and moving others safely with the use of equipment. The staff appeared to have a good knowledge and understanding of people's limitations and responded appropriately.

The registered provider advised us that they had recently developed and introduced a new 'patient transfer record'. The registered manager advised us that these documents contained relevant information about people should they have to go to hospital. We found that in some instances key information had not been recorded. This meant other health professionals would not be aware of how to meet people's individual needs and keep them safe. The registered manager advised us that they had identified some of the shortfalls we had found and had developed a plan to address these issues.

Staff described what they would do in the event of a variety of potential emergencies and were consistent with their responses. Staff shared with us how they report and record accidents so these could be managed effectively. Staff told us they had received first aid training. The registered manager told us, "I always ensure there is a qualified first aider on duty for every shift."

People told us there were staff available to assist them when required. One person told us, "I am reassured knowing that there is always someone close at hand if I should need them. We have two call buzzers in the room and one in the bathroom and if I press them they [the staff] come really quickly." A relative we spoke with said, "Good staffing levels here." We saw there were sufficient numbers of staff on duty to meet people's needs. We observed people being responded to in a timely manner. Discussions with the registered manager identified how they determined how many staff were required to support people. The registered manager said, "We base staffing numbers on people's dependency levels. We look at this every week and have the flexibility to increase." The registered manager advised us that they used a staffing level assessment tool which had helped to corroborate their current staffing levels. This ensured that staff were readily available to provide care and support to people.

The registered manager followed safe recruitment practices. The registered manager advised us that people who lived at the home had been involved in the recruitment process and had participated in the interviewing of potential new staff. Staff files we sampled included application forms, appropriate references and checks had been made with The Disclosure and Barring Service [criminal records check]. Staff confirmed that pre-employment checks had been undertaken prior to them starting work. One member of staff said, "I completed an application form on-line and then had an interview. I had to bring some documents in for my ID [identification] and police check." This ensured that potential workers were suitable for the roles they were being considered for.

At our last inspection in October 2015 we found that the management of medication was not always safe and improvements were needed to ensure that every person received their medication as prescribed. There were errors noted in respect of some medication administration where medicines were not needed routinely or were not in a monitored dosage system. We found some improvements had been made at this inspection. People were supported with the management and administration of their medicines by the staff team. One person told us, "They [the staff] give me my medicines into my hand one at a time and always wait until I have taken them all." We observed medicines being administered safely and in a dignified manner. We saw that for people who wished to manage their own medicines, assessments had been carried out to ensure that they were able to do this safely. One person said, "I look after my own medicines as I would at home... they [the staff] have assessed me to make sure I am competent which is what you would expect." Protocols were in place for people to receive medicines that had been prescribed on an "as and when needed" basis [PRN]. These detailed guidance for staff to follow in respect of people's symptoms and when medicines should be considered. We found some signatures missing and omissions in the frequency of when to apply creams on some topical medicine (prescribed cream) charts. This meant that people could not be confident they would always get their prescribed creams when needed. We saw a recent medicine audit had identified some of these shortfalls and action was being taken to address this issue. Improvements to reduce some of the risks of errors were put in place before we left the service. We saw that

staff who supported people with their medicines had received training and were regularly observed to ensure they were continually safe to administer medicines .

Is the service effective?

Our findings

At our last inspection in October 2015 we found that assessments of people's capacity to make decisions and determine their best interests had not always been undertaken. At this inspection we found that these issues had been improved.

People we spoke with and their relatives told us that the care provided to people was effective because the staff were trained, skilled and knowledgeable about their role and responsibilities. One person who lived at the home told us, "The staff seem very well trained and look after me amazingly. Sometimes they are very busy and I have to wait a while but they are always so pleasant." A relative we spoke with said, "The continuity of care is brilliant and handovers between shifts are excellent."

Staff were trained in areas identified to be key in them carrying out their roles effectively. Staff told us that they received sufficient training which enabled them to support the people who lived at the home. One member of staff said, "This is the best place I've ever worked at for training and support." Staff that we spoke with told us that they had received specialist training in dementia awareness to help meet people's specific needs. One member of staff told us, "I've just become a dementia champion for the home." Discussions with the registered manager identified that the service had a proactive approach to learning and development. Staff told us that they were supported to carry out their role by the registered manager, the deputy manager and team leaders. One member of staff told us, "I've had regular supervision since I've started and I feel very supported." Records demonstrated that people had received consistent supervision meetings. This enabled staff to review and reflect on their performance. We saw that the registered manager undertook observations of staff's care practices to monitor and assess how the knowledge and skills gained by the staff were being put into practice and continually developed.

Staff told us that they received an induction at the start of their employment. A newly recruited member of staff we spoke with said, "During my induction I shadowed for two weeks with two specific members of staff and then I completed the Care Certificate." Records demonstrated that the registered manager supported staff to complete the Care Certificate [a nationally recognised set of standards used for induction training of new staff].

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. Staff that we spoke with had a good understanding of the MCA and understood the importance of supporting people in such a way that encouraged them to make decisions for themselves. Staff shared with us examples of how they involved people in making choices. For example, one staff member said, "I ask people what clothes they would like to wear and which colours." We observed that staff gained people's consent before they supported people with care and support. We saw staff asking people if they had finished with their plates before removing them and asking people where they preferred to sit. One person we spoke with told us, "I can get up or go to bed whenever I choose and the staff never try and change that."

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). 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. We found that applications had been made to the local supervisory body for DoLS as required and in line with the legislation. All the staff we spoke with could describe which people were subject to a DoLS and explained how they supported people in the least restrictive way. One staff member told us, "The DoLS means that people are deprived. [name of person] is not safe to go out on their own, so we go out with them as much as possible. Sometimes all [name of person] wants is a walk in the garden." A visiting health professional told us that staff had worked with them to ensure that people were restricted legally to ensure they were safeguarded from harm and said, "The staff are responsive and sensitive to the need for restrictions for people from harm." The provider stated in the provider information return (PIR) 'Customers who lack some capacity are supported by best interest meetings to ensure maximum consultation and agreed outcomes of care'. We saw that where decisions had been made in people's best interests these had involved contributions from the person and their families. However, one person's care records we reviewed indicated that the person was being restricted at their relatives request and was intended to keep the person safe from harm. There was insufficient evidence that this decision was in the person's best interest. The registered manager advised us that this would be rectified immediately.

People told us consistently they enjoyed the food at the home. One person we spoke with told us, "We have plenty of opportunity to have drinks. They [the staff] are always coming round with the trolley with about five different drink choices. We can ask in between as well and they will always fetch one." Another person said, "The food is fantastic with lots of choice and the lady chef comes and talks to me about how I like my food cooked. It's always well cooked and properly presented" A relative we spoke with told us about a meeting she had attended with her father and said, "Dad had the opportunity to choose his own foods and have a say in the menus. He even asked for lambs liver and not pigs...and they [the staff] listened."

We saw that people had a pleasant and inclusive dining experience. Menus were available to assist people in the choice of the food. All tables were well laid with appropriate cutlery and condiments. There was a choice of cooked meals which were plated and shown to people to ensure they were clear with what they were choosing. We saw that the home provided a hydration station in the communal lounge, so people could have access to snacks at all times of the day. Where people required a specialist diet we saw staff were aware of this and encouraged people to eat and drink to maintain their health and well-being. Culturally appropriate meals were provided for people when required. The chef told us, "We provide food to meet people's cultural and religious needs. We use a local shop to purchase specific foods."

People told us that they were supported to access a range of community health care professionals. One person told us, "There is also a chiropodist who comes regularly. If I need to I can see the dentist or the optician." A relative said, "Staff phone me if there are any emergencies with Dads health. They are on the ball." Staff we spoke with had a good understanding of how to support people to maintain good health. However, we sampled one person's care records and found some records were inconsistent and difficult to track. The registered manager rectified this before we completed our visit. We saw examples in records of staff accessing more urgent reviews by a doctor in response to people's changing health needs. A visiting health professional told us that staff always followed their advice to support the health and well-being of people.

Is the service caring?

Our findings

People and their relatives told us they were supported by a staff team who were kind, caring and compassionate. A person we spoke with said, "The staff are very alert and attentive and understand my needs really well." Another person told us, "This big house is made a home by the wonderful staff. They are all so caring and friendly I am really happy here." One relative said, "Kind, thoughtful and helpful staff."

Throughout our visit we observed positive interactions between the people who lived at the home and the staff. We saw that staff were patient and took time to talk with people, listen to them and it was apparent that staff knew people well. One person we spoke with told us, "I feel the staff have a good understanding of their jobs and treat us as individuals. After all we all have different needs and I think they are really good at this." Another person said, "The chef is lovely and makes sure we are really spoilt. She makes sure we are eating well and twice a day tops up the treats table with crisps and chocolates. They really do care about us here and we can have as much or as many drinks as we like."

Staff's communication with people was friendly, endearing and respectful. We observed staff speaking with people appropriately and addressed people by their preferred name. Staff we spoke with described people's personal preferences. One member of staff said, "[name of person] used to be a big dancer. She likes to eat cakes and go to bed late." We saw that staff responded to people in a caring and empathic way when people were becoming anxious so that they were reassured.

People told us that they were given choices and these were respected. People and their relatives told us that they were involved in decisions about their care and support. One person told us, "Its five star here. I have everything I could hope for to keep me comfortable and entertained. I am totally involved in my care here and they have discussed with me how many times a night I want to be checked on. I prefer to be left alone overnight so lock my door when I go to bed and they respect this and don't bother me until my cup of tea in the morning." Another person said, "I don't really like eating in the dining room, or most of the food, but they will do me something else and I eat it in the lounge on a tray as that suits me better." At the time of our inspection one person had an advocate to support them. Advocates are trained to support and enable people to make decisions. This demonstrated that people were empowered to express their views and decisions and their care and support.

People's own rooms were decorated to their own taste. Some people invited us into their room and we saw these were personalised with pictures and items that were of importance to them. People were encouraged and supported to maintain relationships with those that mattered to them. One person said, "It really is home from home here and I have my own telephone so I can call who I like." A relative we spoke with told us that they had moved into the home for ten days to support their loved one during their end of life and said, "I moved into dad's room to be with him. Staff respected our privacy and looked after us all so well." We observed people visiting the home throughout our visit and we saw no restrictions to visiting.

People told us that they were treated with dignity and respect and had their privacy observed. One person told us, "The staff are really lovely and always have a smile. They have grown to be my friends and we have a

lot of respect for each other. I don't feel they ever abuse their position and always show me the privacy and dignity that I like." Staff we spoke with shared examples with us of how they protected people's privacy such as closing doors when supporting people with personal care and knocking on people's doors before entering. We observed this practice during the inspection which demonstrated people's privacy was being respected by the staff who supported them.

A person we spoke with told us, "I have never worried that staff are not confidential, I don't hear them talking about other people." Staff we spoke with described the importance of ensuring that people's rights to confidentiality were maintained. We saw that confidential information was kept secure.

People told us that they valued their independence. One person told us, "It's the perfect solution for me. I wasn't able to manage at home so in here I feel safe, and have lots of very caring people around me. I am able to stay independent but can have help if and when I need it." Another person told us, "I have my own room key and can come and go as I please. I can catch the bus outside and go into the bullring, have a look around and then catch the bus back."

Is the service responsive?

Our findings

At our last inspection in October 2015 we found that activities for people to participate in were limited and people did not always have their individual needs met. At this inspection we found that these issues had been improved.

People told us that they received the care and support they wanted. One person told us, "Nothing is too much trouble. I only have to ask and they will do anything for me." Another person said, "I think I am cared for brilliantly. I am helped with showering and dressing because I struggle a bit but they are all so kind and considerate, it's great."

The registered manager told us that they conducted pre-assessments before people moved into the home. We saw the assessment process identified the level of care people needed to determine if the home could safely meet their individual needs.

We looked at people's care records and saw they were tailored to people's individual preferences and interests. People told us they played an active part in the planning and reviewing of their care. One person we spoke with told us, "I have discussed a care plan with them and they[the staff] seem to follow it ok. They know that if I shut myself in my room that I want some quiet time and generally leave me to it." A relative who spoke with us said, "I'm very involved with dad's care plan. It's important." We found on one person's care plan a risk associated with their health condition was being managed in day to day practice but some of the records were conflicting and action that had taken place was not always recorded. We observed staff providing individual care and showed a good understanding of people's varying abilities, likes and dislikes.

The registered manager told us that it was important that people were offered the choice to continue their preferred religious observance if they wanted to. People's diverse needs were understood and respected. One relative we spoke with told us how important their relative's religion was to them and said, "Dad's religion is everything to him and staff respect and appreciate this." Records we sampled highlighted that people had been asked about their individual religious needs.

There was a range of activities taking place on a daily basis for people to take part in if they wished to. One person told us, "I like my own company so I don't choose to get involved with many of the activities, but I can if I want to and everything that is going on is very well advertised." Another person told us, "[name of staff] is brilliant she really takes an interest and goes out to the shops with me." A relative we spoke with told us about a virtual cruise that the staff had developed for people and said, "We went all around the world and every place we stopped we sampled food and staff were dressed up in the country's traditional costumes." Another relative told us, "Dad used to be a very active member of this community and used to write articles for the Holmpark newsletter."

On the day of our visit we saw people were reading the daily newspapers and we saw some people used tactile objects which interested them. One person we spoke with told us, "There is a hairdresser and we can have our nails done if we want." Another person told said, "[name of staff] is the latest of a few activity co-

ordinators I have seen over my time. What a difference she has made. She is always so cheerful and motivating and has some great ideas to keep us all interested. I think she has been a huge asset to the running of the home." We observed staff sitting with people on a one to one basis and engaging in discussions about the past with the use of reminiscence cards and a group of people playing bowls. The registered provider had employed a dedicated activity co-ordinator who told us, "We hold regular meetings with people to identify people's interests and hobbies and we have recently introduced a new music therapy area which had been suggested by people." One person's care record we sampled identified that they had shown an interest in an educational course and the registered manager advised us that they were in the process of contacting local colleges. We asked staff how they prevented people who remained in their rooms from being lonely. One member of staff told us, "We provide one to one chats and hand nail care to people." We saw that people had been consulted and encouraged to express their views about the décor of the new nail bar and they had chosen the colour they wanted the room painted.

People were supported to maintain positive relationships with the people that mattered to them. Some people we spoke with told us that they had their own telephones in their room. One person told us "I have a mobile phone and can call anyone any time." Another person told us "I still write letters and cards when I can and they are posted for me. I have my post delivered to my room." The activities co-ordinator told said "I have helped people stay in touch with family by helping them send e-mails and messages to places like Australia."

People told us they would tell a member of staff if they had a complaint or a concern. One person said, "If I had to complain I would know how to and would discuss it with [name of registered manager]. I have no doubts that any concerns would be satisfactorily ironed out." We saw that there was information about how to make a complaint on display within the home. The registered manager told us that the complaints procedure was available in different formats and accessible for all people to understand. We found that complaints received were documented, monitored and follow up action recorded, with feedback given to the complainant. This demonstrated that the registered provider had a system in place for people and their relatives to access if they were not satisfied with any aspect of the service they received.

Is the service well-led?

Our findings

At our last inspection on 13 and 14 October 2015 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider had not ensured there were effective systems or quality audits in place to monitor the quality and safety of the service. The provider had produced an action plan of how they would respond to concerns raised at our last inspection. The provider took action and at this inspection we found improvements had been made.

People and their relatives told us that in their view the service was well-run. One person said, "I don't worry about anything regarding living here. I am very happy and really love it here. I hope this is where I die." Another person told us, "I know I couldn't ask for anywhere better. It suits me totally and I am really pleased to have found this home." A relative we spoke with told us, "I cannot find a fault. I can't speak highly enough of this home." People told us that they liked and respected the registered manager and management team. One person who lived at the home told us, "I know [name of registered manager] really well and she is first class. It's good to have someone with lots of enthusiasm and ideas and she has really turned this place around." One relative said, "[name of registered manager] is like a broom, swept some good changes in. She motivates her staff and has her eye on the ball. She is very visible on the 'floor' [within the home]."

People told us that they were asked for the opinions of how the home was run. We saw that the registered provider used questionnaires to find out people's views and experiences about the quality of the service. One person said, "They [the staff] are all really professional and I only have to ask for something – they will do anything for me." A relative we spoke with said, "They [the staff] ask me all the time for my opinions and suggestions." We saw that resident meetings were conducted as a way of gathering people's feedback and involving them in the development of the service. One person we spoke with told us, "We have residents meetings which are all held properly in the dining room. [name of registered manager] is there as well as the big bosses from Anchor and they have a note taker. They cover everything from what plans they have to any complaints or comments we have. The best thing is they do actually listen to us and try to respond to any requests. The meetings have about 12 residents attend." The registered manager demonstrated how they used feedback from people to improve the service and make plans for the future. We saw displayed in the reception area a "You said, We did" information board. For example, we saw that people had requested more selections of sandwiches at supper we saw that the registered manager had spoken with the chef to rectify this issue. This demonstrated that people's feedback was encouraged and responded to in a timely manner.

The registered manager and the district manager took an active role in the delivery and running of the service. During our inspection we saw that both were visible in the home and observed positive interactions with people and staff. This visible leadership promoted a culture that was positive and open. One relative told us, "There is a good culture of open and honest staff here." Staff we spoke with told us that they were able to raise concerns and would feel able to 'whistle-blow' if needed. A member of staff said, "We have a number to ring if we are concerned about anything. I've got the number in my diary."

Our inspection visit and discussions with the registered manager identified that they were knowledgeable

about all aspects of the service and knew people well. The registered manager had kept up to date with developments, requirements and regulations in the care sector. For example, where a service has been awarded a rating, the provider is required under the regulations to display the rating to ensure transparency so that people and their relatives are aware. We saw there was a rating poster clearly on display in the service and on the provider's website. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

Staff expressed confidence in the way the home was managed. Staff we spoke with had a good understanding of the leadership structure and their roles and responsibilities. Staff we spoke with told us that they had attended regular staff meetings which enabled them to share their views, opinions and share good practice.

The provider had a quality assurance system in place to make sure people were provided with high quality care. The registered manager told us, "Not everything is perfect and there are still things to improve." We saw a range of internal quality assurance checks were undertaken to monitor the service. We saw safeguarding, complaints, accidents and incidents were recorded and monitored for trends and patterns to prevent negative experiences reoccurring for people who lived at the home. We did, however, find some discrepancies on some people's care plans in respect of the accuracy of information. Whilst the registered manager was aware of some of the shortfalls we identified not all the inaccuracies we found in record keeping had been captured through the providers audit systems. The registered manager and district manager advised us of their intentions to address the issues following this inspection.