

Anchor Carehomes (North West) Limited

Birkenhead Court

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of Birkenhead Court on 12 and 15 April 2016. Birkenhead Court provides accommodation and personal care for up to 60 people. At the time of our visit 60 people were living at the home. Birkenhead Court is close to local shops and has good transport links.

The home is a three storey purpose built building in Bidston offering single accommodation of an excellent standard. The ground and first floors were split into four units for people who lived in the home. The top floor was used for kitchen laundry and staff areas. Each bed room was ensuite with a shower wet room and there were additional communal bathing facilities for people who lived at the home to use if they preferred a bath. On each unit there was a communal lounge, quiet lounge and dining area decorated to a high dementia friendly standard.

The home required a registered manager. 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. There was a registered manager in post from August 2013.

People who lived at the home were protected from the risk of potential abuse because staff had undertaken safeguarding training, to recognise and respond to potential signs of abuse. Staff had a good understanding of what safeguarding meant and how to report it.

People's medicines were handled safely and were given to them in accordance with their prescriptions. People's GPs and other healthcare professionals were contacted for advice about peoples health needs whenever necessary.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been adhered to in the home. The provider told us that some people at the home lacked capacity and that a number of Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority in relation to people's care. We found that in applying for these safeguards, peoples' legal right to consent to and be involved in any decision making had been respected.

The provider offered a wide range of both group and individual activities that were meaningful to to the people who lived in the home and which had a positive impact on their lives. Visiting was unrestricted and people's relatives told us they felt included in the care of their family members. Staff had gone above and beyond the call of duty to fulfil some people's wishes and dreams. The vision and values of the staff team were imaginative and person-centred and made sure people were at the heart of the service. They looked at innovative ways of including people in planning their care, gaining their views and in choosing activities.

Staff enjoyed working at the service and felt well supported in their roles. They had access to a wide range of

training which equipped them to deliver their roles effectively. The registered manager was an excellent role model and there were robust systems in place to develop staff and promote reflective practice. Staff were proud to work at Birkenhead Court and felt valued and empowered to deliver high quality care.

People benefitted from living in a well organised, forward thinking home where their needs were always put first. The culture of the home was open and people felt confident to express their views and opinions.

The registered manager provided clear leadership and direction to staff and was committed and passionate about the quality of care provided. The skills of the registered manager had been recognised when staff nominated them for 'Manager of the Year' where they became a finalist. They also actively sought out and developed partnerships with community groups that can benefit the people who live at the home. Learning was shared from within and outside the organisation and community contacts were well established.

End of life care was exceptional with the service consistently going the extra mile to meet people's final wishes and ensuring their final days were lived comfortably surrounded by the people who knew and cared for them.

The provider regularly checked the quality of care at the home through visits and audits. These showed the home was performing well in all aspect of care. People's care records were maintained to a good standard and staff had access to policies and procedures to guide their practice.

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 were protected from harm and received support from staff who safeguarded them.

Risks to the health, safety and well-being of people were assessed and managed in a personalised way that promoted people's independence.

The service had safe and robust recruitment procedures which ensured that people were supported by staff suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

Staff had an understanding of mental capacity and how this applied to people who lived at the home.

Staff were appropriately supported through a structured induction, regular supervision and training opportunities.

People were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs.

Is the service caring?

Good ●

The service was caring

Staff made every effort to ensure people's privacy and dignity were respected when care was delivered.

Confidentiality of people's care files and personal information was respected. .

People and visitors we spoke with held staff in high regard.

Is the service responsive?

Outstanding ☆

The service was outstanding in responding to people's needs

and preferences.

The arrangements for social activities were inventive and met people's individual preferences. People were encouraged to be part of their local community.

People received care that was flexible and responsive to people's individual needs and preferences. The service created a culture conducive to person-centred care

People had prompt access to other healthcare professionals when required.

Is the service well-led?

The service was well led.

People's needs were appropriately met because the service had an experienced and skilled registered manager.

There were procedures in place to monitor the quality of the service. Any issues were quickly acted upon.

The manager was clearly visible and staff said communication was open and encouraged.

Good ●

Birkenhead Court

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 12 and 15 April 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed any information we had received about the provider since the last inspection. We contacted the local authority quality assurance team, to ask their views about the quality of the service provided. We also checked the website of Healthwatch Wirral for any additional information about the home. 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 improvements they plan to make.

During our visit we spoke to seven people who used the service, four relatives and 10 staff members. We spoke with two district nurses and two opticians during our visit.

We looked at a range of documentation including 11 care plans, medication records, staff records for six staff, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home was managed.

Is the service safe?

Our findings

We spoke with people who lived at the home, relatives and visitors and asked if they felt safe. One person who lived at the home told us, "Very safe, no problems" and when we asked a relative what their opinion was, they told us, "They are definitely safe here". We were also told by the visiting professionals we spoke with during our visit that they had no safeguarding concerns at all.

We looked at the records relating to any safeguarding incidents and we saw that the manager maintained a clear audit trail of any allegations of abuse, what action had been taken and the notifications made to CQC.

All the staff we spoke with had an understanding of the different types of abuse and how to report it should they suspect any abuse had occurred. Records showed that all staff including ancillary staff had received safeguarding training. Safeguarding information was clearly displayed on each of the units and also in the staff room. This included information about whistleblowing. All staff we spoke to told us they would have no hesitation to whistle blow and report poor practice if they witnessed it and that the home promoted an atmosphere that made this possible.

There premises were safe. We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas, electric and small portable appliances had been tested and maintained. We also saw legionella checks had been carried out annually. We saw that the fire alarm system had been checked weekly and there was a fire evacuation plan that had been reviewed and updated. Personal Emergency Evacuation Plans (PEEPS) had been completed for all of the people who lived in the home and were readily available in a file in case they were required in the event of an emergency.

We looked at the accident and incident records and saw that where an accident or incident had happened, appropriate action had been taken to reduce the risk of anything similar from occurring again. The number and type of accidents and incidents were monitored to identify trends in how, when and why they occurred so preventative action could be taken. Peoples care had been regularly reviewed and changes made to the care they received as and when required. For example, one person's needs were reviewed as their health had deteriorated. This review of their needs and care led to the purchase of new adaptive equipment to maintain the person's independence.

We looked at a variety of risk assessments and saw that risks were clearly identified and monitored closely. For example, one person had a nutritional risk assessment for special dietary needs and staff monitored their dietary intake daily to ensure their nutritional needs were met.

We viewed six staff recruitment files and found that all the appropriate recruitment processes and checks had been made. For example, all files contained two previous employer references, proof of the staff member's personal identification and appropriate criminal records checks had been completed on each staff member prior to employment. We also saw that each new staff member received a comprehensive induction into their new job role once they commenced working at the home.

We observed medication administration round and that the administration of medication was done safely . Each unit had its own locked clinic room and drugs trolley which ensured medications were stored securely.

We looked at the Medication Administration Records (MARs) of six people and these were fully completed by staff when medicines were administered. This showed that people received their medications in a timely manner. All the medication we looked at was in date and appropriately labelled. We also saw one person's room had a notification poster on the door that oxygen was stored in the room.

We saw the daily cleaning rotas for the kitchen and for ancillary staff. These showed deep clean processes were carried out in the kitchen and floor by floor. We observed that the home was clean with no offensive odours. One relative told us "It's always clean, it smells lovely". Gloves and aprons were freely available for staff throughout the home to ensure good infection control standards were maintained with different coloured aprons used by care staff depending on the task they were carrying out.

There appeared to be enough staff on duty on the day of the inspection as all people using the service had their care needs met in a timely manner and we observed that staff were able to sit with people to chat.

Is the service effective?

Our findings

When we asked people about their quality of life, they confirmed the staff were skilled and that there were enough staff on duty to ensure they had a good quality of life. One relative told us, "They [staff] are outstanding", and another person said "They're brilliant, you couldn't fault any of them".

We looked at six staff files that showed each staff member had attended and successfully completed the provider's induction schedule within the first twelve weeks of employment. We also saw that all staff, including ancillary staff had all attended training required by the provider, which included safeguarding, moving and handling, first aid, fire awareness, infection control and dementia awareness. We asked one of the ancillary staff about this and they said "I didn't see why we had to do everything but then I went on the dementia training and it taught me so much, it was just brilliant. I'll go on any training".

We saw that the majority of staff had either achieved or were working towards their diploma level 2 or 3 in Health and Social Care, the manager told us that this was a condition of their employment. There was also evidence of a robust supervision and appraisal system in place for the staff group. Supervisions had been carried out at regular intervals throughout the past year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. One staff member told us that, "Oh yes, supervision is helpful". This meant that people who used the service received care from staff that were skilled and competent to support them. Staff were able to be kept up to date with best practice, an example being that the head housekeeper wanted to develop and deliver training surrounding new cleaning products being used within the home. This was agreed with the manager, arranged and was delivered to the staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 and hospitals 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. It was clear that the manager had a full and detailed understanding of the MCA and its application. We saw that all the staff had received MCA and DoLS training. Mental Capacity was also discussed through staff meetings to make sure all staff had a detailed knowledge of the impact of Mental Capacity assessments and DoLS on the people who lived at the home.

We looked at care files and saw that the people who lived in the home had an audit trail of capacity assessments, best interest meetings and DoLS applications where required. We also saw evidence in care documents that people who were able to, had signed consent to aspects of their care plans and had been

involved in discussions regarding their care. We saw that appropriate processes had been followed for people who did not have the capacity to consent to some decisions regarding their care. This showed that people's legal right to consent to their care had been respected.

Each unit had its own dining area with kitchen, the home had implemented a restricted hour for meal times. This meant that the people who lived at the home were able to eat their meal with minimal distractions. We observed the serving of lunch and saw that people were able to choose to have their meals in their room, the lounge or in the dining room and in one case the hallway, where the environment was made appropriate for the person to eat as they wished. We saw the atmosphere to be friendly and relaxed. This showed us that individual's choices were respected. Where people required support to eat, staff supported people in a friendly and unrushed manner and gently encouraged them with their meals.

We saw that staff told people what the meal choices were and asked what they would prefer prior to serving. One person was unable to understand the choices available so the staff member brought samples of the food to help the person make their own choices.

We were able to sample the food offered and found it to be hot, tasty and in appropriate quantities. We asked people if they enjoyed the food and all said yes. One person told us "The food is good", another person said "The food is lovely" and a relative told us "The cook came down and talked to them (the person) to see what he liked, they just loved that".

Drinks and snacks appeared readily available in the lounge areas throughout the home. On each day of inspection we saw kitchen staff going into each kitchen area on the units to restock anything needed for hot drinks, fresh fruit and bread. This meant that both people who lived in the home and their visitors were able to help themselves. We saw that some people had their dietary and fluid recorded daily and their weight on a weekly or monthly basis dependent on the person's needs. We saw that when person's dietary intake or weight changed significantly then the person's risk assessment was reviewed and a referral was made to dieticians or G.P. if needed to ensure people's nutritional needs were managed.

When we looked around the building we saw that everyone had a spacious bedroom with an ensuite shower and toilet. The home was decorated in a dementia friendly way with clear signs and contrasting décor to enable people who lived with dementia to move around the home independently. People had been able to personalise their bedrooms, a relative told us "Their room is just so lovely, they even have their own mini fridge". We saw photographs of people who live in the home with staff in every unit in the home. This gave the service a feeling of friendliness and made the atmosphere homely.

Is the service caring?

Our findings

We spoke to four people who lived at the home. One person told us "The staff are brilliant, excellent. Everybody has different types of caring needed and they do it". All of the people we spoke with agreed with this. A relative told us how staff treated their family member as their own relative, another family member said "I know they know [relative] well, they always let me know how they are as soon as I walk in".

We asked people if they were able to choose when they went to bed and were told by a person who used the service "I choose when I want to go to bed". We observed people who wanted to stay in bed, staff were able to tell us those who preferred to get out of bed later and we saw this being supported.

Staff were proactive in ensuring people's privacy and dignity. People looked well-groomed and cared for and were dressed appropriately. A relative told us "Mum always looks clean". Staff spoke with people in a respectful way, giving people time to understand and reply.

We saw how staff were discreet when providing personal care and were sensitive and patient when explaining this to people. Staff knocked on bedroom and bathroom doors to check if they could enter when people were having personal care. Staff were careful not to be in an area where they could be overheard, when discussing people's needs.

There were excellent systems in place to ensure end of life care was always provided to the highest standard. The senior carer had become the end of life lead and had attended training for the "Six Steps" programme with the focus of this being care in the last six months of life. We saw six steps in place and that this had been discussed with family. Six steps ensures that there is open and honest communication, assessment and planning for how the person would like to be cared for at the end of their life. It ensures that the person themselves is at the heart of these discussions, with other people such as relatives and care professionals included so that people's wishes can be respected.

The senior carer showed how they had incorporated end of life topics in staff handovers for example people's choices, medication changes and the everyday care of a person on the six steps programme were discussed. Staff were passionate about providing excellent end of life care to people who lived at the home. Many people we spoke with told us that their preferred place of care at the end of the life was the home. It was clear from looking at people's care plans and the measures that had been put into place that the home took every step to deliver this wish and allow people to pass away comfortably with the people who knew and cared for them. We saw people's wishes had been documented throughout people's care plans and a discreet coding system was used so all staff knew people's wishes without having to go looking for the information.

We observed that confidential information was kept secure either in locked cupboards on each of the units or the main office.

The home held meetings with relatives and we were told by one relative who had attended the previous

meeting that the home had informed them of the future events the home had planned. This informed people and relatives of upcoming events, activities and any news regarding the home. Relatives told us that there was always communication between them and the service and they felt they were kept informed of any issues.

During our visit people moved about freely and communicated with us and staff. Staff engaged with people and visitors in a warm and friendly manner. We were told by a visitor, "The staff are great, they are just brilliant" and a person who used the service told us "They look after me as a person, if you need them they're there".

Is the service responsive?

Our findings

We saw how people were supported by a service which was responsive to their needs. All staff we spoke to were able to discuss the needs and individual circumstances of each person who lived at the home. This demonstrated that staff were given time and support to get to know the people who lived at the home, this also demonstrated the person centred approach the home had. A relative told us "They [staff] know mum really well." A person who lived at the home said " Oh they definitely know me. The cook comes down on a Friday and asks what's wanted, they always accommodate".

We looked at 11 care files and saw that people had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from this assessment had informed their plan of care.

We saw from people's care records, that people and their relatives were involved in developing their plan of care. For example, we saw records which showed people and their families had been involved in the reviews of people's care and in documenting wishes regarding resuscitation, this was also discreetly shown by use of codes and colours on peoples bedroom doors. This meant staff were able to have up to date information on peoples wishes immediately to hand. This was reviewed regularly by the staff member who was the end of life link person. One family member told us "They've gone through their care plan with me and asked if I agreed with it, they're very open to being told if we don't agree". We also spoke to a visiting relative who came to help with the personal care of their family member. The home had facilitated this as it was a wish of both parties for this to continue on their admission to the home. This showed how the service ensured relatives were being included in a person's care and it enabled them to maintain their relationship.

Care plans were personalised and provided details of daily routines specific to each person. For example, there were sections about supporting people with areas such as their health, dressing, washing and bathing and mobility. Care plans had been reviewed regularly, to make sure they reflected people's current needs and circumstances. This ensured staff provided had appropriate guidance on how to support people as and when their needs changed. We saw how one change to a health need was then followed through the entire care file and reviewed within a month.

We saw that staff used person centred methods to support one person who became distressed in a way that met their needs and respected their wishes. The care plan and risk assessment had been reviewed regularly. A relative told us "They saw changes in his behaviour and a mental health nurse was brought out and they reassessed him, they told me the outcome of that". We saw the homes investigations in this instance showed that medications needed reviewing and this led to positive changes to behaviours. This led to the person being able to function better and have a better quality of life. For example, the person was then able to engage more when their family visited and improved their well-being.

We saw there hadn't been any recent complaints. The staff team worked very closely with people and their families and comments and minor issues were dealt with before they became a concern or complaint. All families and people who used the service we spoke with told us they had no complaints. They were very

confident if they had any concerns they would be quickly dealt with to their satisfaction. One relative told us "I have no issues. They're brilliant. You couldn't fault them." We saw that each person had a 'My Information' file that contained a complete service user guide that included a comprehensive complaints procedure. We saw numerous compliments had been received about standards of care.

We were able to see that even though the home was a 60 bed home there was meaningful engagement between people who use the service, families, visitors and staff. There was obviously a dynamic team in place as the home didn't employ an activities co-ordinator as all staff offered a wide range of activities to meet people's social needs.

People and relatives we spoke with were positive about the activities provided. There was a strong focus on person-centred activity planning and we observed ideas specific to improving people's well-being. For example, books covering a wide range of historical subjects purchased and We saw those with an advanced dementia diagnosis picking these up and sitting down to read. This was seen to be very good for reminiscing, socialising and encouraging communication.

We observed activities taking place, such as 'play your cards right' and an external singer, who was one of several entertainers who came monthly, performed for people and their visitors. This was seen to be enjoyed by everyone. The home also had specific social gatherings for example the men were invited to 'pie and a pint' and the ladies enjoyed 'afternoon tea' in themed lounges. This provided opportunity for a social gathering, meeting people and talking about and engaging in activities of common interest. We were told by relatives how they also accessed these social groups, this meant that positive relationships were encouraged between family members and people who lived at the home. On speaking to the people and families who participated in these activities it was obvious that this positively impacted on emotional and mental wellbeing as they all described how they looked forward to these activities.

Staff showed us how they were constantly fund raising for the people who lived at the home. This was in addition to what was in place by the provider. Fundraising events included a 24 hour bikeathon that staff, including management and some people who lived in the home had been involved in. This showed how the home strived to give people a sense of inclusion and sense of responsibility by involving people with fundraising for their own home. There were also various cake sales and garden parties that also included the wider community.

The registered manager organised three team-building events within the previous year which were sponsored by staff, residents and relatives. The money raised paid for the construction of a cinema. Staff engagement in this project has ensured the success of the cinema and its regular use, this had received an official opening on the previous years National Care Home Day. The large screen in the cinema was used for satellite television for the people's benefit. To fund sports and film viewings that needed to be paid for the manager and staff came up with the idea that the staff played a weekly 'bonus ball' lottery, staff used their own money. This fully funded the sports and film viewings for the people who lived at the home. When we spoke to staff, people who lived at the home and relatives it was obvious that this was a popular activity and was regularly used.

The registered manager had forged links with local theatre groups were people were able to attend performances at a reduced cost, all people using the service were able to attend. This was also seen to be well attended and encouraged people continue to go out into the community. One person who lived at the home told us "I love it, I go on everything".

One person at the home, who lived with dementia used to arrange day trips in a previous job role Staff told

us this person had been asked by staff to help with organising a day trip to Wales for people. The registered provider was also in the process of adapting a room into a sweet shop, a person with dementia had previously had a role in retail and the manager informed us that the eventual plan was to have this person involved in the project. These examples showed how staff took a proactive approach in engaging with people to improve their well-being. This showed how staff clearly valued the skills and knowledge of the people who lived at the service.

Care staff with special interests facilitated some of the activities at the home, such as 'Oomph'. This was where staff offered innovative, personalised exercise and activity sessions for people to improve physical mobility, social interaction and mental stimulation.

We were told by one person and their relative how the home had been able to arrange to take the person to Old Trafford football stadium as they were a staunch Manchester United fan and thought they would never be able to go again. The relative told us "They go a step beyond".

The extensive activities programme was advertised throughout the home and also on social media for the benefit of relatives and friends.

We saw that each room had a 'My Memory Folder' that included a person's life story, daily routine and important dates. Staff were able to tell us if a birthday or significant date was coming up, an example being a person's deceased spouse. People were supported to maintain their independence and access the community. We observed staff supporting people to go to the shop for newspapers for specific people in the home and deliver them.

Handover between staff at the start of each shift ensured important information was shared, acted upon where necessary and recorded. This ensured people's progress was monitored and any follow up actions were taken.

We were able to see how the home had incorporated and used social media to keep relatives and friends informed of all occasions at the home. All visitors we asked about it told us how good it was. One relative told us "We've got family in Australia who can see how happy he is, I love it".

Is the service well-led?

Our findings

The service had an experienced and skilled manager. We received positive feedback about how they managed the service. One relative told us "[The manager] is lovely, she's always got time to talk". One person who lived at the home said "She's brilliant, easy to talk to. She's approachable and welcoming". Another relative told us "I'm so glad we've found this place, it's nice to come here".

The manager had a proactive style of leadership and worked closely on a daily basis with people who lived in the home and staff team. The manager strived for excellence through consultation, research and reflective practice and was passionate and dedicated to providing an outstanding service to people. The staff team were encouraged to continuously improve the lifestyle and wellbeing of the people. They were committed to providing the best service they could deliver, resulting in the best possible outcomes. This was evident in the enthusiastic way the staff described improvements and ideas they were developing such as the proposed sweet shop.

We were told by the manager and by people who lived in the home that people were involved in recruiting potential staff. They were able to ask questions and be involved in the formal interview. One person said "I help with picking the new staff". People were encouraged to give their opinions and were able to influence the people chosen to work at the home.

The manager worked in partnership with other organisations to make sure they were following up to the minute practice and providing a high quality service. This included accessing Skills for Care and attending various seminars. We spoke to other professionals who were involved in the home and their comments were extremely positive. One person told us "The staff seem to know their patients inside and out". We were told that staff were polite and professional and determined to get the best for the people they supported. One visiting professional told us "They're always doing charity work for the residents fund. Staff are wonderful".

All the professionals we spoke to told us the home was very well managed and organised. They added that no request was any bother and that staff were professional and extremely caring.

Relatives were positive about the service their family members received. One relative said, "The support and the relief they've given me is tremendous, I feel safe and supported".

All the staff that we spoke with told us the registered manager was always visible and approachable. We saw that staff, visitors and the people who lived at Birkenhead Court were comfortable speaking with them. Staff said the registered manager's door was always open if they wished to speak with them. This helped to promote a positive and open culture to keep people safe

We found the manager was open to ideas and new ways of working to improve the quality of people's care. They had made the best of talents and skills staff had, such as artistic and creative tendencies. Staff told us they could approach the registered manager with suggestions they had. An example of this was the 'Oomph' programme which the staff had suggested implementing at the home.

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff were positive about training and were eager to undertake nationally-recognised courses and qualifications to improve how they worked. The registered manager shared their knowledge with staff, to promote good practice. For example, information from the continence champion was shared with the staff. This helped to increase staff learning and the quality of people's care.

Throughout our inspection, we found staff promoted values such as choice, fulfilment, autonomy, privacy and social interaction in the way they provided care to people. For example, in how they spoke with people and understood their needs.

The home had links with the local community. For example, young volunteers through the National Citizens Service who organised a fundraising project for the home's benefit, this raised funds for the home to buy dementia friendly equipment and enabled the home to transform the garden into a welcoming area that encouraged people to sit outside. The home forged links with the local sixth form college and facilitated for health and social student to complete their work experience at the home, one is now a student nurse and is part of the home's bank staff this meant the continuity of care staff was familiar for people, and another is now a student physiotherapist. The local community centre has also become a resource for the home as they use the centre for any social events they planned for the people who lived at the home and for team building events for the staff. At Christmas time, we were told by the home that staff from the community centre had come and had transformed a lounge into a grotto where the local community were able to bring their children this meant that the people who lived in the home was able to socialise with local community and it raised the awareness of what work the home was doing.

The administrator of Birkenhead Court founded a charity that fund raised for a dementia charity, we were able to see how the home involved the local community, relatives and people living at the home in these events. The home was also in the process organising a 'drop-in' centre locally for those people and families who are experiencing dementia to meet people and seek advice.

We saw how the home had volunteers who had previously had relatives living in the home. One person had commenced a knitting club and another reads newspapers to people and joins in with activities.

Records were well maintained at the service and those we asked to see were located promptly.

Staff had access to policies and procedures on areas of practice such as safeguarding, whistle blowing and safe handling of medicines. These provided staff with up to date guidance. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings.

The provider regularly monitored the quality of care at the home and there were procedures in place to monitor this. This included audits surrounding medication, infection control, catering, care plans and mattresses. There was also an audit carried out on dementia friendly environment, the effectiveness of this was shown when new calendar clocks were mounted February 2016 following the findings of the audit.

Senior managers visited the service regularly and the staff team had frequent informal chats with people about their views of the home. Where they were unable to give their views relatives were involved. Meetings were also held monthly to involve and consult people about plans and ideas for the home. We were told by one relative "Oh yes I've come to the meeting, you're welcome all the time". People and their relatives were encouraged to complete surveys about the care provided. We saw how the responses had been used in a 'You said, We did' display, this meant that people could see that their opinions mattered and were acted on.

This showed that the provider sought and valued people's opinions and suggestions about the service provided.

The two deputy managers had been successfully mentored by the registered manager in Level 5 in Leadership & Management, and also in personal development, within the previous two years. Two team leaders who wish to progress towards management had also been mentored and developed. One member of staff said, "I couldn't have asked for more support". Another member of staff told us, "All the staff are encouraged to progress, she's given me the opportunity to grow. She encourages the staff to know, explains systems and we learn. She's here if we need her to be".

We were also able to see how the manager had personally bought a large wooden outside shelter for the staff, this was to give the staff a small area away from the home for some personal time if it was needed. The staff also attended team days the registered manager had organised, these events had included mountain climbing. This showed the staff that they were valued. We saw that staff understood their role, and what the management team expectations of them were. They were enthusiastic, motivated and had confidence in the management team.