

Anchor Trust Kirkley Lodge

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

We inspected Kirkley Lodge on 21 July 2015. The inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting.

Kirkley Lodge is a two-storey purpose built care service that is registered to provide care to a maximum number of 47 older people across three units. Primrose and Roseberry units are on the ground floor. Primrose has 11 beds for people who have been identified as having 'extra

care needs' whilst Roseberry has 12 beds for those people living with a dementia. Peacehaven is on the first floor and is a 24 bedded unit for people receiving personal care.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 of the service on 9 and 17 July 2014 we found that care records were not always accurate or fit for purpose. The registered provider sent us an action plan telling us they would be compliant by 30 June 2015. We checked care records at this inspection and found that improvements had been made.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing and safeguarding procedures.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. However we did notice that some water temperatures of showers were too cool. This was pointed out to the registered manager at the time of the inspection who told us they would take action to rectify the temperatures.

The care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling; going out; falls; skin integrity. nutrition and hydration. This helped to ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction.

We saw that staff had received supervision on a regular basis and an annual appraisal.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. From the people and relatives we spoke with we received an even split as to whether people thought there was enough staff on duty to meet people's need. We asked the registered manager to review their dependency levels of people who used the service to determine if there are sufficient staff on duty.

The registered manager understood the requirements of the Mental Capacity Act (2005) and the Deprivation of

Liberty Safeguards (DoLS) which meant they were working within the law to support people who may lack capacity to make their own decisions. However some staff had limited knowledge of MCA (2005) and DoLS.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. However, we saw that the temperature of some rooms in which medicines were stored in were on occasions too high. If medicines are not stored at the correct temperature they may not work in the way they were intended, and so pose a potential risk to the health and wellbeing of the person receiving the medicine.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful, patient and interacted well with people. People told us that they were happy and felt very well cared for.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. Menus were varied and had been looked at to ensure that they were nutritious.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

We saw people had been assessed and had plans of care in place. Some of the care plans we looked at would benefit from more detail to ensure that records detailed clearly how to meet the care and support needs of people.

At the time of the inspection the registered manager was looking to recruit an activity co-ordinator to plan and deliver activities to people who used the service. The previous activity co-ordinator had left two weeks before the inspection and in the interim care staff were delivering activities for people. We received mixed responses in terms of activities, some people preferred to

Summary of findings

spend time on their own and chose not to join in activities. Some people were happy with the level of activities but some felt that more activities could be taking place.

The registered provider had a system in place for responding to people's concerns and complaints. People were asked for their views. People said that they would talk to the registered manager or staff if they were unhappy or had any concerns.

There were systems in place to monitor and improve the quality of the service provided. We saw there were a range of audits carried out both by the registered manager and senior staff within the organisation. We saw where issues had been identified; action plans with agreed timescales were followed to address them promptly.

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?

The service was safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

We received mix feedback from people about staffing levels. We asked the registered manager to review their dependency level assessments.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who used the service.

There were arrangements in place to ensure people received medication in a safe way. Some of the temperatures of rooms in which medicines were stored were on occasions too high.

Good



Is the service effective?

The service was effective.

Staff received training and development, supervision and support from their registered manager. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink. Menus were varied and provided people with choice.

The registered manager had a good understanding of MCA 2005 and DoLS; however for some staff their understanding of this was limited.

Good



Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

People were encouraged and supported to make decisions and choices.

Good



Is the service responsive?

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

People had opportunities to take part in activities inside and outside the service. Some people were happy with the level of activities but some felt that more activities could be taking place.

People and relatives had opportunities to raise concerns or complaints and felt able to do so if needed. People who used the service, relatives and staff told us that they were listened to.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon. Quality assurance systems were in place to ensure the quality of care was maintained.

Kirkley Lodge

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 checked 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.

We inspected the service on 21 July 2015. The inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting.

The inspection team consisted of three adult social care inspectors and an expert by experience who had experience of residential care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. We did not ask the registered

provider to complete 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.

At the time of our inspection visit there were forty five people who used the service. We spoke with seventeen people who used the service and three relatives. We spent time in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and in some bedrooms.

During the visit we spoke with the registered manager, the dementia and care advisor, two team leaders, three care assistants and a student on placement at college.

During the inspection we reviewed a range of records. This included five people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, “They’re very good. They come in through the night.”

The registered provider had an open culture to help people to feel safe and supported and to share any concerns in relation to their protection and safety. We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. Everyone we spoke with said they would have no hesitation in reporting safeguarding concerns. They told us they had all been trained to recognise and understand all types of abuse.

Staff we spoke with during the inspection were aware of the different types of abuse and what would constitute poor practice. Staff told us they had undertaken training in safeguarding and were able to describe how they would recognise any signs of abuse or issues which would give them concerns. They were able to state what they would do and who they would report any concerns to. The service had safeguarding policies and procedures in place for recognising and dealing with abuse. Staff said that they would feel confident to whistle-blow (telling someone) if they saw something they were concerned about. Staff we spoke with were able to speak about the provider’s whistleblowing policy.

The five care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling; going out; falls; skin integrity; nutrition and hydration. The risk assessments and care plans we looked at had been reviewed and updated regularly. We saw that for one person who used the service who went out independently they always took their mobile phone when they went out. Staff had also supplied them with contact information for the service should they or anyone else need it. The registered manager told us how they encouraged people to be independent and take responsible risks. One person went over to the cathedral independently. The registered manager told us that they had assessed the risks as minimal other than the person needing protection from the sun on warmer days. They told us how this person usually went out and returned to the service at similar times and that if the person didn’t they

would presume there may be a problem and take the appropriate action. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction.

The registered manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records that showed water temperatures were taken regularly. We noted that some shower temperatures were a little too cool at 33 and 35 degrees Celsius. We pointed this out to the registered manager who said that they would take immediate action to ensure water in showers were at the correct temperature.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire extinguishers, bath hoists and fire alarm.

We also saw that an emergency evacuation plans was in place for people who used the service. This provided staff with information about how they can ensure an individual’s safe evacuation from the premises in the event of an emergency. Records showed that evacuation practices had been undertaken. The most recent practice had taken place in January 2015 for night staff and May 2015 for day staff. The registered manager told us that they were to do another fire drill for night staff in July 2015. Tests of the fire alarm were undertaken each week to make sure that it was in safe working order.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that a monthly analysis was undertaken on all accidents and incidents and that these were analysed to identify any patterns or trends and measures put in place to avoid re-occurrence.

We looked at the files of four staff recruited in the last 12 months and saw that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record

Is the service safe?

and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

We looked at the arrangements that were in place to ensure safe staffing levels. During our visit we saw the staff rota. This showed that generally during the day there during the day and evening there were a total of seven care staff on duty and two team leaders. Staff were shared out amongst units. On night duty there were three care staff and a team leader. In addition to this both the care manager and registered manager worked 37 ½ hours each a week. From the people and relatives we spoke with we received an even split as to whether people thought there was enough staff on duty to meet people's needs. One person said, "I can always rely on them when I need them." A relative we spoke with said, "Generally there is enough of them on duty." Another person said, "They're run of their feet they're stretched to the limit." Another person said, "There are not enough staff." We did observe that the call bell rang in one room for a period of 15 minutes before staff answered this. However, there was some confusion as we found out this room was unoccupied; but a person who used the service had gone into the room and rang the call bell. Another call bell rang for 5 minutes before staff answered it. At other times staff were observed to answer the call bells promptly. Whilst we spent time on Primrose unit we observed one person sat in a wheelchair at the dining table. This person had their back to us so it was not possible to tell whether they were asleep or awake. A student who was on placement from college spoke briefly to them when sitting down to engage with another person, however other staff did not engage with this person for the period of time we spent in this area [approximately 2 hours]. We pointed out our findings to the registered manager and asked that they reviewed their dependency of people who used the service to determine that there was sufficient staff on duty. Staff that we spoke with during the inspection thought that there was enough staff on duty to meet the needs of people who used the service.

We saw that appropriate arrangements were in place for the safe management, storage, recording and administration of medicines.

At the time of our inspection none of the people who used the service were able to look after or administer their own medicines. Staff had taken over the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed.

The service had a medication policy in place, which staff understood and followed. We checked peoples' Medication and Administration Record (MAR). We found this was fully completed, contained required entries and was signed. There was information available to staff on what each prescribed medication was for and potential side effects. We saw there were regular management checks to monitor safe practices. Staff responsible for administering medication had received medication training and had regular checks to make sure that they were safe practitioners. This showed us there were systems in place to ensure medicines were managed safely.

We looked at records to make sure that medicines were stored at the correct temperatures. These included daily checks carried out on the temperature of the rooms and refrigerators which stored medicines. On some occasions in the month of June 2015 we saw that some rooms in which medicines were stored were too high at 26 degrees Celsius (should be no more than 25 degrees Celsius). The room / cupboard temperature of those medicines stored in Primrose had not been taken and recorded to make sure that medicines were stored within the recommended temperature ranges. This was pointed out to the registered manager who told us that they would take action to address our findings.

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, “I’ve no complaints. I’m very well looked after especially at night. I think they all work hard. I enjoy it here.” A relative we spoke with said, “Hand on my heart, me and my sisters are happy with the care mam gets.”

Staff we spoke with told us that there was a plentiful supply of training. We saw records to confirm that staff had received training in mental capacity, deprivation of liberty safeguards, fire safety, infection control, falls awareness, food safety and health and safety amongst others. The registered manager told us that 35% of the staff had received first aid training and that they ensured that there was someone suitably qualified on each shift to administer first aid should it be needed. They told us that they were in discussion with the local authority in respect of this as the local authority would like numbers of staff who were first aid trained to be increased. One staff member we spoke with during the inspection told us that they were up to date with their training and did not feel in need of any additional training at this point. They commented that the registered provider was very proactive in arranging both mandatory and individual training on a regular basis.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. A staff member we spoke with said, “Support is there whenever you need it you only need to ask.”

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager had an understanding of the MCA principles and their responsibilities in accordance with the MCA code of practice; however some of the care staff had a limited understanding. The registered manager understood the practicalities around how to make ‘best interest’

decisions. We saw that appropriate documentation was in place for people who lacked capacity. Best interest decisions were recorded in relation to care and support and health.

At the time of the inspection, some people who used the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The registered manager told us that they would ensure that care staff received up to date training on MCA and DoLS to ensure that they have an increased knowledge and understanding.

We looked at the service’s three week menu plan. The menus provided a varied selection of meals with an alternative available at each meal time. The registered manager told us that the menus had been looked at to ensure that they were nutritionally balanced. Staff we spoke with were able to tell us about particular individuals and how they catered for them. The registered manager told us that they, the chef manager, the deputy chef manager and the care manager had been on recent training focussing on under nutrition. In this training they had learnt about how to fortify food for people who needed extra nourishment. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition.

We observed the lunch time of people in Peacehaven and Roseberry units. In Roseberry the food was well presented and the portions generous. Two choices were given to people who used the service and the member of staff serving the food showed plates with both options to help people choose what they wanted to eat. Those people who needed assistance from staff received this. One person was sat at the table in a wheelchair without the footplates in place which meant their feet were left dangling off the floor and at times they did seem to be uncomfortable and were trying to move their feet and legs. This was pointed out to the registered manager at the time of the inspection visit. We noted that there was no salt and pepper or drinks on tables. A staff member explained that this was because we were on the dementia unit and there was a danger that the people would pour an excess of salt and pepper, or their

Is the service effective?

drinks, onto their meal. We spoke to the registered manager about this and informed that some people living with a dementia would not be able or think to ask for salt and pepper or drinks, however if this was visible on tables this could prompt people or staff to offer choice. The register manager said that they would speak to staff and take action in respect of this. On Peacehaven we noted that menu cards were on each table. We saw that vegetables were served in tureens which meant that people who used the service could help themselves. They had salt and pepper on the tables and staff helped those people who needed help with cutting up their food, but most people were independent. Those people who wanted had their meals served in lounge areas or their bedrooms.

We saw that people were offered a plentiful supply of hot and cold drinks throughout the day. This meant people were supported to maintain their hydration. On Roseberry unit people who used the service were offered a protein drink mid-morning.

People told us that they enjoyed the food provided. One person said, "I really enjoy all of the food." Another person told us that they didn't like some things on the menu but staff made sure there was but there was always an

alternative. One person told us how they had put on weight. One person requiring a diabetic diet told us how staff made sure they were provided them with snacks which they clearly appreciated.

We asked the registered manager what nutritional assessments had been used to identify specific risks with people's nutrition. The registered manager told us that staff at the service closely monitored people and carried out nutritional screening on a monthly basis and where necessary made referrals to the dietician or speech and language therapist. We saw records to confirm that this was the case.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The registered manager said that they had good links with the doctors and the district nursing service. One person who used the service told us that they received twice weekly visits from the district nurse to look at their pressure areas. During the inspection the chiropodist visited to provide foot care to some people who used the service. They told us, "This is one of the best home's I visit. If I recommend any special slippers they always get in touch with family to make sure people get them."

Is the service caring?

Our findings

People and relatives we spoke with during the inspection told us that they were very happy and that the staff were extremely caring. One person said, "They're marvellous couldn't ask for more." Another person said, "I couldn't ask for more." A relative we spoke with said, "Mam often says to me the carers are lovely."

During the inspection we spent time observing staff and people who used the service. On the day of the inspection there was a calm and relaxed atmosphere. Throughout the day we saw staff interacting with people in a caring and friendly way. At one point during a conversation a person who used the service put their head towards the member of staff who then mirrored the action bringing their head forward so they touched for a moment. This showed that staff were caring.

We saw that staff treated people with dignity and respect. Staff were attentive, respectful, were patient and interacted well with people.

Observation of the staff showed that they knew the people well and could anticipate their needs. For example at sometimes people were in need of reassurance and affection. Staff took time to talk and listen to people. Staff explained some ways in which they respected the privacy and dignity of people who used the service, by knocking on people's doors before entering and making sure people were bathed in a dignified manner by using towels to cover the lower part of the body when needed. This showed that the staff team was committed to delivering a service that had compassion and respect for people. We asked people who used the service if their privacy and dignity was respected. One person told us that the staff were very good when they were bathing them and that they felt comfortable with male or female staff. A relative of a person who used the service told us that they were always nicely presented with their hair done.

The chiropodist who visited the service on the day of the inspection told us that if someone chooses not to return to their own room for them to provide foot care then a screen was provided by staff to ensure that privacy and dignity was maintained during treatment.

The registered manager and staff that we spoke with showed concern for people's wellbeing. Staff we spoke with told us they enjoyed supporting people. One staff member we spoke with said, "I hope I promote and provide our customers with a high standard of care, promote their self-esteem and their well-being. I also strive to provide a happy, safe environment for them."

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

Staff we spoke with said that where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. One person who used the service told us how they liked to eat their meals in the lounge area rather than the dining room. Another person told us how they liked to get up at 3am and that staff supported them to do this. This demonstrated freedom of choice.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

At the time of the inspection the registered manager was in the process of recruiting an activity co-ordinator to work 20 hours a week to plan and deliver activities and outings for people who used the service. The registered manager told us that the previous activity co-ordinator left their employment two weeks prior to the inspection and that in the interim care staff were responsible for delivering activities. A number of people who used the service told us how they enjoyed being out in the garden and seeing the raised flower beds which contained pretty flowers. One person said, "It's nice to get some fresh air." Others told us that there was a hairdressing salon on site and that people enjoyed the weekly visits from the hairdresser.

During the inspection we observed one staff member interacting with those people living with a dementia by throwing and catching a ball. People were seen to enjoy this interaction with the staff member. A relative told us about activities and entertainment that takes place. They said, "They have entertainment on in the day room. I've seen them painting and singers have come in. There was one in January and March." One person who used the service told us how they enjoyed going out on their own independently. They told us how they knew the telephone number of the service in case they needed to get in touch when they were out. They told us how they wore a card on a cord round their neck with a telephone number of the service for others to see in case of an emergency. The registered manager told us how one person enjoyed daily visits to the cathedral which was very close to the service.

We received mixed responses in terms of activities, some people preferred to spend time on their own and chose not to join in activities. Some people were happy with the level of activities but some felt that more activities could be taking place. People did acknowledge that activities had decreased recently since the departure of the activity co-ordinator. One person said, "There doesn't seem to be a lot going on." Another person said, "There's nowt down in

the lounge for you." During the inspection we had some discussion with the registered manager and dementia and care advisor about looking at other activities and stimulation which would be of benefit for those people living with a dementia. The registered manager and dementia and care advisor said that they would spend some more time researching such activities.

During our visit we reviewed the care records of five people. We saw people's needs had been individually assessed and plans of care drawn up. The care plans we looked at included people's personal preferences, likes and dislikes. The care plans generally included the support people needed but some could be improved by including more detail with how to provide that support. For example the care plan for one person detailed that they needed the help of staff to transfer using the hoist and a slide sheet, however this did not inform how to provide that support. For another person the hoist sling and sling assessment was not fully completed. There was a monthly review of care for each person, however this was brief and did not include an evaluation of each individual need for the person. The registered manager told us that from July 2015 they planned to implement more detailed reviews.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who in the organisation to contact. We spoke with people who used the service and relatives who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. A relative we spoke with said, "If I had a problem I would speak to the team leader. I have spoken to them before and things have been sorted out."

Discussion with the registered manager confirmed that any concerns or complaints were taken seriously. We looked at the record of complaints and saw that there had been four complaints made in the last 12 months. Records indicated that complaints had been dealt with promptly and appropriately.

Is the service well-led?

Our findings

People who used the service spoke positively of the registered manager. One person said, “He’s [registered manager] very good. He’s a person you can talk to which makes such a difference.”

The staff we spoke with said they felt the registered manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, “He’s [registered manager] approachable if there was something you needed to talk about you can tell him. He’s got a good attitude.”

Staff told us the morale was good and that they were kept informed about matters that affected the service. One person said, “I’ve worked here for 15 years and really enjoy it.” They told us that full team meetings took place regularly and that were encouraged to share their views. We saw records to confirm that this was the case. Topics of discussion included infection control; night staff safety checks and sickness absence. We saw that meetings for team leaders took place on a monthly basis. There was evidence that minutes of the meeting had been shared with those staff who attended the meeting, as well as those who were unable to do so. Topics discussed included: support and supervision; e-learning; handovers; up-skilling carers; rotas; spot checks; financial safeguarding; medicine protocols and local authority and CQC inspections.

Records were available to confirm that meetings took place with people who used the service and relatives. We saw evidence that these had been held in December 2014 and June 2015. Topics discussed included: deprivation of liberty safeguards; staffing and the passenger lift.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to

assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager was able to show us numerous checks which were carried out on a monthly basis to ensure that the service was run in the best interest of people. We saw records to confirm that a catering audit was completed by the registered manager and had been carried out every month during 2015. This included checking on, kitchen cleaning; sub and main kitchen areas; dining areas and employees. The assessment tool used showed the catering service had been compliant throughout. We saw a total of 26 care plans had been audited in 2015 up to the date of our inspection. Areas audited included: medication; mobility; nutrition; personal care; sleep and rest; communication; social activities; supplementary and the review process. All action plans and follow-ups required were recorded. An infection control audit had been carried out every month during 2015. Areas covered included checking on: hand hygiene and equipment; personal protective equipment; equipment and sharps bins; environment and disposal of waste and laundry.

A ‘Your Say Colleague Survey’ was conducted in February and March 2015 with 59 (80%) responses received from staff. Almost all staff who participated said, ‘I am clear about what I’m expected to achieve in my job.’ And ‘I would recommend Anchor’s services to family and friends.’ Staff identified areas for improvement as recruiting and retaining of staff.

A survey for people who used the service was conducted in 2014. The results of this survey showed that people were overall happy with the care and service provided.

The registered manager told us a senior manager visited the service on a monthly basis to monitor the quality of the service provided. We saw records of visits to confirm that this was the case.