Anchor Carehomes Limited

Widnes Hall

Inspection report

Coronation Drive
Ditton
Widnes
Cheshire
WA8 8BL

Tel: 01514220004
Website: www.anchor.org.uk

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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

Summary of findings

Overall summary

The inspection was unannounced and took place on 27 and 28 June 2017.

This was the first inspection of this service since the provider had changed to Anchor Care Homes Limited.

Widnes Hall is a care home which provides care and support for a maximum of 68 people. The accommodation is provided in four separate units, two at ground floor level with two more units on the first floor. Two units provide care and support for up to 36 people who are living with dementia. The other two units provide accommodation for up to 32 people who need residential care and support. The home has car parking facilities and large well maintained garden areas. The home is situated in Ditton and is approximately one mile from the centre of Widnes. The two-storey property is purpose built and is close to shops, public transport and other local amenities. 65 people were living in the home at the time of our visit.

Widnes Hall has 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 registered manager was present during the two days of our inspection and was supported by the deputy manager on the second day of our inspection. The registered manager was open and transparent throughout the inspection process and was seen to interact with people using the service and staff in a caring and helpful manner.

We spent time talking with people and undertaking observations within the home and noted that people received care and support in a timely manner, which was also responsive to their individual needs. We noted that staff communicated and engaged with people in a kind, friendly and compassionate manner and that people were encouraged to maintain their independence and to follow their preferred daily routines and lifestyle.

We saw that staff were recruited safely, appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care. Staffing levels were observed to be sufficient to meet the needs of the people living in the home.

People living in the home and their relatives confirmed that staff were kind, patient and knew them and their needs well.

A programme of induction and on-going training had been developed for staff to access via e-learning and face to face learning methods. Staff also had access to recognised qualifications in health and social care. This helped to ensure people using the service were supported by competent staff. Additional systems of support such as supervisions, daily handovers and team meetings were also in place.

We received one negative comment about staffing levels. However all of our observations, our examination of staff rotas and records of peoples dependency needs together with discussions with staff confirmed that there were sufficient numbers of staff to meet the needs of the people living in the service.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any potential safeguarding incidents were dealt with openly so that people were protected from harm.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005. Staff evidenced good knowledge in this area. This meant that the staff members were aware of people's rights to make their own decisions.

The food in the home was varied and well-presented and we received positive comments about the choices that people were offered and the standard of the food.

People's care plans were person centred and reviewed regularly. This meant staff knew if any changes in care provision had been made and helped to ensure that people's needs continued to be met.

There was a variety of activities and outings from the home which people told us they enjoyed. This ensured they were not socially isolated.

There was a complaints policy in place and people knew who they could speak to if they were not satisfied with their care. People told us they were confident they would receive a response.

Staff members we spoke with were positive about how the home was managed. The staff members we spoke with were satisfied about the service provision and the quality of the support they received in their job role.

The registered manager used a variety of methods to assess and monitor the quality of the service. This included regular audits of the service, staff and resident meetings, monthly newsletters, checks to check the quality of the service as well as gaining the views of the people who used the service. The provider had an internal system into which the registered manager submitted monthly information based on the audits undertaken within the home. These were sent to the company's head office and ensured that the provider was kept informed about the quality and safety of the service.

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.

Staff had received training in regard to safeguarding vulnerable adults and were aware of the procedures to follow if abuse was suspected.

Risk assessments had been updated regularly so that staff were aware of current risks for people using the service and the action they should take to manage them.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff who were suitable to work with vulnerable people.

People were protected from the risks associated with unsafe medicines management.

Is the service effective?

Good

The service was effective.

Staff received supervision and had access to induction, mandatory and other training that was relevant to their roles and responsibilities.

Policies and procedures relating to the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed to provide guidance to staff on this protective legislation and the need to protect the rights of people who may lack capacity.

People's nutritional needs had been assessed and people had access to wholesome and nutritious meals.

Systems were in place to involve GPs and other health care professionals when necessary.

Is the service caring?

Good

The service was caring.

We observed that people using the service were calm and relaxed in their home environment and that staff interactions were appropriate, warm and caring.

People using the service were treated with dignity and respect and their privacy was safeguarded.

Is the service responsive?

Good

The service was responsive.

Systems were in place to ensure the needs of people using the service were assessed, planned for and reviewed.

People had access to a range of individual and group activities and received care and support which was responsive to their needs.

Is the service well-led?

Good

The service was well led.

The home had a registered manager who provided leadership and direction.

A range of auditing systems had been established so that the service could be monitored and developed. There were arrangements for people who lived in the home and their relatives to be consulted about their opinions of the service

Widnes Hall

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 27 and 28 June 2017 and was unannounced. The inspection was carried out by two adult social care inspectors on 27 June 2017. One inspector returned the next day to finalise the inspection.

Before the inspection we reviewed the information we held on Widnes Hall. We also asked the local authority to provide us with any information they had about the service and their feedback was positive. We spoke to four healthcare professionals who regularly visited the home to gain their feedback and we also viewed the most recent Health watch enter and view report. This helped us gain a balanced view of what people who lived at Widnes Hall experienced.

It should be noted that the provider was not requested to complete a provider information return (PIR) prior to the inspection. A PIR 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.

During the inspection, we used a number of different methods to help us understand the experiences of people living in the home. At the time of the inspection there were 65 people living in the home. We spoke with a total of 28 people living there, 21 visiting relatives and seventeen staff members including the registered manager, the deputy manager, the administrator, two housekeeping staff and twelve care staff.

Throughout the inspection we observed how staff supported people with their care during the day and monitored all interactions.

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

We looked around the building including, with the permission of the people who used the service, some bedrooms. We looked at a total of eight care plans. We looked at other documents including policies and procedures. Records reviewed included: staffing rotas; risk assessments; complaints; staff files covering recruitment; training; maintenance records; health and safety checks; minutes of meetings and medication records.

Good

Is the service safe?

Our findings

We asked people who used the service if they found the service provided at Widnes Hall Care Home to be safe. People spoken with confirmed they felt safe and secure at the home and told us they were well-supported by staff who had the necessary skills to help them with their individual needs.

Comments received from people using the service included: "I am fine here. I know everyone and know they will not do me any harm. I can lock my door if I want"; "Definitely feel safe yes. There is always someone around to help"; "Staff give me my tablets every day and watch me take them because they keep me alive" and "There are lots of kind helpful staff on duty. Just ask and they help".

We looked at eight care records for people who were living at the home. We noted that each person had undergone a holistic assessment of their needs and that care plans and risk management plans were in place to ensure potential risks were identified and controlled. A fire risk assessment, personal emergency evacuation plans and a business continuity plan were also in place to ensure an appropriate response in the event of a fire or major incident. This information helped staff to be aware of current risks for people using the service and the action they should take to minimise and control potential or actual risks.

Additionally, the registered manager maintained an on-going record of any falls, accidents and incidents that had occurred in the home together with monthly accident statistic forms. This enabled the service to maintain an overview of the type, cause and frequency of any incidents and to take appropriate action where necessary.

At the time of the visit there were 65 people being accommodated at the home who required different levels of care and support.

The service employed a registered manager on a full time basis who worked flexibly subject to the needs of the service. Two deputy managers were also in post who had supernumerary hours to support and work alongside staff. Ancillary staff were employed for activities; domestic; laundry; catering and maintenance roles.

We looked at the staffing rotas with the registered manager in order to review how the home was being staffed. Examination of the rotas highlighted that each unit was staffed with one team leader and two care staff from 8:00 am to 8.00 pm each day. Between the hours of 8.00pm to 8.00am the home was staffed by two team leaders and four care staff. Staff told us that extra staff would be brought in if a person's needs changed and their dependency levels had increased.

A staffing tool was in use by the provider and systems were in place to monitor the dependency levels of the people using the service and to deploy staffing resources accordingly.

Overall, feedback received from staff confirmed there were sufficient staff on duty to meet the needs of the people using the service.

We looked at a sample of four staff personnel files. Through discussion with staff and examination of records we found evidence of satisfactory recruitment and selection procedures which met the requirements of the current regulations. In all four files we found that there were: application forms; two references; interview notes; health questionnaires; disclosure and barring service (DBS) checks and proof of identity. All the staff files we reviewed provided evidence that appropriate checks had been completed before people were employed to work at the home. This helped ensure staff employed were safe to work with vulnerable people.

A corporate policy on 'safeguarding adults' had been developed by the provider to offer guidance and clarity for staff on their safeguarding duties and responsibilities. Additionally, separate guidance on how to whistle blow was available for staff to reference. A copy of the local authority's adult protection procedure was also available for management and staff to view.

Training records viewed confirmed that the majority of the staff team had completed e-learning training entitled 'safeguarding adults at risk' and there were systems were in place to highlight when refresher training was due. The registered manager and staff spoken with during our inspection demonstrated a good understanding of the different types of abuse, their duty of care to protect the welfare of vulnerable people and how to whistle blow.

We looked at the safeguarding records for the service. The safeguarding log highlighted that there had been 27 safeguarding referrals made to The Care Quality Commission (CQC) from April 2016March 2017. Records confirmed that the registered manager or the deputy manager had referred all safeguarding incidents to the relevant authorities appropriately. It was clear that nay potential incidents had been discussed with and / or referred to the local authority safeguarding team in accordance with local policies and procedures. No safeguarding referrals had been made since April 2017.

The home had recently changed their mediation system to Boots Pharmacy and all medication was now boxed which was a change from the previous blister pack system. We saw there was a robust system for ordering, administration and recording of medication coming into the home.

We saw the Medication Administration Records (MAR) sheets were carbonated and when new medication arrived in the home one copy was returned to the pharmacy, one copy remained in the book and one copy held in the MAR sheet folder for staff to sign when administering medication. We saw all records held a staff signature list, MAR codes, a photograph of each resident together with any allergies recorded.

Staff told us that they had taken advice from Halton Local Authority contract monitoring officers in respect of medication management. As a consequence they had amended procedures to include ensuring that medication rooms did not exceed 25 degrees centigrade by purchasing room cooling equipment and to check and record medication room temperatures daily.

During our visit we viewed a sample of MAR sheets and observed administration and storage of medication and found the process to be well managed.

We saw records to show medication audits were routinely undertaken by senior staff to monitor the management of medication and to ensure the safety and welfare of people using the service was safeguarded.

Areas viewed during the inspection appeared clean. Staff had access to personal protective equipment and policies and procedures for infection control were in place. We noted that infection control audits were

completed as part of the home's quality assurance system. An infection control audit was also undertaken monthly to include hand hygiene, PPE, sharp bins, environment, waste disposal and laundry.

Staff followed the provider's policies and procedures for infection control. Guidance was on display for staff, visitors and people using the service to follow in relation to hand hygiene and infection prevention. Alcohol gel was provided at the main entrance at other places around the home.

We noted that the front door was locked and accessed by key code or bell and people could only be allowed to enter or leave by staff opening the door. There was also a visitor's book and staff log to ensure all people who entered the building could be accounted for.

Good

Is the service effective?

Our findings

We asked people who used the service or their representatives if they found the service provided at Widnes Hall to be effective. People spoken with told us that their care needs were met by staff.

Comments received from people using the service included: "The food is so good I am putting on weight"; "The food is fabulous we get a good variety. We have lots of choices to choose from. If you don't like it you can ask for something else"; "Every time I look up they are offering me more food" If I need a doctor they come quickly and the nurses who come are lovely", "My bedroom is lovely. I have my own things around me", "I'm quite happy here, I like watching the birds on the bird table outside my window, the food's alright, the staff are alright and they come in and have a chat with me quite often" and "its lovely here and the carers are lovely too, also the food's nice".

People's relatives told us they felt the care and support provided was effective. Comments included "I was a little concerned that they would not be able to meet (name) needs but I need not have worried. The staff fully understand her needs and have effective ways of communicating with her. It's a load off my mind" and "Could not be better. They know exactly what makes her tick. They know what food she likes, how she likes it, how they can help her to eat it. The staff have got great skills to deal with dementia, I could not think of a better place to meet her needs and mine too".

Widnes Hall care home is a two-storey building with two units on each floor. The home has 68 single rooms all of which have ensuite facilities. Each of the dementia units has one lounge and one lounge diner and the residential units have a large lounge diner. There is a conservatory that overlooks the garden, a library seating area and accessible bathroom and toilet facilities throughout the home. The home has car parking to the front and large gardens to the sides and rear.

Rooms viewed contained people's personal possessions and belongings and were homely and comfortable. The registered manager told us that bedrooms were usually redecorated and refurbished when they became vacant or sooner should the need arise.

We noted that the units accommodating people living with dementia had been decorated with 'dementia strategy' themed wallpaper such as seaside, sweet shop and old memorabilia People had been able to choose the colour of their 'front door' to their bedrooms. Signage and memory boxes were also in use to help people orientate around the units and to locate their bedrooms and toilets more easily. The environment had been adapted, bathrooms were clearly signposted and toilet seats were in a darker colour for those with problems with visual perception. Digital clocks displayed the date and time. Grab rails were in place in all bathrooms and toilets. The dementia units had a quiet lounge as well as main lounge/dining room. Quiet room had objects of interest, such as an old typewriter and old fashioned suitcases. There were secure garden areas for people to sit and enjoy the outdoors.

A programme of induction, mandatory qualifications, service specific and specialist training had been developed by the provider for staff to access. This was delivered via a range of methods including e-learning

and face-to-face training.

Discussion with staff and an examination of training records confirmed staff had access to a range of training such as: induction; fire safety; food safety; infection control; health and safety; moving and handling; Mental Capacity Act and Deprivation of Liberty Safeguards; dementia awareness and safeguarding. Competency based training had also been completed by staff and other specialist training was available to access as and when required. Staff progress with regards to their training was tracked using a training matrix and all certificates for completed courses attended were stored in staff files. New staff completed an induction aligned to the principles of the Care Certificate. The Care Certificate is a twelve week programme designed to help newly appointed staff working within the health and social care sector develop their skills within the role. This can then be signed off by a senior colleague when completed.

One staff member said that they thought the care certificate was an excellent way of developing knowledge and skills. They said "It's so thorough and I have learned a lot from it. The way it is devised is that you need to read all the policies and procedures as you go along which is a great way to acquire knowledge"

The registered manager told us that the provider offered all staff the opportunity to undertake continuous personal development to enable them to progress within the organisation. Figures showed that several staff had been able to achieve their goals in advancing their career within the organisation.

We saw records to show that all staff had structured supervision with a designated person at least four times a year.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the registered manager.

We noted that policies on the Mental Capacity Act and Deprivation of Liberty Safeguards had been developed by the provider to offer guidance for staff on the core principles of the Act.

We saw that mental capacity assessments were undertaken if necessary and if applicable DoLS applications were completed. These were only completed if a person was deemed to be at risk and it was in their best interests to restrict an element of liberty. Applications were submitted to the local social services department who were responsible for arranging any best interests meetings or agreeing to any DoLS imposed and for ensuring they were kept under review. The registered manager maintained a record of people with authorised DoLS in place and the dates each person's DoLS expired. Information on applications awaiting authorisation and people with a Lasting Power of Attorney had also been recorded. A Lasting Power of Attorney (LPA) is a way of giving someone you trust, the legal authority to make decisions on your behalf if you lose mental capacity at some point in the future, or if you no longer want to make decisions for yourself. We saw from the DoLS tracker in place at the home that 36 DoLS applications had been made and 12 had been granted.

We talked with staff to ascertain their understanding of who had a DoLS in place and what this meant. Staff spoken with confirmed they had completed training in the MCA and DoLS and demonstrated an awareness of their duty of care in respect of this protective legislation.

We observed that staff supported people to eat their meals wherever they wished. Staff offered a choice of drinks including alcohol where this was requested. Staff were patient with people who needed assistance with eating. We observed that people had a variety of choice in terms of the menu and were offered alternatives if they did not like the meals on offer. Comments about the food were good. People told us, "The food is wonderful here", "I like the food, lots of good choices, if you don't like something they offer you something else" and "I think the food is much better than you would get at a top class restaurant".

The information we looked at in the care plans explained people's support preferences were which meant staff members were able to respect people's wishes regarding their chosen lifestyle including food preferences. This was also kept in the kitchen. People were weighed regularly and more frequently if loss or increase were observed. We found that staff assessed people against the risks of malnutrition.

We saw care records contained information about the advice given by other healthcare professional involved in people's care so that staff were aware of the what this advice was. The healthcare professionals we spoke with advised that staff in the service referred appropriately, acted upon advice and they had no concerns about the care offered to people living in the home. All care plans viewed held evidence that service users were referred to appropriate health care professionals as necessary e.g. GP, chiropodist, optician, diabetes nurse specialist and district nurses.

Good

Is the service caring?

Our findings

People told us they were very happy and well cared for in the home. Comments included "They (staff) all provide me with wonderful care and companionship. They are stars", "I love being here as everyone is so nice and caring" and "They know what makes me happy and try their very best to make it happen".

Comments from relatives were positive and included "I'm very happy with care, they keep me well informed of what's going on with Mum, It's taken a weight of my mind since she's been here" and "The staff provide a welcoming, happy atmosphere and ensure the people who live here are cared for in a lovely homely way. It's a pleasure to visit".

People were positive about the caring attitude of the staff and the way they had got to know each individual and their background. One person said "I came here for a short break and my family told me that I could return home soon. I have fitted in well and the staff know all about me and my family and we have a laugh and a joke every day. I don't think I will ever go back home, it's so good here"

Everyone had a key worker and care plan coordinator whose names and photographs were displayed on the back of their bedroom door. People's life history, hobbies and interests and spiritual needs were recorded in their care plan. Staff appeared to know people well. People's daily activities were recorded in their care plan, which included staff spending time with them on an individual basis and we saw that these individual sessions were recorded.

Staff listened to people and gave practical support in a kind and sensitive way. This was observed when staff offered people their medicines and when people requested assistance with personal care. When people were assisted with their meals, staff sat next to them and provided support in a respectful way, at a pace that was suitable. Staff understood people's care preferences and treated people with respect. Staff explained how they respected people's choices, for example in how they spent their time and what name they preferred to be called by. One person said they had been told about the week's activities programme, but they chose not to participate in them, preferring to stay in their room instead. They said they still got to know what was going on and did not feel isolated.

People were asked for their food likes and dislikes on admission, and were able to choose what to add to the menus when the menus were discussed. Where people had difficulty communicating verbally, there was guidance in people's care plans to ensure staff gave people time and support to help them make a decision. Where appropriate, care records included records of discussions with family members and health and social care professionals, showing their involvement in people's care and wellbeing. Relatives were advised if staff were concerned about people's health and said they felt staff showed they cared.

Staff showed respect by knocking on people's doors before entering, and they closed doors to people's rooms when people were receiving personal care.

Visitors were encouraged and made welcome. One relative said "This is the most caring home I have ever

known. The staff really care about (name) but they also care about me. They know how worried I was about (name) coming here and they care for me as well".

Two people on the dementia unit were on end of life care. They looked settled and comfortable in their beds and staff looked in on them frequently. One person had their family with them. There was evidence in their files that advice had been sought from the GP and district nurses in relation to their end of life care and wishes. We saw that people's wishes for end of life care, such as their preferred place of death and any funeral arrangements were recorded in their care plans. Staff spoken with said they had received training in end of life care.

Good

Is the service responsive?

Our findings

People told us they were very happy with the way they were looked after and felt that staff responded well to their changing needs. Comments included "I was sick when I came here but the staff have cared for me and made me feel better", "You could not get better care then you get here. Look at me I am walking much better now" and "I am a new woman since I have been here. My family told me I was only here for a while but I want to stay forever".

Comments from relatives included "Staff are always very warm, welcoming and accommodating. My relative has settled well. The home is always lively and the food is good, they get plenty of choice. My relative is Catholic so they make sure she has communion twice a week. She takes part in all sorts of activities, such as drawing, playing the organ, went to a tea dance in Southport. We couldn't be happier with the care because my relative was always very active and here there's lots going on for those that want it."

People using the service and their relatives said that people's care plans were up to date and reflected their needs and that people were encouraged to personalise their rooms with their own pictures, photographs and other items of their choice.

People received personalised care. The care plans we looked at reflected people's specific needs, interests and views and included details of people's life history and medical history. People's life history was noted within their care plan and staff said this helped suggest topics of conversation. For example one staff member told us that a person who had recently moved into the home was finding it difficult to settle. They said that they had specifically found out information about this person's previous hobbies and through discussing this together had helped the person to feel at home and settled.

Care records were up to date and were revised following any changes in people's health, medication or wellbeing. The care plans viewed included records of discussions with family members and health and social care professionals. Care records showed that action was taken in a timely way if people required medial intervention or if their care needs changed.

Risk assessments and care plans were personalised and included how people communicated if they were in pain and any specific support they required. For example, picture cards had been developed to help people communicate their choices and views. Where people had specific medical conditions plans were in place that explained how best to provide support including how to identify if their condition deteriorated and what action to take.

We saw that staff were responsive to changes in people's needs. All 'need to know' information was recorded in daily records and shared at handover meetings. Staff told us that they had been trained to take prompt action if they had any concerns about anyone living in the home and to escalate concerns to a senior member of staff.

The home is a member of the National Activities Providers Association (NAPA). They had contracted with

Oomph! which is an organisation that provides training and services to empower anyone working with older adults to provide activities that enhance the mental, physical and emotional wellbeing of older adults.

A range of activities took place, for example bingo, arts and crafts, entertainers, pub lunches, baking, picnics in the garden, quizzes. There had been a recent day trip to Southport. I pads were available for residents to use and the home had a Facebook page available to residents and relatives. On the afternoon of the inspection staff working within the dementia unit put some 60s music on and danced with the residents, using pompoms so that they exercised their arms as well. Staff asked residents the title of each song and the artist, which also stimulated conversation about the artists they liked and where they used to go dancing when they were younger. Both residents and staff seemed to really enjoy the session. We also observed a reminiscence group in which people were sharing their memories of the past all and about days gone by.

Staff told us that the organisation employed a wellness co-ordinator who visited the home weekly and arranged an activity. They said that lots of the activity was arranged on a spontaneous basis in line with the wishes of the people who lived in the home.

People were supported to maintain family relationships and we met with several visitors to the home during our inspection all of whom were high in praise of the homely atmosphere within Widnes Hall.

The complaints procedure was summarised in people's welcome pack and on the notice board in the foyer of the home. People told us they would be confident to use the complaints process if necessary but would raise issues in other ways too. They said the atmosphere in the home enables them to raise issues directly with staff or at meetings. The complaints log showed that individual complaints were investigated, monitored and responded to appropriately.

Good

Is the service well-led?

Our findings

People told us that the home was well led and all the staff were professional in their roles. Comments included "I love the way we are told about everything that happens", "The manager and David the deputy are wonderful. They walk around the home and speak with us all the time. They tell us what is going on and ask our opinions about things" and "This place is great, I love it here. I feel that I am well looked after and allowed to do my own thing. I know I cannot do everything for myself but I am always asked what I want not told what I want. Good manager and staff".

Relatives told us "It's the best home around for miles", "Well run home, very homely and comfortable", "Super staff, well trained, kind and caring" and "Amanda and David (manager and deputy) are great. They run this place well. It's always clean with no bad smells, the food is wonderful and the staff are so caring. I've booked my bed for when the time arrives!"

The home had a manager in place who was registered with the Care Quality Commission. The registered manager was present throughout our inspection and was supported by the home administrator. The deputy manager was also present on the second day of our visit.

The management team comprised of the registered manager, two deputy managers and the catering manager. They were supportive, open and transparent throughout the inspection process and we saw that they interacted with people using the service and staff in a caring and supportive manner.

We noted that the provider had developed a 'quality assurance and compliance programme'. This detailed that the quality assurance cycles for Anchor Care homes consisted of a series of monthly pre-determined statistical audits and required standards audits, plus customer satisfaction surveys that were compiled in a quality assurance file.

We saw lots of information on display in the reception area to include information on Alzheimer's Society, dignity in care, mental capacity and deprivation of liberty, information on abuse and how to report it, the complaints procedure and how to provide other feedback to the company. People told us they found this information useful.

The home administrator held meetings with residents and relatives and there was a notice board in reception giving details of what was asked at these meetings, people's responses and what the home were doing as a consequence. This mainly focused on meals and activities.

Also in the reception area was the home's brochure, manager's registration certificate, employer's liability certificate and photographs of the home's dignity champions.

There were forms for people to complete and submit to Carehome.co.uk. We looked at this website and noted there were 9 reviews, all positive and all said they were extremely likely to recommend this service to others.

We saw that the provider used a system called Anchor Inspires and the management team of Widnes Hall had become involved with this and had worked hard to develop chosen areas within the home which could be improved to further enrich the lives of the people who lived there. We saw that improvements to date included the review and update of all care plans to ensure they were fully person centred, refurbishment of bathrooms, one in a nautical theme and one in a relaxation theme. Activity boards had been developed to show images of the people who lived in the home and engagement had been enhanced via staff being allocated more one to one time, and provision of IPads and Twiddle mits. Other improvements include garden planters, new dementia cafe furniture and redecoration and the provision of a further relaxation lounge.

We saw that in house quality monitoring systems were in place. The registered manager had clear audit checks in place for medication, care plans, hospital admissions, incidents and accidents, activities and menus. We looked at a sample of the audits and saw that where any improvements were required actions had been taken to minimise the risk of reoccurrence.

The registered manager engaged well with the CQC and had notified us of any significant events which had occurred in line with their legal responsibilities.

We asked the manager about maintaining links with the local community. We were told that local groups visited the home, for example regular entertainers were booked throughout the year, there were visits from the pet therapy group and the local clergy attended for people's spiritual needs.

On speaking with staff they told us that regular staff meetings were being held and that these enabled managers and staff to share information and / or raise concerns. We looked at the minutes of the most recent meeting and could see that a variety of topics, including safeguarding, health and safety, care issues and training expectations had been discussed.

Staff told us that the management team were approachable, knowledgeable, fair and transparent.