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Ancona Care Home

Inspection report

Ancona Care Home
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 16 and 17 February 2017 and was unannounced. The home provides accommodation and personal care for up to 18 people, including people living with dementia. There were 17 people living at the home when we visited. Accommodation was spread over two floors, connected by a passenger lift and stairwells. There was a good choice of communal spaces where people were able to socialise and some bedrooms had en-suite facilities.

The provider is registered as an individual. Although they are not required to have a registered manager, the current manager had applied to be registered with CQC. 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.

At our last inspection, in January 2016, we identified breaches of two regulations. Risks to people were not always managed effectively and recruitment practices were not always safe. At this inspection, we found action had been taken and the provider was meeting these regulations.

Legislation designed to protect people's freedom was being followed and staff sought verbal consent from people before providing care and support. However, assessments of people's capacity to make decisions, and decisions made on their behalf, had not been recorded in accordance with legislation. We have made a recommendation about this.

People's needs were met by staff who were skilled and suitably trained. New staff completed a comprehensive induction programme and all staff were suitably supported in their roles. Training records were not well organised, and some staff training needed to be refreshed, but the manager took action to address this following the inspection.

People were protected from harm in a way that supported them and respected their independence. Staff knew how to keep people safe and how to identify, prevent and report abuse. They engaged appropriately with the local safeguarding authority.

Staffing levels had recently been increased and there were enough staff to meet people's needs. Appropriate recruitment processes helped ensure only suitable staff were employed.

There were appropriate arrangements in place for the safe handling, storage and disposal of medicines.

People praised the standard of care delivered and the quality of the meals. Their dietary needs were met and they received appropriate support to eat and drink enough. People were supported to access healthcare services when needed and to attend hospital appointments.

People were cared for with kindness and compassion. Staff interacted with them in a positive way. They spoke about people warmly and demonstrated a detailed knowledge of them as individuals.

Staff protected people's privacy and encouraged them to remain as independent as possible. They involved people in the care planning process and kept family members up to date with any changes to their relative's needs.

People were encouraged to make choices about every aspect of their daily lives. They received personalised care and support that met their needs. Care plans provided staff with detailed information about how they should support people in an individualised way. Staff responded promptly when people's needs changed.

People had access to a range of suitable activities. There was an appropriate complaints procedure in place and people knew how to make a complaint. The provider sought and acted on feedback from people.

People and their families felt the home was run well. The provider was actively involved in running the service and there was a clear management structure in place. Staff were happy in their work and felt supported by the provider and the manager. They had created a calm, relaxed and homely environment for people.

There was an open and transparent culture in the home. Relatives could visit at any time and were made welcome. There was an appropriate quality assurance system in place that had identified and led to improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and staff had received training in safeguarding adults. Risks to people were managed appropriately and in a way that helped them retain their independence. There were plans in place to deal with foreseeable emergences.

There were enough staff to meet people's needs and recruitment practices helped ensure only suitable staff were employed.

Medicines were managed safely and people received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

Records were not always made of decisions taken on behalf of people who lacked capacity. However, staff sought verbal consent from people before providing care and support. They also followed legislation designed to protect people's freedom.

Although staff training records were disorganised, people received effective care from staff who were suitably trained and supported in their work.

People praised the quality of the food. They were offered a variety of suitable meals and were encouraged to drink often. They were supported to access healthcare services whenever needed.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion. They created a calm atmosphere, interacted positively with people and spoke about them fondly.

Staff supported people to build and maintain relationships. They protected people's dignity and promoted their independence.

People were involved in planning the care and support they received.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their individual needs. Care plans contained comprehensive information and were reviewed regularly.

People were supported and encouraged to make choices about every aspect of their lives. Staff responded promptly when people's needs changed.

People had access to a range of activities. The provider sought and acted on feedback from people.

Is the service well-led?

Good

The service was well-led.

The provider and staff had created a relaxed, homely environment and people enjoyed living at the home.

There was an open and transparent culture. Staff were happy in their work, felt supported by management and worked well as a team.

An effective quality assurance process was in place and the provider was actively involved in running the service.

Ancona Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 16 and 17 February 2017. It was unannounced and was conducted by one inspector.

Before the inspection, the provider completed 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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with nine people living at the home and two family members. We also spoke with the provider, the manager, five care staff, two cooks and a housekeeper. We looked at care plans and associated records for six people, staff duty records, recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records. We also observed care and support being delivered in communal areas of the home. Following the inspection, we received feedback from a social care practitioner from the local authority safeguarding team.

Good

Is the service safe?

Our findings

At our last inspection, in January 2016, we identified breaches of two regulations. Risks to people were not always managed effectively and recruitment practices were not always safe. The provider wrote to us detailing the action they would take to meet the regulations. At this inspection, we found action had been taken and the provider was meeting these regulations.

People felt safe at the home. One person told us, "I feel safe and secure; there's nothing that worries me." Another person said, "There's someone to care for me at night and that makes me feel safe." Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. They told us they would have no hesitation reporting concerns to the provider or the manager and were aware of external organisations, including CQC, they could go to for support. A staff member told us, "[If I was concerned about anyone], I wouldn't keep quiet, because I wouldn't be happy." Most staff had received appropriate training and were aware of people who were at particular risk of abuse. The manager told us of plans for some non-care staff to complete their training in the near future. Following a recent safeguarding concern, where it was identified that unexplained bruising to people was not always investigated or reported appropriately, the manager had introduced new procedures. A member of the local authority safeguarding team confirmed that the manager was now dealing with such incidents promptly and taking appropriate action to keep people safe.

Individual risks to people were managed effectively and people were supported to take risks that helped them retain their independence and avoid unnecessary restrictions. For example, staff encouraged people to mobilise using their walking frames; they remained close by, in case the person needed additional support, but allowed them to travel at their own speed and retain their independence. One person told us, "I have a frame and they [staff] help me use it. I've had a few near misses, when my balance goes, but because they've always been there for me I've been okay." Another person had chosen to use a wheeled trolley when they moved around their room instead of a purpose-made walking frame. The person was aware of the risks associated with using the trolley, but had decided to take them. They told us, "They [staff] wanted me to use a different type of mover, but I'm happy using my trolley." Staff had respected the person's decision as they had full capacity to make it.

Where people had fallen, the person's risk assessment was reviewed and staff considered additional measures that could be taken to protect the person. These included reviewing the layout of their rooms to remove hazards, using equipment to monitor people's movements and referring the person to their GP. One person, whose mobility had reduced, was offered and accepted a move to a downstairs bedroom where they would be less prone to falls. The manager analysed the incidence of falls across the home to identify any patterns. None had been identified, but they described the action they would take if any trends were detected.

Other risks were also managed effectively. For example, some people had chosen to use bed rails to prevent them from falling out of bed. These had been discussed with them and appropriate risk assessments conducted to help make sure the rails were safe for them to use. The manager assessed the risk of people

developing pressure injuries using a nationally recognised tool. They then took action to reduce the risk, including providing special pressure-relieving mattresses and cushions, supporting people to change position regularly and helping them maintain a good nutritional input. These measures were known and being followed by staff, although the need for them was not always documented clearly in people's care plans. The manager acknowledged this and undertook to make this clearer, to help ensure staff provided consistent support to people.

There were plans in place to deal with foreseeable emergencies. Fire safety equipment was maintained and checked regularly and people had personal evacuation plans in place. These included details of the support people would need if they had to be evacuated. Staff were aware of the action to take in the event of a fire and had been trained in the use of evacuation equipment.

Staffing levels had been increased since our last inspection and people told us call bells were now answered promptly. One person said, "You can ring for staff in the middle of the night and they come as quickly as they can." Staff told us they felt their workload was manageable. One staff member said, "There's enough staff and we have time to chat with people or have a sing-song." Staffing levels were determined by the provider, taking into account the number of people using the service and their needs, together with feedback from staff and people. Staff absence was covered by existing staff working additional hours, so people were supported by staff with whom they were familiar.

Appropriate recruitment processes were followed and staff were checked for their suitability before being employed by the service. Staff records included an application form, written references and checks with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed these processes were followed before they started working at the home.

There were appropriate arrangements in place for the safe handling, storage and disposal of medicines. One person told us, "The manager gives me my pills and they always come at the right time." We observed part of the midday medicines round and saw staff followed best practice guidance. They were suitably trained to administer medicines and arrangements were in place for their competence to be assessed regularly by the manager. Medication administration records (MAR) confirmed that people received their medicines as prescribed. Comprehensive information was available to guide staff when administering 'as required' medicines, such as pain relief and sedatives, to help ensure they were given in a consistent way. Another person said, "I have pain killers at night as I feel uncomfortable then." An appropriate process was also in place to help ensure topical creams were not used beyond their safe 'use by' date.

Requires Improvement

Is the service effective?

Our findings

People told us that staff asked for their consent before supporting them. However, the manager did not always follow the Mental Capacity Act 2005 (MCA) when planning people's care. The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Staff had made decisions on behalf of people, including administering their medicines and using alert mats to monitor their movements. The decisions had also been discussed with family members. However, the ability of the person to make the specific decisions had not been recorded, nor had the reasons for making them. Therefore, the provider was not able to confirm that the decisions were necessary or had been made in the person's best interests. We discussed this with the provider and the manager; they acknowledged this was an area for improvement and before the end of the inspection had identified a suitable tool to help document MCA assessments and best interest decisions.

We recommend the provider seeks advice and guidance from a reputable source to enable them to demonstrate that an assessment has been made of people's capacity and any best interest decisions that have been made on their behalf.

Where people had capacity to make decisions, this was recorded in their care files, which some people had signed to show their agreement with the care and support that was being delivered. Where people had not signed their care file, their verbal agreement was noted. For example, one person had agreed to have bed rails at night, to stop them falling out of bed and their care file summarised the discussion they had had with staff about this. Throughout the inspection, we heard staff seeking verbal consent from people before providing support. A staff member told us, "Just because someone has dementia, doesn't mean they don't know what they're doing. They can all say what they want and what they don't want."

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 the provider was following the necessary requirements. DoLS applications had been submitted for four people and the manager was waiting for assessments to be completed by the local authority. Staff understood their responsibilities and, in the absence of an authorisation, knew how to keep people safe in the least restrictive way.

People's needs were met by staff who were skilled and suitably trained. One person described staff as "perfect". They added, "When [staff] are new, they always come with one of the old staff to learn how to do it." Another person said, "I'm looked after well. I can't grumble; I'm quite happy."
Staff were positive about the training they received and said they could ask for any additional training they felt would benefit people. A staff member told us, "We are asked if there are any extra courses we want to do.

I just did a course in monitoring health conditions which included some dementia too."

However, we found staff training records were not organised well, which made it difficult for the manager to make sure staff attended refresher training when needed. As a result, we found some staff were overdue training in safeguarding and infection control. We discussed this with the manager, who showed us two systems they had trialled; following the inspection, they sent us a spreadsheet-based system they had developed that would enable them to keep track of staff training more effectively in future.

New staff completed a comprehensive induction programme before they were permitted to work unsupervised. Arrangements were also in place for staff who had not worked in care before to undertake a two week training course that followed the standards of the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people. In addition, a high proportion of experienced staff had completed, or were undertaking, vocational qualifications in health and social care.

Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example, when supporting people to move, they used appropriate techniques; and they explained how they communicated with people living with dementia by remaining patient, asking simple questions and providing continuous reassurance. One staff member told us, "[One person] has memory loss and will say she hasn't had breakfast when she has; so we give her another one. There's no point arguing; we just ask her what she would like." Another staff member said, "When you hear a joke, you have to pretend you've never heard it before and listen with interest."

People were cared for by staff who were appropriately supported in their role. Most staff received one-to-one sessions of supervision, although these were sporadic. For example, the manager told us a new member of staff should have had monthly supervisions, but we saw they had not received these. Where supervisions were held, they provided an opportunity for a supervisor to meet with staff, discuss their training needs, identify any concerns, and offer support. Staff who had received supervisions told us the sessions were helpful. For example, one staff member said, "We talk about work, any concerns or training needs. It's good because you say if you've got any concerns and they're sorted out." All staff spoke positively about the support they received from the manager and the provider on a day to day basis. Comments from staff included: "Since [the manager] started, I feel she is taking care of me. I can go to her with any problems now and I have confidence in her"; and "[The manager] gives us more responsibilities and the chance to develop our skills. Like I help with the [staff] rota and the call bell audit, which I enjoy."

People and their relatives spoke highly about the standard of care delivered. A family member told us, "[My relative] is very happy. She gets all the help and support she needs; everything is done for her." We observed people looked cared for, in that they were wearing clean clothing that was appropriate for the weather and their personal grooming needs were met such as haircare and nail care. One person was particular about how they looked and staff had supported them to maintain a high standard of appearance.

People were complementary about the meals. One person told us, "The chef is wonderful. There is a variety of food and if I don't like what he's doing, he will do something different for me. They also do me bacon sandwiches and they do the bacon just how I like it. And at night, I have Horlicks; apparently I'm the only one who has it, but they always do it for me." A family member said, "[My relative] is eating well and she gets plenty of vegetables." At lunchtime, three menu options were offered, but we saw six different meals being served to people who had requested an alternative or a slight variation from the menu. Every person's wish was accommodated, including one person who liked their meals to be pureed using a special mincer they had supplied themselves. Drinks were available and in reach throughout the day and staff prompted people

to drink often. People used a variety of drinking vessels to suit their needs and some people used straws as well.

People received appropriate support to meet their dietary needs. Each person had a nutritional care plan detailing their needs and food preferences. One person required a low sugar diet and another needed a low fat diet; these were both offered. Staff understood the reason for each of these diets and encouraged people to follow them. The person with who needed a low sugar diet chose a dessert with a lot of sugar in it. They said, "I'm aware of my diet, but I choose to be naughty sometimes. Why not at my age".

Two people needed full support to eat and this was provided on a one-to-one basis in a patient and supportive way. Another person needed to be reminded to eat and staff did this whenever the person stopped eating by gently prompting them to continue eating. Two other people were given plates with rims, to make it easier for them to get the food onto their utensils, and one person was given adapted cutlery with foam handles that were easier to grip. Staff monitored people's weights on a monthly basis and recorded how much they had eaten. Where people had experienced unplanned weight loss, action was taken. This included referring the person to their GP for advice, fortifying their meals and offering snacks between meals.

People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, specialist nurses and chiropodists. They also had access to dental care and eyesight tests when needed. One person told us, "The owner takes people to hospital if they need to go." Another person said, "I see the nurse for my bandages. If they [staff] think you need to see a doctor, they get one for you." A family member said, "The swelling in [my relative's] legs came back, so she saw a doctor and he increased the water tablets; I was kept informed."

Good

Is the service caring?

Our findings

People were cared for with kindness and compassion. They described staff as "nice", "polite" and "helpful". One person said of the staff, "They are all so pleasant. I can have a laugh and a joke with them." Another person said, "They're very gentle with me. They're light and relaxed and speak to me in such a pleasant way." A further person told us, "It's so comfy here and everyone is so kind." A family member told us, "We were worried [our relative] wouldn't take to a residential home as she had been independent for so long, but she loves it. After a day out with us, she's keen to get back."

All interactions we observed between people and staff were positive, encouraging and friendly. Staff were relaxed, while still being respectful, and knew people and their backgrounds well. People were addressed by their preferred names. For example, one person liked staff to use their first name, whilst another person liked to be addressed as Mrs [name]. Staff naturally used these terms when addressing people or talking about them.

Staff created a calm atmosphere by supporting people in a patient and unhurried way. When people were helped to mobilise, staff allowed them to move at their own pace whilst giving encouragement and reassurance. They also spoke fondly about the people they supported and expressed a commitment to treating them well. Comments included: "This is people's home and they need to be treated as they wish to be"; "I love looking after people. I'm not a robot; I like to do it from the heart"; "We've got some really nice residents; I love them"; "It's nice to see people happy"; and "When they [people] say to you, 'I'm so glad you're here', it gives me great satisfaction."

We observed numerous examples of staff using humour to engage people in conversation. People were gently encouraged to take part in activities and were thanked afterwards for having taken part. While supporting a person who was very frail, the staff member used gentle, appropriate, touch, spoke in calm, reassuring way and showed interest when the person started talking about their life. A staff member told us when interacting with one person they had to "use the right tone of voice and be careful not to stand above [one person] as it makes them agitated; I always kneel to their level." We observed staff frequently knelt or crouched down so they could engage with people at their eye level, especially with people whose hearing was impaired. This made it easier for the person to see the staff member's face and read their lips.

Staff supported people to build friendships and maintain relationships. Friends and family members were made welcome at any time and people were encouraged to use the telephone to keep in touch with people who were important to them. One person told us, "The thing I need the most, which [the staff] always bring me is my post. They know how important it is for me and they come in triumphant saying 'there's a letter for you!'. It really makes my day." Other people told us they had "good company" and "get on well" with others living at the home. A family member said, "[My relative] has made friends and sits with two people. The other residents are lovely with her."

People's privacy and dignity were protected. Staff knocked and sought permission before entering people's rooms. They took care to make sure toilet and bathroom doors were closed when they were in use and

described practical steps they took to protect people's privacy when delivering personal care. These included keeping the person covered as much as possible, explaining what they were about to do and checking people were ready and willing to receive the proposed care and support. A senior staff member told us, "I allocate a member of staff [to support people with baths] that I know the person feels comfortable with." People told us they could choose the gender of the care staff member, or request a particular staff member, to support them with personal care. This information was included in care plans, known to staff and followed. Staff told us one person only liked two staff members to support them with personal care and this was accommodated.

Staff encouraged people to remain as independent as possible within their abilities and to do as much as possible for themselves. For example, they described how they let people attend to their own personal care when they could, but supported them by washing areas they were unable to reach. A staff member told us, "I let people do as much as they can. For example, when putting their false teeth in, I hand them to them to put in themselves; or I'll hand them the brush to brush their own hair. Having your bottom wiped is a loss of dignity, so if they can still do this, it's much better for them." Guidance in people's care plans also helped promote independence. For example, one said, "Carer to wet the flannel and pass it to [the person] so she can wash her hands and face. Then pass the towel so she can dry. She will then stand so the carer can wash and dry the lower half and apply creams."

When people moved to the home, they (and their families where appropriate) were involved in assessing and planning the care and support they received. A family member told us, "They [staff] did an assessment as soon as [my relative] arrived. She has a care plan and they've talked to her about it. If anything changes, they let us know."

Good

Is the service responsive?

Our findings

People received highly personalised care and support that met their needs. One person said, "They look after me well. For example, when I'm walking, I like them [staff] behind me; and that's how they do it." A family member told us, "The staff are very good; they'll do whatever you want them to do."

Staff demonstrated a good awareness of the individual support needs of people living at the home, including those living with dementia. They knew how each person preferred to receive care and support. For example, they knew which people needed to be encouraged to drink; the support each person needed with their continence; and when people liked to get up and go to bed. They recognised that some people's mobility varied considerably from day to day and were able to assess and accommodate the level of support they needed at a particular time.

The provider was in the process of introducing a new format of care plans and was transferring information from people's old care plans into their new care plans. Whilst there were still a few inconsistencies that the manager was working through, most care plans were well organised and provided comprehensive information to enable staff to deliver care and support in a personalised way. The care plans were centred on the needs of each person and took account of their medical history, their preferred daily routine and how people wished to receive care and support. They included information about people's medicines; continence; skin integrity; nutrition; and mobility.

Care plans were reviewed regularly by nominated key workers. A key worker is a staff member who takes a particular interest in a named person and acts as a point of contact with family members. A staff member told us, "I key work [one person] and looked into her history. I discovered she went to school with [another person currently living at Ancona]. They are now in neighbouring rooms and chat a lot."

People were supported and encouraged to make choices about every aspect of their lives, including when they got up and went to bed, and how and where they spent their day. One person said, "I know what I want and I get what I want." A staff member told us, "It's all about choice. Choice, choice, choice. People can do, and have, what they want. If someone wants egg and chips on a Sunday, why shouldn't they have it?" Another staff member said, "We do what they [people] want really. Some people will go to the bathroom for a full wash and others prefer a bowl by the side of their chair; it's up to them." A further staff member told us, "The bosses always stress that it's about what people want."

People told us they could choose how many baths or showers they had each week. While one a week was enough for most people, some told us they had two or more depending on how they felt. One person said, "I have a shower every week and a good wash in between. I could have more [showers] if I wanted to." One person had chosen to stop taking their medicines. Staff sought advice from the GP but respected the person's decision and they had suffered no ill-effects as a result. The provider told us people were given the option of changing rooms when one became available and one person was in the process of doing this.

Staff responded promptly when people's needs changed. For example, records showed that medical

attention had been sought when people were not well or had appeared unusually confused or withdrawn. One person had diabetes; they had chosen to have their blood sugar levels checked weekly and we saw this was done consistently. They told us, "I was having it three to four times a week, but it was too much. I discussed it with the manager and the doctor and we agreed on once a week." There was an appropriate care plan in place in place to support the person's diabetes; staff were clear about the signs the person would display if their blood sugar levels were too high or too low and knew what action to take. When the person experienced a fall, staff took their blood sugar level again; although it was within the normal range, they continued to monitor the person. When the person developed a headache and started to feel unwell, staff sought medical advice and the person was taken to hospital for a scan.

People had access to a range of activities. These were advertised on the home's notice board and people were encouraged to take part. They included games, singing, crafts and puzzles. One person told us, "There's enough going on. We have singers in and I'm given word searches to do; they're quite fun and I enjoy them." A family member said, "There's always puzzles, entertainers or interest-talks going on. Yesterday, someone was doing some woollen work which seemed popular." A staff member told us they discovered one person was interested in photography, so had brought in an "old book about the Isle of Wight and she's going through it with a magnifying glass looking at all the pictures". We saw the person also had a bird feeder outside their window as bird watching was another of their interests. Staff also told us about a visit from a group that cared for birds of prey; pictures we viewed of the event showed people had clearly enjoyed it. Staff also spent time with people on a one-to-one basis. A person who chose to stay in their room told us, "The staff are very nice and come and chat to you." Another person who stayed in their room said, "I have lots to read and that's all that matters to me. I prefer to stay up here."

The provider sought feedback from people, including through the use of survey questionnaires. These showed people and their relatives were satisfied with the care provided. Comments from people were used to improve the service. For example, some people had suggested more salad and fruit on the menu and this had been provided. The provider had also sought people's views about the times of meal and had changed them to suit people's wishes. In addition, staffing levels had been increased following comments made during the most recent relatives' survey.

People and relatives told us the provider and the manager were "very approachable" to discuss any concerns. They knew how to complain and there was a suitable complaints procedure in place. This had recently been re-circulated to people as a relative said they had not been aware of it. One person told us, "I've got no complaints, but if I did have I'd talk to the owner or the manager."

Good

Is the service well-led?

Our findings

People said they were happy living at Ancona and felt it was run well. One person described the provider as "wonderful". They added, "She even posts all my letters for me." Another person said of the home, "It seems well organised." A family member told us, "It's very efficient; it's well run."

The provider, manager and staff had a shared vision to create "a happy, relaxed, homely environment" and people told us this had been achieved. One person said of the home, "It's one of the most comfortable places you could wish to be." Another told us, "It's a very homely atmosphere and family can come and visit you any time." These comments were echoed by a family member, who added, "It feels like a family home." Staff made similar comments, including: "The atmosphere is very relaxed and people have more choice than they used to."

Staff had created a calm atmosphere in comfortable surroundings. Communal areas were furnished in a homely style with bookcases; there were table clothes, wine glasses and flowers on the tables; and people's rooms had been personalised with their own furniture, photos and memorabilia. A family member also brought their dogs in for people to interact with, which they told us made it feel "more homely".

There was an open and transparent culture within the home. The provider's performance rating from their last inspection was displayed in the entrance lobby. Visitors were welcomed any time and were able to come and go as they pleased. There were good working relationships with external professionals and the provider notified CQC of all significant events. A duty of candour policy had been developed, and was being followed, to help ensure staff acted in an open and honest way when accidents occurred.

There was a clear management structure in place consisting of the provider, the manager and senior staff. The provider and manager were visible around the home, interacting with people and staff throughout the inspection. An 'on-call manager' system was also in place so staff could access advice and guidance out of hours. Staff enjoyed working at the home and told us they felt valued and listened to by management, who they described as "approachable" and "supportive". For example, a staff member described how the manager had made changes to the medicines round. They said, "We found it didn't really work, so we discussed it and she put it back; it showed she was prepared to listen."

Other comments from staff members included, "It's a lovely place and there is a really nice boss"; "The bosses are very caring, competent and approachable. Nothing is too much trouble for the owner; for example, if someone fancies a bottle of lemonade, [the provider] will go out and get it. If we need any extra equipment, we get it straight away"; "I love coming to work. There's a really good team and we work well together"; "We're really lucky to have [the manager]; she has made it so much easier for staff"; and "[The manager] is on the ball. We see her around a lot and feel more supported. Teamwork has vastly improved; we've come together as a very good unit. It's a pleasure to come to work now".

Staff meetings were held regularly and provided the opportunity for staff to express their views about the service. A staff member said of the meetings, "They're quite good. We can set the agenda and talk about it. I

feel we are listened to. For example, we asked for new storage boxes and we got them." Other staff had suggested organising a summer party and this was being planned. Staff satisfaction with their work had contributed to a relatively low level of staff turnover which helped ensure people were cared for by consistent staff who understood their needs.

An appropriate quality assurance system was in place. This included auditing aspects of the service, such as care planning, the environment, medicines and infection control. Where changes were needed, specific actions were developed and implemented. For example, the infection control audit identified the laundry was cluttered and this was addressed; the care plan audit identified more information was needed in some care plans and this was provided. When faults were identified with the call bell system, they were repaired promptly.

The provider was actively involved in running the service. Either they or the manager conducted the morning medicines round each day. They said this gave them an opportunity to meet and engage with people on a daily basis to assess their well-being. It also provided an opportunity for people to raise any concerns directly. Following a recent review of the service, the manager had identified that the Mental Capacity Act was not being followed fully and that the system used to monitor staff training was not organised effective. They had taken action by exploring suitable tools they could use to address these issues and these were put in place during, or shortly after, the inspection.