Anchor Trust

Heyberry House

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection carried out on 28 and 29 January 2016 .Heyberry House provides personal care and accommodation for up to 41 older people. Nursing care is not provided. On the day of our visit, there were 36 people who lived at the home.

Heyberry House is a purpose built facility set in its own grounds in the area of Birkenhead, Wirral. The home is within walking distance of local shops and public transport. A small car park and garden are available within the grounds. The home is decorated to a good standard throughout with accommodation provided across three floors. A passenger lift enables access to the bedrooms located on the upper floors. All bedrooms are single occupancy with en-suite facilities. Specialised bathing facilities are also available on each floor. On the ground floor, there is a communal lounge, dining room and conservatory for people to use.

During the inspection we spoke with three people who lived at the home, three relatives, one visiting mental

Summary of findings

health professional, two care staff and the management team on duty during our inspection. The management team consisted of the care manager, the dementia care manager, the regional manager and the team leader.

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.' On the day of our visit, the registered manager was on annual leave so the management team assisted us with our visit.

People told us they felt safe at the home and they had no worries or concerns. Staff we spoke with were knowledgeable about types of potential abuse and what to do if they suspected abuse had occurred.

People who lived at the home were happy with the service provided and held staff in high regard. They said they were well looked after and that the staff were lovely. We saw that staff supported people in a compassionate and unhurried manner, enabling people to be as independent as possible. From our observations it was clear that staff genuinely cared for the people they looked after and knew them well.

People told us they were able to choose how they lived their life at the home for example, what time they chose to get up / go to bed, what they wanted to eat/drink and what they wanted to do during the day. Activities were provided to occupy and interest people and staff took the time to interact with people in addition to meeting their support needs. This promoted their well-being. Interactions between people and staff were warm and relaxed and there was a homely, social atmosphere throughout the home.

We saw that people who were able to make informed decisions about their care, were supported in their decision making by staff at the home, who liaised on their behalf with other healthcare professionals to ensure the person's wishes were respected.

Some people required support to make informed decisions or choices and we found that the mental capacity act legislation had been followed to ensure people were supported as far as possible to be involved in any best interest decision making. This included ensuring people's legal representatives were invited to and involved in any decision making alongside staff at the home and any other healthcare professionals.

Where applications to deprive people of their liberty in order to keep them safe, had been made to the Local Authority, the provider needed to ensure that an assessment of the person's inability to keep themselves safe justified this decision.

People had access to sufficient quantities of nutritious food and drink. People we spoke with said they were satisfied with the choices and standard of the food on offer. People's special dietary needs were catered for and people's preferences were noted and acted upon.

We observed a medication round and saw that it was administered safely. Medication records were completed accurately and properly signed for. People told us they received their medication regularly and on time.

Staff records showed that staff had been recruited safely and that there were sufficient staff on duty to meet people's health and welfare needs. Staff had received appropriate training to meet the needs of the people who lived at the home. Staff told us they felt sufficiently trained and well supported in their job roles. We observed that staff and management relations were positive and that the staff worked well as a team. We saw that team leaders were visible 'on the floor' and provided positive role models for staff in the day to day delivery of care.

We reviewed three care records. All of the care files we looked at were well organised and easy to follow. Care plans and risk assessments provided sufficient information on people's needs and risks and were up to date. Staff had clear person centred guidance on how to meet people's needs safely in accordance with their wishes. The staff we spoke with, were knowledgeable about people's needs and how the person liked to be cared for. Records showed that the home took prompt action to ensure people received support from a range of professionals in relation to their health care needs as and when required. For example, doctors, dentists, district nurses, mental health teams and chiropody services.

The premises were safe, well maintained and clean. There were a range of quality assurance systems in place to assess the quality and safety of the service received

Summary of findings

and to obtain people's views. For example infection control audits, medication and accidents and incidents audits were all undertaken and a satisfaction questionnaire was sent out to gauge people's 'satisfaction' with the service provided. The results of the latest satisfaction survey were all positive.

The people, relatives and staff we spoke with during our visit told us that the home was well led, the staff were kind and treated them with respect and that they were happy with the service provided. People's feedback during our visit included "Absolutely fabulous" and "Staff are fantastic".

Summary of findings

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 told us they felt safe and had no worries or concerns.

Staff knew how to recognise and report signs of potential abuse. They were recruited safely and there were sufficient staff on duty to meet people's health and welfare needs.

The storage and administration of medication was safe and people received the medicines they needed.

The premises were safe, clean and well maintained.

Is the service effective?

Good

The service was effective.

People said they were well looked after. It was clear from our observations that staff knew people well and had the skills/knowledge to care for them.

People were given enough to eat and drink and were given a choice of suitable nutritious foods to meet their dietary needs. Meals were served in a relaxed homely atmosphere.

People's consent was sought. There was some evidence of good practice in relation to the Mental Capacity Act but the reason why some people required a DoLS required further investigation.

We saw people had access to appropriate support from other healthcare professionals as and when required.

Is the service caring?

Good

The service was caring.

People we spoke with held staff in high regard. Staff were kind, caring and respectful when people required support. Interactions between people and staff were warm and pleasant and people were relaxed and comfortable in the company of staff.

People's independence was promoted and people were able to make everyday choices in how they lived their lives.

Regular residents meetings took place and people were able to express their views.

Is the service responsive?

Good

The service was responsive.

People's needs and care had been individually assessed, care planned and regularly reviewed. The care provided was person centred and holistic

People were cared for in a compassionate manner and their wishes, feeling and values in relation to their care were supported and respected.

Summary of findings

People and the relatives we spoke with had no complaints. The provider's complaints policy however required improvement in respect of who people should contact in the event of a complaint.

Is the service well-led?

Good

The service was well led.

The people, relatives and staff we spoke with said the staff and the management team did a good job.

A range of quality assurance systems were in place to ensure that the home was safe and provided a good service. These enabled the provider to come to an informed view of the standard of service provided.

People's satisfaction with the service was sought through the use of satisfaction questionnaires. Everyone we spoke with thought highly of the service.

Heyberry House

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 28 and 29 January 2015. The first day of the inspection was unannounced. The inspection was carried out by an Adult Social Care (ASC) Inspector.

Prior to our visit we looked at any information we had received about the home and made contact with the Local Authority, who told us they had no concerns about the quality of the service provided.

During the inspection we spoke with three people who lived at the home, three relatives, a visiting healthcare professional and two care staff. We also spoke with the care manager, the dementia care manager, the regional manager and a team leader who worked at the home.

We looked at the communal areas that people shared in the home and a visited a selection of individual bedrooms. We looked at a range of records including three care records, medication records, staff recruitment and training records and documentation relating to the quality and safety checks undertaken by the service.

Good

Is the service safe?

Our findings

We spoke with three people who lived at the home. They told us that they felt safe living at the home. No-one we spoke with raised any concerns about the care they received and all held staff in high regard. When asked if they liked living at the home, one person said "I love it", a second person told us they had "No concerns. It's good I like it".

We spoke with three relatives of people who lived at the home. They all told us they had no worries or concerns about people's safety or care at the home.

The provider had a policy in place for identifying and reporting potential safeguarding incidents. A poster advising people who lived at the home, relatives, visitors and staff about who to contact in the event of potential abuse was displayed in communal areas. We spoke with two care staff, both of whom demonstrated an understanding of types of abuse and the action they would need to take in order to protect people from risk. Any allegations of potential abuse had been appropriately reported, investigated and acted upon by the manager.

We looked at the care records belonging to three people who lived at the home. We saw that people's needs were properly assessed and any risks in the delivery of care identified and managed. For example, risk assessments were in place to manage people's risk of malnutrition, falls, skin integrity, mobility, communication and continence needs.

Risk management plans for any identified risks were clear and easy to follow and records relating to people's daily care showed that the risk management actions were followed. For instance, one person's management plan for the prevention of pressure ulcers advised staff to ensure the person was repositioned every two hours. The person had a repositioning chart in place which showed the person had been supported to change position in accordance with this advice.

Care plans and risks management plans were regularly reviewed and updated. The staff we spoke with, had a good understanding of people's planned care and how to manage people's needs and risks. This ensured people received safe and appropriate care.

Personal emergency plans were in place to advise staff how to evacuate people safely in the event of an emergency. Personal emergency plans were colour coded and gave staff and emergency personnel a quick visual guide to people's level of dependency in an emergency situation. There was also an up to date fire risk assessment in place and clear fire evacuation procedures for staff to follow.

Records relating to the premises showed that the premises and the home's equipment were well maintained. We looked at a variety of safety certificates for the home's utilities and services, including gas, electrics, heating, specialised bathing equipment and small appliances. Records showed the systems and equipment in use conformed to the relevant and recognised standards and were regularly externally inspected and serviced. The home had been awarded a five star rating by Environmental Health in July 2015 for its standards of food hygiene. A five star rating is very good. We saw that the kitchen was well organised and managed.

An infection control policy was in place to minimise the spread of infection and infection control audits were completed every quarter. On the day of our inspection the home was clean and free from odours.

The provider had a system in place for monitoring and controlling the risk of Legionella. Legionella bacteria naturally occur in soil or water environments and can cause a pneumonia type infection. It can only survive at certain temperatures. Under the Health and Safety Act 1974 a provider has a legal responsibility to ensure that the risk of legionella is assessed and managed. The provider undertook regular water temperature checks but the temperature range tested was incorrect. We spoke to the team leader about this, who spoke to the maintenance man immediately to resolve this.

We reviewed staffing levels. We saw that the provider analysed people's needs on a monthly basis and used this information to determine the number of staff required on duty. The care manager told us that staffing levels were flexible to meet changes in people's level of dependency. levels. On the day of our inspection, three care staff were on duty, a team leader and the care manager. The regional manager was also present as the registered manager was on annual leave. Staff rota's confirmed that this was the 'usual' number of staff on duty.

Good

Is the service safe?

We asked three people who lived at the home and three relatives if the number of staff on duty was sufficient. The majority of people and relatives thought staff levels were sufficient most of the time. We observed staff caring for people throughout the day. Staff were unrushed in the delivery of care. People were assisted promptly and in a patient, friendly manner. Call bells were answered quickly and there was a visible staff presence in communal areas. These factors indicated that the number of staff on duty was sufficient to meet people's needs.

We looked at the personnel files of four staff. Three of the files included evidence of a satisfactory recruitment process. One file lacked evidence that the staff member's suitability to work with vulnerable people had been thoroughly checked. We talked to the care manager and regional manager about this who assured us that the staff member had worked at the home for a significant period of time and was a valued and trusted member of the team. They told us that they would ensure up to date evidence of the person' suitability was sought without delay.

Accidents and incidents were logged on a separate accident and incident form. These records gave a clear description of the accident or incident, the action taken and the outcome. We saw that where actions had been identified for example, a referral to the falls prevention team, these actions had been undertaken to protect people from further risk.

We looked at the arrangements for the safe keeping and administration of medicines. We saw that people's medication was stored securely. We saw people had been given a choice to self- administer their own medication if they so preferred. The majority of people had opted for staff to administer their medication. One person had requested to self- administer one of their medications for pain relief. We saw evidence that the person's ability to safe administer this medication had been risk assessed as safe before this request was granted. People we spoke with said they received the medication they needed.

People's medication was mostly dispensed in monitored dosage blister packs. Some medication such as 'as and when' required medication was boxed. We checked a sample of three people's medication administration charts (MAR) and found they matched what medicines had been administered. Pain relief medications with a variable dose for example, one to two paracetamol to be given as and when required and medication given at irregular times had the quantity of medication and the time of administration recorded appropriately to ensure that people did not receive too little or too much medication. We observed a medication round and saw that the administration of medication was done in a safe and discreet way.

Good

Is the service effective?

Our findings

The people we spoke with told us the staff looked after them very well. Comments included staff are "Absolutely marvellous"; "Pretty good, haven't got a fault for any of them" and "They are lovely" Relatives we spoke with also held the staff team in high regard. One relative told us "They do a very good job", another told us "Staff are fantastic".

When we asked people who lived at the home and their relatives if they thought staff had the skills and experience to care for them, they all unanimously told us they did. One relative told us the care was "Excellent. We are very impressed"; another said "It is really good here. People are well looked after". A visiting healthcare professional told us "I feel it's good care. Clients seem very happy". They said they had "No concerns whatsoever" about people's care.

We observed staff supporting people throughout the day and watched them interact with people's relatives. Staff were pleasant and respectful in all interactions. People were supported promptly and in a patient unhurried manner. It was obvious that people were comfortable and relaxed in the company of staff and it was clear that staff knew people well and genuinely cared for the people they looked after.

Relatives were made welcome and staff were hospitable and friendly at all times. One relative told us staff were "Really friendly, you can always go to them if you have a problem"; another said "They (the person) was made very welcome. Staff are very approachable".

People told us they got enough to eat and drink and that the choice and quality of the food was good. One person told us "You get loads" to eat and drink.

We observed the serving of the lunchtime meal and saw that the meal was served promptly and pleasantly by staff. The dining room was light, airy and the lunchtime meal was served in a relaxed, social atmosphere. The dining table was nicely decorated with a cotton tablecloth, napkins and china dinnerware. There were menus on each table, offering people a choice of starter, main and dessert. The menu options available offered a good choice of suitable and nutritious food. Where people struggled to understand the menu, staff took a sample of the food to the person so that they could visually see the choices on offer. This supported people's ability to choose.

We reviewed the care records of three people who lived at the home. We saw that people's risk of malnutrition was assessed on admission to the home and regularly reviewed. Referrals to dietary services were made for people who needed support with their nutritional intake and any advice given had been followed. People who were at risk of malnutrition had their dietary intake recorded and monitored to ensure it was sufficient and people's weight was monitored monthly to ensure it remained in a 'healthy range' for their height and build.

We talked to the chef who told us that when a person first came to live at the home, they met with the person to discuss their dietary requirements, likes and dislikes and any special dietary requirements they had for example, diabetic diet, soft diet. We were shown detailed information from the chef with regards to people's individual special dietary requirements and dietary preferences. They told us the management team updated them regularly with any changes to people's nutritional needs. We saw that people's feedback on the choice and quality of the food was regularly sought by the chef. People's feedback recorded was in a comments book that was available for all to see in the dining room.

We also saw that a resident meeting in November 2015 had focused on people's food and dining room experience and how this could be improved further. As a result of this meeting, a nutrition and hydration station had been set up in the communal dining room/lounge which enabled people who lived at the home and their relatives to access a cup of tea or coffee and a biscuit as and when required. This promoted people nutrition and hydration needs.

People's daily notes showed that staff were monitored people's health and wellbeing on a daily basis and responded appropriately when people became unwell. Records showed that people had prompt access to medical and specialist support services as and when required.

We looked at the arrangements for the training and support of staff. We saw evidence that each staff member had had an induction when they first started working at the home and access to regular and appropriate training opportunities throughout their employment. Staff we spoke with confirmed this. The provider's training schedule showed that staff members were offered training in a wide

Good

Is the service effective?

range of health and social care topics such as the safe administration of medications, moving and handling, safeguarding, dementia awareness and mental capacity, nutrition, first aid, infection control food hygiene.

Staff told us that they received regular supervision and that they had had an appraisal of their skills and abilities. Staff records confirmed this. Staff we spoke with said they felt supported in their job role. One staff member said the support and training provided was "Really good" and if they were unsure about anything they would "Just ask". Another staff member told us that they had regular supervision and if staff had "Any issues in the meantime, you can just go to the team leader".

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We looked at three care files. We saw some elements of good practice in accordance with the MCA. For example, one of the key principles of the MCA is that people who have the capacity to make informed decisions, have the right to make decisions which others might regard as unwise. In accordance with this, we saw that staff had supported people in whatever decision they made about their care. In some cases, this had involved liaising with, and discussing the person's choice with other healthcare professionals in accordance with person's wishes. These discussions were clearly documented and showed that staff at the home had respected the person own values, beliefs and preferences with regards to their care.

Where people lived with dementia or had short term memory problems that may have impacted on their ability to make informed decisions, we saw evidence to indicate that the person had been supported to be involved in discussions relating to the planning and design of their care and any best interest decision making as far as possible. This meant the person was given the opportunity to express their views in the matter and what outcome they would prefer.

Two people had lasting power of attorneys in place and staff had followed MCA legislation to ensure people's legal representatives were invited to and involved in any best interest decision making to ensure the person's views, values and beliefs were taken into account by someone who 'knows them best'. Best interest decision making is integral to the Mental Capacity Act legislation and it was good practice by the provider to ensure this type of decision was not made in isolation by staff at the home.

We found however that where an application to deprive a person of their liberty had been submitted Local Authority, the provider did not always have sufficient evidence to justify why a deprivation of liberty was required. For example, one person's care notes indicated that a deprivation of liberty application had been approved by the Local Authority. We saw that provider has instigated best interest meetings in relation to a DoLs decision with the Local Safeguarding Team and the person's social worker prior to an application being made. There was no evidence however as to why a DoLs was required in the first place as the person's capacity to keep themselves safe outside of the home had not been assessed by the provider prior to an application being made. There was also no clear documentation in relation to the best interest decisions discussed. We spoke to the care manager about this who assured us that improvements to the process would be made without delay.

Good

Is the service caring?

Our findings

People we spoke with spoke highly of the staff and the care provided. They told us "Staff are very nice indeed, so accommodating"; Staff are very, very good indeed. They are very, very gentle. I always get a hug" and "They are pretty good, I haven't got a fault for any of them".

Relatives we spoke with also had nothing but praise for the staff team. One relative told us that when the person had first arrived at the home the staff team had made them (the person) "Very welcome and were very reassuring". They went onto tell us the staff were very good. They spoke fondly about how at Christmas time the whole family had been made very welcome at the home's Christmas Party. They said staff went out of their way to make it special for people and their families. They said "The atmosphere was great". I hope I've sung their praises. They are very good".

A second relative told us "Staff are really friendly. You can always go to them if there is a problem and third relative said "They (the person) are very happy. This (place) is heaven".

We spoke with both the team leader and the care manager about the care people received and found them to be knowledgeable and caring in approach. We observed the care manager support one person who was not eating very much at lunch. They sat down by the side of the person and patiently encouraged them to eat their meal. The person was offered an alternative and given gentle, unobtrusive reminders about the meal in front of them.

The team leader was observed to be jovial, warm and sincere in all interactions with people and their families. They were a visible presence in communal lounge/dining area. They were attentive to people's needs and feelings and were obviously well liked by people who lived at the home.

We found both the care manager and the team leader to be positive role models for the staff team and their approach was mirrored by other team leaders and staff throughout our visit.

For example, we saw that people were well dressed and looked well cared for. Our observations of how care staff supported people were all positive. Staff were warm, caring and compassionate.

Staff greeted people with a smile, made eye contact when talking to people and used positive touch to connect with, or reassure people throughout the day. It was obvious from our observations, that staff were familiar with people's needs, preferences and were responsive to how people were feeling as well as their physical care needs, ensuring reassurance was given were needed. This supported people's wellbeing. It was clear from our observations that people trusted the staff and management team.

We spoke to two staff about the people they cared for. The staff we spoke with told us how they ensured people were treated with dignity and respect, giving examples of how they did this in the day to day delivery of care. Staff spoke warmly about the people they cared for. One staff member told us "We treat them like family".

All the care files we looked at showed that people and their families had been involved in planning their care. Care plans outlined the tasks people could do independently and what people required help with. This promoted people's independence. For instance we saw that one person had expressed a preference for administering their own pain relief and this has been safely managed by the home to support the person's autonomy.

People's decisions about how they wished to be cared for in the future or in the event of ill health had been discussed with them. This included decisions about cardiopulmonary resuscitation, should the person's health decline. We saw evidence that these decisions were reviewed with the person to ensure they remained up to date and in accordance with the person's wishes. The home had achieved accreditation for the NHS 'Six Steps Programme' for end of life care in November 2015.

Good

Is the service responsive?

Our findings

We looked at three care files. People's care plans were holistic and person centred. They contained sufficient knowledge about people's physical and emotional needs to enable staff to deliver care that was based on the person's individual needs and preferences.

People's care files contained people's life histories which gave staff information about the person's life prior to coming to live at the home. For example, education, employment and family life. Personal life histories capture the life story and memories of each person and help staff deliver person centred care. The staff we spoke with knew this information. They were able to able to tell us about people's lives prior to coming in to the home, the person's social interests and how the person liked to be cared for. This demonstrated that staff used this information in the day to day delivery of care in order to understand and connect with, the people they were caring for.

Documentation in people's care files showed that prompt referrals were made to other healthcare professional in support of people's physical and emotional well-being. For example, advice had been sought from physiotherapy services, occupational health, community dieticians, district nursing and mental health teams. People's daily notes showed that staff were observant to changes in people's physical or emotional health and sought advice from people's GP as and when required.

A visiting mental health professional we spoke with on the day of our visit told us that staff were responsive to people's emotional needs. They told us people received "Good care" and that people's mental health needs were managed well. They said that staff and management were approachable and that they had no concerns whatsoever about people's care.

People's care plans and risk assessments were regularly reviewed and updated when people's needs had changed. Face to face care reviews took place with the person and their family on a regular basis to ensure the person remained happy with the care that they received. It was clear that every reasonable effort was made to ensure people were involved in decisions about their care.

One of the people whose care file we looked at had a physical condition which impacted on the type of diet they were able to eat. We saw that appropriate professional advice had been sought for the person, which the person did not wish to follow. The home supported this person's right to have autonomy over this decision. They ensured the person was aware of the risks of ignoring this advice and advocated on the person's behalf with medical and other healthcare professionals to support the person wishes. Risk management plans were put into place at the home to ensure that any risks to the person's health were minimised and records were kept of all related correspondence so the person's choice was clearly documented.

An activities co-ordinator was employed at the home but on the day of our visit they were off work. We saw from the home's activities timetable however that a range of activities were offered such as bingo, quizzes, baking days, use of an ipad and music. A poster on the noticeboard also promoted a forthcoming 'Active Minds' session run by an external company specialising in activities for the older generation.

Staff, people who lived at the home and their relatives all confirmed that activities took place. One person told us about a recent movie night that they had enjoyed. They said staff at the home had set out the communal lounge as if it was a cinema and a large projector had played a movie on the lounge wall for all to watch.

People said they had no concerns or complaints about the care they received. One person who was on respite care said that they would have no hesitation in returning to the home. They said "I'm very happy, happy to come again". Relatives we spoke also said they had no concerns or complaints and that they were impressed with the care people received.

We reviewed the provider's complaints procedure displayed in the entrance area of the home. The complaints procedure clearly outlined the process and timescales involved in making a complaint. The procedure however failed to provide the contact details for who people should contact should they wish to make a complaint. For example, complaints were to be addressed to manager and customer relations, but there were no address details provided for either. Contact details for the Local Authority and the Care Quality Commission were also not provided. We spoke to the regional manager about this who said they would raise it internally without delay.

Good

Is the service responsive?

We saw that three complaints had been received since our last inspection of the service in 2014. Records showed that each complaint was appropriately investigated and responded to by the manager with improvement action taken where necessary.

Good

Is the service well-led?

Our findings

The service was well led and managed. Everyone we spoke with confirmed this.

There was a comments book in the entrance area of the home for people, relatives and visitors to use to feedback any minor concerns or compliments. We looked at sample of the comments left and saw many were positive. Comments included; "I have had lovely staff here. Staff are all very caring and I have been very comfortable. I would like to come back again" and "Mum loves it here. The environment is friendly and the staff team are brilliant".

Staff we spoke with said the management team are "Really good" and "Management are approachable. Feel confident that if I had any concerns they would be dealt with". We observed the culture of the home to be open and inclusive. The staff team had a 'can do' attitude and we saw that people were happy and comfortable in their company. The management team worked well together to ensure that staff were supported on the floor and had a 'hands on' approach to care. This demonstrated good staff leadership.

We saw that regular staff meetings had taken place. We saw from the minutes of the last staff meeting in November 2015 that issues associated with the running of the home were openly discussed. This included a review of people's needs, end of life care arrangements and the morale of staff. Management meetings also took place to review the quality and safety of the care provided and plan for continuous improvements.

The manager used Anchor's Excellence Tool to self- assess the home's quality and safety standards and to action plan where improvements could be made. This tool was then reviewed by the regional management team to ensure that Anchor's service standards were achieved, maintained and improved.

In addition to the Excellence Tool, the management team undertook a range of regular audits to monitor the quality and safety of the service. Audits of care plans, medication administration, accident and incidents, the environment, infection control standards and safe water temperature checks were all undertaken. We saw that records clearly identified what was being audited, where improvements were needed, the actions to be undertaken and timescales for completion. This demonstrated that the provider had effective systems to regularly identify, assess and monitor the risks posed to the health, safety and welfare of people who lived at the home.

The provider undertook an independent survey of people's views on the quality of the service provided. The survey was called 'Your Care Rating' and was conducted by an external company called Ipsos Mori. We saw that the survey assessed people's satisfaction across a range of categories such as the staff team; the care provided; home comforts; choice and having a say and quality. We saw that the home scored consistently high in all categories.

We were provided with a copy of the results from the survey undertaken in 2014. The results of the survey for 2015 were not yet available. 17 people had responded to the survey in 2014 and all feedback was positive. 100% of the people indicated that they were "Happy with the care and support"; "Staff are capable of providing care" and "Treated with kindness, dignity and respect". This demonstrated that people were satisfied with the quality of the service provided, trusted the staff team to provide them with the right care and that they were happy at the home.