Anchor Trust

Silver 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?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on the 26 August 2015 and was unannounced.

Silver Court provides care and accommodation for up to 42 people. On the day of our inspection there were 40 people living at the home. The home provides residential care for the elderly and frail and people living with dementia. The home is a purpose built home all on one floor with communal lounges with dining areas.

The home had 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.

People felt safe living at the home. There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. One person told us "I have always felt safe,

Summary of findings

staff really look after me". The registered manager made sure there was enough staff on duty at all times to meet people's needs. When the provider employed new staff they followed safe recruitment practices.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

Staff considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people they were happy for them to undertake care tasks before they proceeded.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get the medicine they needed when they needed it. People were supported to maintain good health and had access to health care services when needed.

Staff supported people to eat and they were given the time to eat at their own pace. People's nutritional needs were met and people reported that they had a good choice of food and drink. Staff were patient and polite, supported people to maintain their dignity and were respectful of their right to privacy.

The activities co-ordinator organised a weekly (seven day) programme of different activities on a two week rota. This included arts and crafts, baking, exercise and a visiting PAT (pet as therapy) dog Some activities were organised around assisting the kitchen, for example we observed three people enjoying peeling potatoes and carrots and other people making cakes.

Staff felt fully supported by management to undertake their roles. Staff were given regular training updates, supervision and development opportunities. For example staff were offered to undertake additional training and development courses to increase their understanding of needs if people living at the home. A member of staff told us "We get lots of good training, If I felt I wanted anymore I can just ask and they will arrange it".

There was a positive and open atmosphere at the home. The registered manager was visible and active within the home. Staff and people told us they liked having regular meetings and felt them to be beneficial, the provider took action in response to feedback received. One person told us "The manager is nice, I can go and see her anytime".

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective. People received support from staff who understood their needs and preferences well. People were supported to eat and drink sufficient to meet their needs.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of and acted in line with the principles of the Mental Capacity Act (MCA) 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

Is the service caring?

Good

The service was caring. People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities within and away from the home. People were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that any complaints would be listened to and acted on.

Is the service well-led?

Good

The service was well-led. There was a positive and open atmosphere at the home. People, staff and relatives found the management team approachable and professional.

The registered manager and provider carried out regular audits in order to monitor the quality of the home and plan improvements.

Summary of findings

There were clear lines of accountability. The registered manager and provider were available to support staff, relatives and people using the service.

Silver 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.

The inspection took place on the 26 August 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the expert had experience in older people's services.

The provider had 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.

Before the inspection we checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with eight people living at the home and six relatives/visitors, five care staff, the activity coordinator, registered manager, care manager, district manager and care specialist.

We reviewed records related to people's care and other records related to the management of the home. These included the care records for six people, medicine administration record (MAR) sheets, five staff training records, support and employment records, quality assurance audits and incident reports and other records relating to the management of the service. We observed care and support in the communal lounges and dining room during the day and spoke with people in their rooms. We spent time observing the lunchtime experience people had and observed the administering of medicines.

The home was last inspected 20 November 2013 with no concerns.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person told us "Of course I am safe, look at the place it is lovely". Another told us "I have always felt safe, staff really look after me". One relative said "Yes, I think it's a safe place to live, I had noticed a couple of personal care things that I've mentioned to staff, and they have responded well to what I said, and things were sorted out". Each person told us they could speak with someone to get help if they felt unsafe or had any concerns.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff were able to describe the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly. One member of staff told us "I would have no hesitation in raising a concern for a person or if I saw something that was wrong. People need to feel safe and know they are being cared for correctly".

People felt there was enough staff to meet their needs. One person told us "There are enough staff, if I ring my bell they always come and help me". Another person told us "I think there is enough staff". Staff rotas showed staffing levels were consistent over time. Agency staff were being used to maintain the staffing levels. Consistency was being maintained by employing the same agency staff to help ensure the continuity for people and record keeping. Staff confirmed that they felt there was usually enough staff but at certain times they could do with more. One member of staff told us "We are a good team and help each other out. We sometimes take on extra shifts but on some occasions it would be better to have an extra person. The registered manager and care manager used a dependency tool and regularly assessed care needs and adjusted the number of staff on duty based on the needs of the number of people using the service. The registered manager told us "We have had problems in recruiting staff in the local area and we have been supported by the provider and a recruitment team at our head office. This has been positive and after a recent recruitment day we held we have seven new members of staff who are currently going through the process to join us. We will also be increasing staff at certain key times of the week. We have also just recruited another activities coordinator to increase 1:1 activities for people".

Each person had an individual care plan. The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. For example a Waterlow risk assessment was carried out for all people. This is a tool to assist and assess the risk of a person developing a pressure ulcer. This assessment takes into account the risk factors such as nutrition, age, mobility, illness, loss of sensation and cognitive impairment. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct mattress is made available to support pressure area care. The care manager explained that the care plans and risk assessments were audited on a monthly basis or when required to ensure they met the current needs of the people. Another person had a smoking risk assessment, this detailed how staff needed to assist the person to smoke outside in the designated smoking area ensuring they stayed with them at all times. The person was also provided with a smoking apron, this was a fire retardant apron to protect the person if they dropped a cigarette on to their clothing. The registered manager told us how the person agreed to wear the apron for their safety and how they like to call it their "silly apron" and always ask to wear it now before they smoked.

People were supported to receive their medicines safely. Policies and procedures had been drawn up by the provider to ensure medication was managed and administered safely. Medicines were safely administered by trained staff. All medicines were stored securely in a locked medicine cabinet and appropriate arrangements were in place in relation to administering and recording of prescribed medicine. We spoke with a member of staff who described how they completed the medication administration records (MAR) and we witnessed this while the lunchtime medicines were being administered. Medicines were stored in a locked trolley which was not left unattended when open. The member of staff was polite and sensitive to people's needs whilst administering their

Good

Is the service safe?

medicines. For example the member of staff asked if they would like their medication and explained what the medication was for. Once administered the staff member completed the MAR sheets correctly. This ensured people received their medication safely. Weekly and monthly audits were undertaken by senior staff and the care manager. These audits included stock levels, storage assessments and MAR sheets. Medicine competency assessments were completed regularly. These were completed on the staff that administered medicines, to ensure understanding and best practice.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handovers. Audits of the records were completed for any emerging themes or patterns. For example one person who had a fall, staff had referred them to the local falls team to discuss what could be introduced to reduce the risks of further falls. The person had agreed to having support and a walking frame to support with their walking. Care plans and risk assessments were updated.

Recruitment procedures were in place to ensure that only suitable staff were employed. The registered manager told us how they were supported by the provider with recruitment to ensure all staff were of the right calibre before they worked at the home. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

The premises were safe and well maintained. The environment was spacious which allowed people to move around freely without risk of harm. Corridors were wide and clear for people to move around freely and safe. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and infection control. Records confirmed these checks had been completed. Communal areas had direct access to the gardens and were well maintained with clear pathways for those who used mobility aids and wheelchairs.

Good

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet the needs of people and spoke positively about the care and support. One person told us "Staff are really good here, they are nice people. I can go out regularly for a smoke with another staff member". A relative said "Yes, I feel my relative has been looked after. I am pleased that the staff were prompting them to eat".

A health professional told us "The staff understand the people and skilled to meet their needs. There is good communication at the home and always find staff to be helpful".

Staff had knowledge and understanding of the Mental Capacity Act (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments in line with legal requirements, so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff observed the key principles of the MCA in their day to day work. Staff members understood the importance of gaining consent from people before providing any care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. One member of staff told us, "We always ask people before providing care and what they would like and take time to listen to them". Staff members also recognised that people had the right to refuse consent.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority. We found that the provider and the manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. Weekly menus were planned and were rotated every four weeks. There was a good choice of food available throughout the day. In the communal lounges were kitchen areas where people had access to food and drinks throughout the day. Food was both nutritious and appetising. People could choose their meals from a daily menu displayed in communal areas and alternatives were available if they did not like the choices available. People could choose where they would like to eat, some ate in their rooms or the dining areas. We observed the lunchtime period. Tables were set attractively with condiments and serviettes. There were sufficient staff to ensure that everyone was served in a timely way. Staff ensured that people had drinks and that these were topped up when required. Staff explained what they were serving and helped some people to eat, either by cutting up food or offering encouragement. There was a social atmosphere with people chatting and the meal time appeared to be an enjoyable experience. One person told us "The food is lovely, I had Spanish omelette for my lunch". Another told us "We have great puddings, I like the food". One person required assistance with eating their lunch. A member of staff sat with the person and asked if they would like some help and ensured they assisted at the persons pace, showing a patient and caring attitude.

The service used a Malnutrition Universal Screening Tool (MUST) to monitor people's nourishment and weight. MUST is a five-step screening tool that identifies adults who are malnourished or at risk of malnutrition. The tool includes guidelines which can be used to develop people's care plans. Where people needed a special diet such as a soft diet or liquidised food this was documented and we observed people receiving this. Some people needed their diets fortified. One person was at heightened risk of weight loss but following a program of eating fortified food their weight had started to increase. A staff member told us that it was important when someone was losing weight to see what they liked and encourage them to drink their fortified foods and drinks.

Staff records showed they were up to date with their essential training in topics such as moving and handling,

Good

Is the service effective?

safeguarding and dementia. The online training plan documented when training had been completed and when it would expire. The registered manager told us how they ensured staff were up to date and skilled in their role which also included the registered manager working alongside staff and completing competency assessments. These were completed on the staff to ensure understanding and best practice. Staff were knowledgeable and skilled in their role and meant people were cared for from skilled staff who met their care needs. One member of staff told us "We get lots of good training, If I felt I wanted anymore I can just ask and they will arrange it".

Staff had supervisions and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff met regularly with their manager to receive support and guidance about their work and to discuss training and development needs. We spoke with the registered manager about the consistency of supervisions and they told us how they worked closely with the staff every day and always gave them time to discuss any concerns or best practice. They told us "I feel I need to record time I spend with my staff as it can go towards their documented supervision". Staff we spoke with said they felt they always had support and guidance from the manager. On told us "I work alongside my manager most weeks and always asked how I am doing and what support I need".

Hallways were thoughtfully decorated with pictures, ornaments and had work from the activities people were involved with. In the entrance hall was a display of all the staff, this included a photo and a profile on each staff member. One of the internal communal bathrooms had been personalised with a dressing table and a picture of a window to give it a homely feel. Small seating areas were around the home that were being used by people and family members to sit and talk. We observed an impromptu dance started up in the reception area between a person and the activities coordinator, which appeared to be a regular event. The person was enjoying themselves. The registered manager told us how they were always looking to improve the environment and two members of staff had recently become dementia champions and their task was also to look at ways of improving people's lives for people who are living with dementia. They had been working with the local dementia team to look at ways of engaging people with wall spaces and ideas.

Good

Is the service caring?

Our findings

Staff provided a caring and relaxed environment. Throughout our observations there were positive interactions between staff and people. One person told us "They are very good to me, they never rush me". Another person told us "The staff are lovely and care for me". A relative told us "My mum is really happy here considering she never really wanted to go into a care home, now we couldn't get her to move".

Staff demonstrated empathy and compassion for the people they supported. One member of staff told us, "We really care for the people and aim to make sure everyone is happy and cared for in a way that is suited to them". Staff made time for people, calling people by their preferred name and demonstrated a firm understanding of people's personal background and personalities. One staff member asked a person who was sitting near an open window if they were cold and would like the window shut or a jumper. The registered manager told us how some people living with dementia had teddies and what they meant to them. They explained one person had lots of teddies which provided comfort to them and how they felt that the teddies were real and their family. The registered manager explained how the person had quite a collection of teddies and had been struggling to carry them around. The manager asked the person if you they would like a push chair to put them all in. They told us how they happily agreed to this and now had them all in a push chair to move around the home.

We observed staff being kind and respectful to people. We observed one staff member holding a person's hand while they spoke with them. We saw other staff gently touch people on the arms or shoulders to raise awareness that they were there and wanted to interact with them. This showed staff were compassionate and caring towards people and were knowledgeable about the people they were looking after.

The home had a calm, relaxing and homely feel. Throughout the inspection, people were observed freely moving around the home and spending time in the various lounge and dining areas. People were observed spending time in the lounge, reading, doing the crossword or enjoying quiet time. There were areas for people to watch TV. One person was observed independently deciding what TV programme they wished to watch and enjoying time alone. They told us "I like coming to this area, I can watch TV on my own or read one of the lovely books".

People's rooms were personalised with their belongings and memorabilia. People showed us their photographs, ornaments and other items that were important to them. People were supported to maintain their personal and physical appearance. People were dressed in the clothes they preferred and in the way they wanted. Ladies had their handbags to hand which provided them with reassurance. Ladies were also seen wearing jewellery and makeup which represented their identity.

Mechanisms were in place to support people to maintain relationships with those who mattered to them. Visiting times were not restricted, people were welcome at any time. People could see their visitors in the communal lounges or in their own bedroom. Relatives told us they could visit at any time and were always made to feel welcome. One told us "I have nothing but praise for the home".

People where possible told us that staff treated them with respect and dignity when providing personal care and otherwise. Staff asked people beforehand for their consent to provide the care, and doors were closed. A member of staff knocked on someone's door before entering and asking if they could come into their room to speak to them about their lunch. Staff explained to us the importance of maintaining privacy and dignity and one staff member told us "People have their own private rooms, which also have letter boxes and doorbells to make it feel homely for them. We always knock or ring the bell and never just enter".

People were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. They were also involved in the running of the home. Resident meetings were held on a regular basis. These provided people with the forum to discuss any concerns, queries or make any suggestions. Minutes from the recent meeting confirmed people spoke about activities, food options and staffing. Where people made suggestions, the registered manager acted upon these.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person told us "If I want to see the doctor they will sort it for me". Another person told us "I can come and go as I please. I get the bus into town and also like to help out in the garden".

A health professional told us "I find staff are responsive to people's needs and always available when I visit to discuss what has been put in place for a person".

The activities co-ordinator organised a weekly (seven day) programme of different activities on a two week rota. This included arts and crafts, baking, exercise and a visiting PAT (pet as therapy) dog Some activities were organised around assisting in the kitchen, for example we observed three people enjoying peeling potatoes and carrots and other people making cakes. One person told us "We are making viennese whirls today, they are going to taste lovely, I love to bake". People could go to different areas of the home to listen to music or watch TV. The co-ordinator spoke to people on a daily basis to gain an understanding of people's mood and to ask people what they would like to do. This was to stimulate the mind and keep people active. We saw people participating in individual and group activities during our visit. The activities coordinator was well known around the home and had a good relationship with people. The registered manager told us they were planning to employ another activities co -ordinator to provide extra 1:1 activities for people who preferred this rather than group activities. We observed people freely walking into the registered manager's office and engaging in conversations. On one occasion, one person was sitting in the office and helping fold serviettes while chatting with the registered manager. The manager showed good knowledge about people and their likes and dislikes. They told us "My door is always open and I arranged my office so the desk is facing towards the door so people can see me and can come in and talk or just sit with me. I also put pictures of my children on the wall behind me, this is a great conversation starter if people are distressed or want to just talk".

People and staff also spoke of the summer fete that had recently taken place and how everyone enjoyed themselves. We were also shown photos of the fete the registered manager had organised for people, relatives and staff. This included a BBQ, arts and crafts, games, tea and cakes and a raffle. The registered manger told us what a great day everyone had and also how relatives played a big part ensuring it was a success for everyone by helping out.

People's rooms were also regarded as their flats, with doorbell's and letterboxes and had personalised memory boxes outside their rooms with their belongings. These included photographs and memorabilia. These had been chosen by the person as something they related to. For example, some people had a photograph of themselves doing an activity with a staff member or others had a picture with a family member. This promoted good dementia care and enabled people to orient themselves so they were not always dependent upon staff.

People and relatives we spoke with were aware how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people on display boards in the home and complaints made were recorded and addressed in line with the policy. People we spoke with told us they had not needed to complain and that any minor issues were dealt with informally and with a good response. One person told us "I will speak with the manager and she will sort things for me if needed".

We looked at the arrangements in place to ensure that people received care that had been appropriately assessed, planned and reviewed. Each person had an individual care plan. A care plan is something that describes in an accessible way the care and support being provided to an individual. Each section of the plan covered a different aspect of the person's life, for example personal care, mobility, mental health, continence, communication and emotional support. Care plans were personalised to the individual and information was readily available on how the individual preferred to be supported. Information was clearly available on the person's past, such as family members, their employment history and what was important to them. Monthly reviews took place, assessing the effectiveness of the care plans and whether any changes to the person's needs had taken place. A profile was available which included an overview of the person's needs, how best to the support the person and what is important to that individual. Care plans contained detailed information on the person's likes, dislikes and daily routine

Good

Is the service responsive?

with clear guidance for staff on how best to support that individual. For example, one person's care plan explained how they had hearing aids and explained that staff needed to speak slower and sit down at eye level with the person, which helped them to understand what was being said. Another care plan detailed how a person had a fear of drowning and when near water it could affect their mental health. It detailed explaining to the person what was happening all the way through personal care and not pour water over their head and reassure them. When speaking with staff they showed knowledge and understanding of the people they cared for.

We observed a staff handover meeting which was conducted by a senior care worker for care staff coming on duty. They discussed each person in some detail, how they had been emotionally, what their nutritional intake was like and what they had been doing and whether they had any visitors. Staff also collected their pagers. When a person rings their call bell, opens a door to the garden or someone is at the front door the pager will alert to let the member of staff know where they needed to go to. Throughout the inspection calls bells were answered without any undue delay. The response time was also audited and monitored by the care manager to ensure staff were answering in a timely manner.

Staff used non-verbal and verbal actions when they communicated and supported people. They demonstrated safe practice when dealing with people's difficult behaviour patterns and dealt with difficult situations appropriately. For example, we observed a disagreement between two people during our visit. Staff were responsive to the situation and made sure both people were calmed by reassuring them and discussing what they would like for lunch which diffused the situation.

Good

Is the service well-led?

Our findings

People commented on the leadership and management of the home. One person told us "The manager is nice, I can go and see her anytime". Relatives we spoke with told us that they felt the registered manager was very approachable.

A health professional told us "The registered manager leads from the front, I know her experience in various roles gives her a great understanding of all areas of the service. During the visits she delegates the role of escorting me around the home to her care manager or a team leader, but always has the overall feedback given to her directly and has high standards. She takes criticism and praise in equal measure and is the reason that it's clear to see that this home is well led".

There was a positive and open atmosphere at the home. The registered manager was visible and active within the home. The registered manager was regularly seen around the home, for example, lending a hand at lunchtime. They were seen to interact warmly and professionally with people, relatives and staff. People told us the manager was available to discuss any concerns that they may have about the care they received. The registered manager told us they had an 'open door' policy for people, their relatives and staff. They told us they had many ways of communicating that included resident and staff meetings. People appeared relaxed in the company of the registered manager and it was clear they had built a rapport with people. For example, as they showed us around the home they greeted people we met in the hallway by name and entered into a conversation on a topic of interest to them.

There was a clear management structure and staff were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff felt able to raise concerns and they were confident concerns would be acted on. One told us "The manager is very approachable and takes the time to listen if I have any issues". Another told us "I feel supported in my role by my manager and I think they do a good job".

Staff gave positive comments when asked if they felt supported. One staff member told us they are encouraged to speak up and voice their views and raise any concerns. Another told us "We have regular staff meetings and handovers of care." Staff also commented on how well they worked together as a team. We found staff interacted with the registered manager and each other to support with everyday tasks to ensure people were cared for in a timely manner.

People were supported to be involved in the running of the home through meetings. The minutes of recent meetings showed a range of issues had been discussed, such as activities, food and the recent summer fete. Staff meetings were held regularly, this gave an opportunity for staff to raise any concerns and share ideas as a team. Recent minutes of staff meetings demonstrated that staff were involved with discussing the new care standards and key working with people.

Regular audits of the quality and safety of the home were carried out by the registered manager and the provider. Action plans were developed where needed and followed to address any issues identified during the audits. For example the registered manager told us about an informal relative meeting they had organised with an external dementia specialist to provide extra guidance and support for the relatives. They were also producing a newsletter for relatives to keep them updated on activities, staffing and giving them an opportunity to request music for people on the Sunday radio request.

The registered manager and care manager both told us how staff worked closely with health care professionals such as GP's and nurses to ensure people received the correct care. The registered manager told us "We work closely with external teams like the local dementia teams for support and guidance. Communication is also key to make sure staff are aware and up to date with a person's care and support plan.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the new requirements following the implementation of the Care Act 2014, for example they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.