Anchor Trust

Eastlake

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Eastlake provides care and accommodation for up to 53 people. On the day of our inspection, 41 people were living in the home. The home is divided into different living areas with people receiving care and support in each living area. Many people were living with dementia.

The inspection took place on the 15 February 2016 and was unannounced.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager did not undertake quality assurance process, including regular audits on health and safety, infection control and medication. The registered manager met CQC registration requirements by sending in notifications when appropriate. We found both care and staff records were stored securely and confidentially.

People were kept safe. We spoke with the registered manager upon arrival regarding access to the service. The registered manager advised key pads were in place on the first floor for people with dementia, to reduce risks of falling. During the inspection we saw a key code on one of the three exits form the first floor. This demonstrated the risk of people falling down the stairs had not been correctly assessed or managed. However the manager immediately took action and later confirmed that access that the door had been secured for safety.

Incidents and accident were fully investigated by the registered manager, and actions put in place to reduce the risk to people of accidents happening again such as people falling.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We did not consistently see the code of practice being applied in the service. We have made a recommendation to the provider regarding this.

People received their medicines as they were prescribed and when they needed them. Processes were in place in relation to the correct storage, disposal and auditing of people's medicines. One person told us "Yes, I have never missed any of my medicines."

People told us care staff treated them properly and they felt safe. One person said; " I feel safe here. I would

talk to the team leader if I had not felt safe with staff." Staff had written information about risks to people and how to manage these in order to keep people safe. One person had been assessed as being at risk of falls, we saw an action plan detailing actions for staff to undertake to minimise the risk to the person which detailed the appropriate call system and mobility assessments in care plans.

Staff had received training in safeguarding adults and were able to tell us about the different types of abuse and signs a person may show if they were being harmed. Staff knew the procedures to follow to raise an alert should they have any concerns or suspect abuse may have occurred. One staff member said " If I noticed or suspected any abuse I would report it to one of the team leaders. If they were not available I would report to one of the care managers." and "They have to escalate all abuse to the Surrey safeguarding team, CQC and police. I would recognise abuse through different ways; if people become nervous, have bruising or are timid when you approach them."

Care was provided to people by a sufficient number of staff who were appropriately trained and deployed. People did not have to wait to be assisted. One person said; "Staff come straight away as soon as I press the button. There are always staff around."

Staff recruitment processes were robust and helped ensure the provider only employed suitable staff to care for people. Staff had the specialist training they needed in order to keep up to date with care for people. Staff demonstrated best practice in their approach to the care, treatment and support people received. Some staff had NVQ in health and social care and other staff were working towards them. Staff received appropriate induction. The registered manager had put in place the care certificate for staff to undertake as well as the providers set induction process.

People and their relatives gave positive feedback about the service they or their family member received. People were very happy. One person said "It's such a friendly place to live."

People and their families had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. Staff ensured people had access to healthcare professionals when needed.

People were provided with a choice of freshly cooked meals each day and facilities were available for staff to make or offer people snacks at any time during the day or night. Specialist diets to meet medical or religious or cultural needs were provided where necessary. One person said "I have my food pureed. I have a choice and the meals are tasty."

People were treated with kindness, compassion and respect. Staff took time to speak with the people who they supported. We observed some positive interactions and it was evident people enjoyed talking to staff. People were able to see their friends and families as they wanted and there were no restrictions on when relatives and friends could visit. The activities on offer to people were varied. One person said "I choose when I want to be on my own in my bedroom. I can do my puzzles when I want to. I have privacy in my bedroom and staff always knock on my door."

People's views were obtained by holding residents' meetings and sending out an annual satisfaction survey. People knew how to make a complaint. One person said "I have no complaints; there is nothing to complain about. I would talk to the manager if I needed to make a complaint." Complaint procedures were up to date and people and relatives told us they would know how to make a complaint if they needed to. The policy was in an easy to read format to help people and relatives know how to make a complaint if they wished.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 told us they felt safe. Staff knew how to keep people safe and protect them from abuse.

Medicines were consistently stored, managed and administered safely.

The provider ensured there were enough staff on duty to meet the needs of people. Staff were recruited safely, the appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Assessments were in place to manage risks to people. There were processes for monitoring accidents and incidents to reduce the risk of them happening again.

Is the service effective?

Requires Improvement

The service was not always effective.

People's rights under the Mental Capacity Act were not always met. Assessments of people's capacity to understand important decisions had not always been recorded in line with the Act.

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had enough to eat and drink and had specialist diets where a need had been identified.
People had good access to health care professionals for routine check-ups, or if they felt unwell.

Is the service caring?

Good

The service was caring.

People told us they were well cared for. We observed caring staff

who treated people kindly and with compassion. Staff were friendly, patient and discreet when providing support to people.

Staff knew the people they cared for as individuals. Staff took time to speak with people and to engage positively with them.

People and their families (where necessary) were included in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.
People had access to wide range activities. People chose activities and events within the home.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received. The registered manager responded openly to complaints received.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service had a registered manager in place.

The registered manager had not regularly checked the quality of the service provided.

People were involved in changes in the service people were happy with the service they received.

Staff felt supported and able to discuss any issues with the manager. Senior managers regularly visited to speak to people and staff to make sure they were happy.

The registered manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Eastlake

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.

Before the inspection we asked the 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. We reviewed this information to see if there was any particular area we needed to focus on.

The inspection was carried out by four inspectors.

During the inspection we spoke with nine people, eight staff members, three relatives, two visitors, the registered manager, and one health care professional. We observed care and support in communal areas and looked around the home, which included people's bedrooms, the different floors within the building and the main lounge and dining area. We reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

We looked at a variety of documents which included six people's care plans, five staff files, training programmes, medicine records, four weeks of duty rotas, maintenance records, menus and quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

The last inspection was undertaken on the 22 October 2013 where no areas of concern were identified.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. Comments included; "I feel very safe living here. I am glad that I came here as it is very nice." Another person said; "I am very happy to be here. Staff always treat me with kindness. I have never been mistreated."

The registered manager and staff had taken steps to help protect people from avoidable harm and discrimination. The registered manager and staff were able to describe what they would do if they suspected someone was being abused or at risk of abuse. Staff told us they had received safeguarding training. People told us they would approach the registered manager if they had any concerns. One person said "I do feel very safe living here, I feel very comfortable. I would talk to one of the managers, if I needed to. I have never felt unsafe living here."

The risks to individuals and the service; for example health and safety, were managed so that people were protected and their freedom was supported and respected. One person said; "I am free to go where I want." We saw several examples of staff support or guiding people to walk and pointing out hazards for them. For example, one staff member said, "Mind the chair." The registered manager addressed the area of safe access to the stairs immediately during our inspection.

Incidents and accidents were reported appropriately and in a timely manner. The registered manager described to us the action they took to response to each incident. They showed us examples of outcomes of investigations; this included an accident where a person had fallen. The registered manager had reassessed the risk and implemented new strategies such as alarm mats to alert staff sooner to the person moving about their room. Staff were able to describe risks and supporting care practices for people. For example people with specific health care conditions had individualised risk assessments which staff were able to describe.

Risk assessments had been developed to support people's choices whilst minimising the likelihood of harm occurring. The risk assessments included people's mobility risk, nutritional risk or specific health risks. One person's risk assessment detailed their assessed change in medicines as staff had felt this had attributed to falls. We saw staff had recorded, 'extra staff to be based on one unit to monitor the person.' We saw this happening. Personal call alarms were in place and GP's and CPN's had been involved in minimising the risks of falling to the person. Staff confirmed that there were three staff on duty in this living area to support people at risk of falling.

People's medicines were well managed and they received them safely. One person said; "I have never missed any of my medicines." Another person said "I know what my tablets are for, I take sleeping tablets and I always get them on time all the time."

There was an appropriate procedure for the recording and administration of medicines. We saw medicines were stored securely. Each person had a medication administration record (MAR) chart which stated what medicines they had been prescribed and when they should be taken. Staff ensured people had taken their

medicines before completing the MAR chart to confirm that medicines had been administered. MAR charts were completed fully and signed by trained staff. People who were prescribed 'as required' (PRN) medicines had protocols in place to show staff when the medicines should be given. The provider had in place procedures for safe disposal of medicines.

MAR charts showed us the provider had completed PRN protocols for people. Where the PRN protocol was completed records showed us how staff knew to give PRN medicines and which affects staff should observe and report upon for example if a person had pain relief, why it was given and whether the person's pain resolved with the administration of the medicines. The provider had a protocol for administering covert medicines and while the protocol was completed, and why staff administered the medicine covertly.

People said that there were enough staff deployed to meet their needs. One person said; "I do think there are enough staff about." Staff also said there were enough of them on duty. We saw people being attended to promptly. We heard care staff acknowledge people when they required assistance. One person said "The staff do talk to me; you get anything you ask for." The provider used a dependency tool to assess that staffing levels were in place to meet the needs of the people. The registered manager said that the staffing levels were two team leaders, two staff on each living area, and one floating member of staff to provide support where needed throughout the day. We checked the rotas for a four week period which confirmed the staff levels described by the registered manager were maintained.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff members confirmed they had to provide two references and had a DBS check done before starting work.

There were emergency and contingency plans in place should an event stop part or the entire service running. Both the registered manager and the staff were aware and able to describe the action to be taken in such events.

Requires Improvement

Is the service effective?

Our findings

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) but they did not always follow the full legal procedures in relation to it. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions any made on their behalf must be in their best interests and as least restrictive as possible. Mental capacity assessments were completed for people in relation to the Deprivation of Liberty Safeguards (DoLS).However we found some MCA assessments and best interest meetings had not been undertaken for people in relation to decisions regarding general care and treatment.

We discussed the MCA with the registered manager and Anchor area manager's at the end of our inspection. They explained there had been conflicting guidance from the provider and information circulating in relation to the MCA which had meant registered manager's in all of their homes had followed different processes. An Anchor wide initiative was taking place to address this shortfall and area managers were working with registered managers to ensure the necessary processes were followed and paperwork completed.

We recommend the registered provider reviews and implements the MCA code of Practice to ensure their services are adhering to legal requirements.

Staff had a good understanding of the MCA including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One staff member said, "MCA is for people who are unable to make a decision about their health needs or money, but they may be able to make a decision about what to eat or the choice between coffee and tea." Staff were seen to ask for peoples consent before giving care throughout the inspection.

The registered manager was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called DoLS. The registered manager understood when an application should be made and how to submit one. Applications had been made for people who lived at the home as coded locks were in place and some people did not have the capacity to consent to their use. We read evidence that a relative who had the legal right, had been involved in a best interest decision in relation to their family member who wished to leave the home, but it was unsafe for them to do so unaccompanied. A DoLS application had been submitted in this case.

People and relatives told us they thought staff were trained to meet their needs or their family member's needs. One person said, "The staff are helpful and knowledgeable." One external professional told us, "We hand over to the team leaders and the staff are very approachable, they listen to what is being said and our instructions are followed."

One person said "Yes, I think they (staff) are trained because they always know what they are doing." The provider ensured that each staff undertook effective induction and training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they had the skills to support people effectively. This included shadowing more experienced staff to find out about the people that they cared for and safe working practices. Staff were trained before they started to support people and received regular ongoing training to ensure their skills where kept up to date. Training was given based on the support needs of the people that lived at the home. One staff member said, "I was shadowed for two weeks and I undertook e-learning. The e-learning included all the mandatory training. Other training I have done includes dementia, MCA, nutrition and I have done 'Train the trainer' (a course which trains staff with the knowledge to train other staff). I also undertook the three day first aid training. The on-line training flags up automatically when our training needs to be updated." Another staff member told us " I had asked for extra training in first aid and I received this."

The registered manager told us some staff were trained to an NVQ level in health and social care and that all new staff employed undertook the care certificate as part of their induction.

Staff said they had annual appraisals. Staff also had regular supervisions which meant they had the opportunity to meet with the registered manager on a one to one basis to discuss their work or any concerns they had. One staff member said; "Yes, I have supervision every two months. I have had an annual appraisal. We discuss my role, how I am finding it and any training needs for me."

People's nutritional needs were met. One person said; "I see the menu and we always have two choices. There is always an alternative available and they will make what you want. I am happy with the food. Always more if you want it." Another person said, "You can have an all-day breakfast if you wanted to. We have residents meetings once a month where we discuss the food."

We observed lunch in three areas. People were being asked what they would like and staff were offering choices of drinks. People who ate in their rooms where given their meals promptly and those in the dining room too. One person only wanted mashed potato and gravy and staff respected this. Staff were constantly checking if people had finished, wanted more or offering them a choice of pudding or drinks. We also saw one person was given fish (their care plan stated they preferred fish) which wasn't on the menu for the day. Staff were very attentive throughout the lunchtime period.

During lunch we observed some people had fallen asleep. We saw staff gently encourage people to wake and eat. We spoke with staff regarding how they would support people to maintain their nutrition. Staff told us they offered an alternative meal and would continue to encourage the person to have some food.

Peoples individual dietary needs either due to medical needs, or choices were met. We saw that people had dietary preferences such as soya milk instead of cow's milk and this was followed by staff. We saw a list in the kitchen of people's dietary requirements. The chef was able to identify those people who were on specialist diets. Staff told us, if a person had lost weight or staff reported a change in their dietary/fluid intake or a healthcare professional requested it, they recorded a three day food/fluid chart and always referred to GP if person's health deteriorated. They told us they offered the person fortified meals or drinks and this would be in progress until the GP reviewed the person (if required). The Chef Manager told us they were involved, if the person was agreeable, when speech and language therapists (SaLT) assessed a person's swallowing needs, so kitchen staff ensured the recommendations to minimise the risk to the person were put in action.

We looked at food and fluid charts for people who may be at risk of not having enough to eat or drink, where

they were kept by people's rooms. Records included fluid charts, elimination records, topical application of prescribed creams or lotions.. We were told by the head of care that these records formed part of the overall recording for people and that they supported staff to ensure people were not at risk of not having enough to eat or drink.

One person said "Yes, I see the GP, have an annual check on my hearing and annual check with the optician."

The registered manager said that they promoted collaborative care (supporting people to access healthcare professionals and provide a person centred approach). Staff responded to changes in people's health needs quickly and supported people to attend healthcare appointments, such as to the dentist, doctor or optician. We saw in individual care plans that staff made referrals to other health professionals such as the SALT team, the falls team, district nurse or the dementia nurse when required. One person said; "They arrange for the doctor to see me."

We spoke to a visiting professional during our inspection who told us that staff made appropriate referrals in a timely manner and never has any concerns about the home, the staff or how people are looked after. They said "Staff are very quick to report any concerns about people to them and they always act appropriately. E.g. Pressure areas developing."

Good

Is the service caring?

Our findings

One person said "They are so caring and kind." Another person said "It's very nice here. I can't imagine you'll get too many complaints." A relative told us; "The quality of care is excellent. The place is immaculate. If I had to go anywhere I wouldn't say no to this place."

Staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff, smiling and communicated happily often with good humour.

People looked well cared for, with clean clothes, tidy hair and were appropriately dressed for the activity they were doing. The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. Staff were knowledgeable about people and their past histories. Care records recorded personal histories, likes and dislikes. Throughout the inspection it was evident the staff knew people well. Staff were able to tell us about people's hobbies and interests, as well as their family life. This information was confirmed when we spoke with relatives, or when they showed us their bedrooms, as decorations and items matched with what staff had said.

People told us they were treated with dignity and respect. One person said "We can spend time on our own if we want to. Staff always knock on my door. When they help me they make sure my door is closed." Another person said; "The care staff here are nice and they are kind. They are polite and look after me well." Staff were able to describe people to us and why they were living in the home. We saw a staff member adjust the way someone was sitting to make them more comfortable. We saw this staff member talk to one person, holding their hand all the time. We heard a staff member say to one person, "You are heading the wrong way sweet pea." The member of staff then went to escort them to where they needed to go.

We observed two staff support people who wished to walk along the corridors. We spoke with staff regarding the support being given. Staff explained people could be unsteady and needed assistance. The level of support varied from person to person depending on their mood.
We saw the support being provided was appropriate and compassionate.

People were cared for by staff who understood person centred care and support people to remain independent. A staff member said, "Each resident is the focus of everything we do. They have their own individual care plans. They are not all the same; some people prefer tea rather than coffee. Some people prefer to spend time on their own in their bedrooms rather than do certain activities. It is all about the person wishes. Another staff member said; "We encourage people to wash and dress themselves as much as they can, staff would help when requested or the person could not accomplish the task. People make their own decisions." One person said "Staff let me do what I can for myself but I need a lot of help from them."

People's rooms were personalised which made it individual to the person that lived there. Such as photographs on the walls of family and items of furniture from their own homes. People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services in the local community so they could practice their faith. One person said "I go to church every

Sunday with four other people. We have people from different religions visiting." Relatives told us they were free to visit when they chose to.

We asked people and family members if they had been involved by the staff in their care or the care of their relative. They confirmed that were included and kept up to date by the registered manager and the staff at the home. One person said "Yes I have seen my care plan." One staff member said "I write the care plans with the residents and review them every month with the resident. I talk to them and their relatives about people's individual needs and any changes required in the care plans."

Good

Is the service responsive?

Our findings

People had access to activities that they enjoyed. One person said, "There is loads to do here." The activities co-ordinator told us they did an activity downstairs in the morning and held one upstairs in the afternoon. They said they spent time with people individually if they didn't join in. We heard and saw the activity coordinator do this. They also said they had had started exercise classes for people and during the better weather people went out to the garden centre, shopping or to the seaside.

The registered manager told us their aim was to have activities staff present seven days of the week which supported the Anchor Inspires programme. They told us that they have an activities champion and once a month have a life story day. This is a day where staff work with people to get their life in writing which supported staff to really understand who the person was and experiences they have had. The registered manager told us that at present they were trying to raise money for a minibus so that people could go for more days out.

We saw a member of staff ask two people if they would like to play a game or do some art. One person played dominoes with the staff member. After a couple of games they played dominoes with another person in the lounge.

Before people moved into the home an assessment of their needs was completed with relatives and health professionals where possible. This meant staff had sufficient information to determine whether they were able to meet people's needs before the person moved into the home. Once the person had moved in, a full care plan was put in place to give guidance to staff on how to meet the person's needs which had earlier been identified. We saw these were monitored for any changes. Full family histories were drawn up so that staff knew about a person's background and were then able to talk to them about their family or life stories. A staff member told us "Every person is an individual and are treated as such by all staff. We have person centred care plans that are regularly reviewed. Staff know the individual likes and dislikes, for example, if they prefer to have their bath in the morning or the evening, their meals and the activities they to do."

People had a designated member of staff who would ensure their care plans were reviewed, and had their care needs met. One person said ""Staff listen to me. I have my own key worker who helps me with a bath." We read that reviews were undertaken and staff discussed with people their goals. A staff member said they got to know what people wanted, including what time they wanted to get up and how they liked to spend their day. Staff said they had handovers when they first came on duty. This was an opportunity for staff to share any information about people.

Individual care plans contained information which related to people's preferred name, allergies, family history, personality, the social activities they liked doing and their care needs. There were also details about how they wished to be looked after if they became unwell. Staff showed us a file which recorded people's weights. People were weighed regularly and staff calculated people's body mass index (BMI), so they could check people remained at a healthy weight. We saw that one person had lost weight and staff had referred

this person to the GP for a dietician referral and to the SALT team for further guidance on managing the weight loss and nutritional needs and that the recommendations had been followed by staff. One staff member said they write up the daily notes in the care plans. They said they log personal care needs attended to, any changes in the person's mobility or health.

People told us they knew how to make a complaint if they needed to. One person told us "I've no complaints" Another person said "Never made a complaint." We saw how the registered manager had dealt with previous complaints and had identified improvements or actions that needed to be taken. For example one person had complained the TV signal was not good. The manager acted on this promptly. The complaints policy was displayed in the foyer and each person had a copy of it in their service user guide. There was a, 'We welcome feedback' poster on the noticeboard on one floor and a complaints policy.

People felt they had a say in how the home was run. People told us that they remembered filling out a survey and one person said; "I have just been given one to fill in the other day." We saw in the lobby a poster which identified things in the home people wanted to change and actions that the registered manager had taken. Where people had said that they wanted the units redecorated this had been acted upon and the poster and the units were starting to be repainted. This showed that peoples suggestions on how to improve the service were acted on by the registered manager.

Requires Improvement

Is the service well-led?

Our findings

The registered manager told us about the systems the provider had to ensure the delivery of high quality care. We saw the quality assurance systems in place were not always completed. We saw evidence of audits for health and safety, care planning, medication and infection control that had not been undertaken for almost a year. The systems had not ensured that people were protected against some key issues described in this report. In relation to care plans that needed reviewing, staffing training, pressure area prevention and the Mental Capacity Act 2005. For example; If regular care plans audits had been undertaken they would have identified the lack of appropriate MCA assessments.

The registered manager explained that they had not undertaken all the audits they should and that this was an area they needed to improve on. This showed that the registered manager was not continually assessing the quality of the home and driving improvements.

We recommend the registered manager follows best practice and provider policy on completing a robust system of quality assurance for all aspects of the service.

The home had a registered manager. People we spoke with all knew who the registered manager was and felt that they could approach them with any problems they had. One person said ""I think it is managed quite well, staff are very good." A staff member said "The care managers are very supportive, they are always available and on call. There is an open door policy here and we can talk to the managers at any time."

We observed that the registered manager interacted well with people. They were walking about the home talking to people and speaking to them by name and there was a friendly rapport between people and the registered manager. This gave people the opportunity to talk with them and for them to observe staff practice to ensure it was of a good standard.

Staff were positive about the management and the support they gave to them. They told us they felt supported and could go to them if they had any concerns. One member of staff said "Yes I feel supported. We are a very good team here and I think we all feel supported by the management."

Staff meetings were regularly held and minutes of the meetings were recorded and made available to all staff. We saw a record of staff meeting minutes. Best practice guidance was discussed during these meetings and any concerns that staff had. Staff told us they attended staff meetings and felt comfortable to speak up in these. One staff member said "We also have staff meetings and complete surveys, people are listened to and actions are taken." They said; for example, recently staffing number increased from eight to ten on a shift." The staff member told us that audits of the care plans, health and safety and medicines were undertaken. They said "We learn from any issues that have been identified. We had training on how to update the care plans and to include better person centred information. They had not been reviewed regularly; they are now being reviewed every month."

The registered manager told us about the homes missions and values. Staff we spoke to understood and

followed the values to ensure people received kind and compassionate care. This was implemented during the staff induction process and reviewed regularly. We saw that the values were promoted in the 'Residents Guide', which anyone wanting to find out about the home or who lived there could read. One staff member told us "These are person centred care, respecting and promoting dignity; provide a good level of care, being responsible, honest, accountable and straight forward."

The registered manager had ensured that appropriate and timely notifications had been submitted to CQC when required and that all care records were kept securely within the home.