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St Anne's Residential Care Home

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

Summary of findings

Overall summary

The inspection took place on 12 and 18 July 2018. The first day was unannounced.

At the last inspection in April 2017 we rated the key questions of Effective and Well Led as Requires Improvement. Following that inspection, we asked the provider to complete an action plan to improve the environment. We also asked them to tell us what they would do and by when to improve the key questions, Effective and Well-Led to at least Good.

During this inspection in July 2018, we found the provider had invested in the environment. Changes to the flooring, bathrooms, bedrooms and communal areas had made the environment more hygienic and dementia friendly. Governance processes had also significantly improved. These included robust audits to check the service was providing quality care in all areas and there was greater involvement with the local community, for example with schools and local forums.

St Anne's Residential Care Home (known as St Anne's), is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
St Anne's provides care and accommodation for up to 23 people. On the day of the inspection 17 people were using the service. St Anne's provides care for people who are elderly and frail, some people may have mental health and / or physical needs.

A registered manager was employed to manage the service locally. 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 was supported by the provider and a manager to run St Anne's.

People told us they felt safe using the service. There were risk assessments in place to help reduce any risks related to people's care and support needs. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. The recruitment process of new staff was robust. People and staff were matched carefully and people could meet staff before they started receiving care from them.

People received support from staff who knew them well and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided. Comments included, "The staff make the place safe in my opinion because they are always on hand" and, "No concerns, my husband will be safe and happy. I was asked lots of questions about how he likes to be cared for."

Staff used their knowledge of people to help ensure their diverse needs were met. Staff were aware of people's communication needs and styles and their likes and dislikes.

The registered manager and staff had attended training on the Mental Capacity Act 2005 (MCA). Staff understood consent and when to follow the necessary legal processes to ensure people's human rights were respected.

There was a positive culture within the service. The registered manager had clear values about how they wished the service to be provided and these values were shared by the whole staff team. Staff were clear they were working in people's home. Staff told us care was personalised and based around people's own routines and wishes. Social engagement opportunities and activities kept people stimulated.

Alternative methods of communication were used, family and advocates were utilised to help staff understand people's needs when verbal communication was not easy for them. There were pictorial formats of menus and activities, for example, to help people make decisions. Easy read information was visible and there were pictorial instructions to help remind people how to use the bathroom, get dressed and retain their independence in other areas of their life.
There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. They were supported by the provider, a manager and other senior staff who had designated responsibilities. People told us they knew who to speak to in the office and any changes or concerns were dealt with swiftly and efficiently, "I feel that I could talk to any member of staff and that my concern would be sorted out."

Feedback received by the service and outcomes from audits were used to aid learning and drive improvement across the service. The manager and staff monitored the quality of the service by regularly by undertaking a range of regular audits and speaking with people to ensure they were happy with the service they received. People and their relatives told us the management team were approachable and included them in discussions about their care and the running of the service. Comments included, "[Provider's names] are in charge and they are very approachable as is [manager's name]."

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 remained safe.

There were sufficient staff on duty to meet people's needs safely. Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with living at the service.

Staff followed safe infection control procedures.

Lessons were learned and improvements made when things went wrong.

Is the service effective?

Good

The service was effective.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

People's care was based upon best practice by skilled staff.

People enjoyed a varied, healthy balanced diet and were involved in decisions about the food.

Staff were well supported and felt confident contacting senior staff to raise concerns or ask advice.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

People lived in an environment which had been adapted to meet their varied needs. People had been involved in decorating areas of the service.

Is the service caring?

Good

The service remained caring.

People were looked after by staff who treated them with kindness and respect. People who were able, and visitors, spoke highly of staff. Staff spoke about the people they were looking after with fondness.

People felt in control of their care where this was possible and staff listened to them.

People said staff protected their dignity.

People were supported in their decisions and given information and explanations in an accessible format if required.

Is the service responsive?

Good

The service remained responsive.

Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People were supported to follow their interests and enjoyed a range of activities.

People and those who mattered to them, knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

Is the service well-led?

Good

The service was well led.

There was a positive culture in the service. The management team provided strong leadership and led by example.

The provider/registered manager had clear visions and values about how they wished the service to be provided and these values were understood and shared with the staff team.

People's feedback about the service was sought and their views were valued and acted upon.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvement and raised standards of care.

St Anne's Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 12 and 18 July 2018. The first day was unannounced. The inspection was carried out by one adult social care inspector. On the first day, an expert by experience was part of the inspection team. An expert by experience is a person who has personal experience of using or caring for someone who lives with dementia.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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 also reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with 12 people. We reviewed five people's records in detail. We also spoke with the provider, registered manager, six staff and a visiting district nurse. We reviewed staff training records and records related to the management of the service for example audits, service checks and fire safety procedures. We also reviewed complaints and compliments the service had received in the past 12 months. We looked at the minutes of meetings held at the service, for example staff meetings and those involving people living at St Anne's. We reviewed peoples' medicine charts and the medicine processes at the service.

Whilst carrying out our inspection we left 'Tell us about your care' forms at the reception desk of the home. Staff handed these out to friends and relatives who visited people on the days of our inspection. Four relatives completed our forms and commented on what they thought of the service.

Following the inspection, we spoke with the local authority quality improvement team who had been supporting the service since the last inspection.

Good

Is the service safe?

Our findings

The service remained safe.

People felt safe. People felt comfortable speaking with staff and told us staff would address any concerns they had about their safety. Visitors also felt it was a safe place for their family member to live. People told us, "I feel really safe here" and "I don't feel worried about my safety." Relatives shared, "The staff make the place safe, they are always on hand to help with any situation" and "The home has a good feel to it."

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. One member of staff commented, "I look out for any change in behaviour, for example if people are quiet or withdrawn." Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority, the Commission or the police.

People were protected against the risks of potential abuse. Staff told us they noticed if people had any bruising and would check why this was, for example as a result of a fall. Staff also shared examples of where they were concerned about possible financial abuse and had taken action.

People had access to information about safeguarding and how to stay safe. People were asked in resident meetings held at the service whether they felt safe and easy read guides were available to explain this to people also.

The service has a proactive approach to respecting people's human rights and diversity and this prevented discrimination that may lead to psychological harm. Where necessary people's cognitive needs were explained to others who may not understand why they behaved in a certain manner. This helped their understanding of behaviours.

Occasionally people became upset, anxious or emotional. At these times staff spent one to one time with people, used distraction techniques, and helped people problem solve what might be worrying them. Staff told us of one person who wanted to go home and could become distressed, "Staff spend time with [person's name]; we are patient and try to distract and reassure them." Professional advice was sought when required, for example if people were having increased signs or symptoms which may indicate they needed mental health input or their medicines reviewed.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. For example, one person enjoyed helping in the kitchen. Risk assessments were in place to reduce the likelihood of harm from sharp utensils. Other people enjoyed going out by themselves but were asked to inform staff of when they thought they would return to the home.

People were supported by staff who understood and managed risk effectively. One staff member told us,

"We make sure there are no hazards and spills on the floor. We have one person who likes to carry their own drinks but it spills and drips; we make sure these are cleaned up quickly to avoid slipping." People moved freely around the home and were enabled to take everyday risks. People made their own choices about how and where they spent their time. For example, some people had equipment to help them move safely and minimise the risk of falling. Some people did not always like or remember to use their equipment so staff prompted them and kept their equipment close by to help remind them. Other people did not always remember to wash regularly which put their skin at risk. Staff prompted these people.

Thorough assessments were in place to ensure those at risk of skin damage, falls or nutritional risk had plans in place. People we met who were at risk were carefully monitored and checks undertaken and recorded. Risk assessments were reviewed frequently and care plans updated to reflect changes. Those at risk of urine infections were encouraged to have more fluid. People who were cared for in bed had special mattresses in place to help protect their skin, ensure they were as comfortable as possible, and staff were all aware of people who needed to be moved regularly to help maintain their skin integrity. If people were at risk of falling from bed, assessments had been undertaken to consider the use of bed rails to enhance people's safety.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. Regular fire checks were conducted and people has personal evacuation plans in place in the event an evacuation was required.

People and staff had confidence the provider, registered manager and manager would listen to their concerns and these would be received openly and dealt with appropriately. Staff gave examples of concerns they had shared where action had been taken promptly by the registered manager.

People benefited from staff who understood and were confident about using the whistleblowing procedure if this was necessary. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

People were supported by suitable staff. Robust recruitment practices remained in place. These helped ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. Comments included, "Yes, recruitment checks were undertaken."

People told us they felt there were always enough competent staff on duty to meet their needs and keep them safe. Staff were not rushed during our inspection and acted quickly to support people when requests were made. Staff confirmed they felt there were sufficient numbers of staff on duty to support people. People who were able confirmed they also felt there were sufficient staff on duty and their call bells were answered promptly, "I think there are enough staff"; "It (the call bell) is always answered quickly" and another person told us, "They always come quick."

Medicines were managed, stored, given to people as prescribed and disposed of safely. People told us, "I always have my medication on time" and another person confirmed "They never miss my medications." St Anne's used a "bio dose" system. This is where people's usual medicines are pre-packaged by the chemist in a small, plastic pot and labelled. Staff were appropriately trained and checked to ensure competency. Staff confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away as appropriate and, where refrigeration was required, temperatures had been

logged and fell within the guidelines that ensured quality of these medicines for example eye drops. Staff sought advice promptly from the chemist when the room temperature had been high due to the unusual warm weather. Staff were knowledgeable with regards to people's individual needs related to medicines. Regular checks were undertaken to ensure people had the medicines they needed at the right time. There was clear guidance in place for staff about people's medicines and in people's care records. Protocols were in place where people had additional medicine for behavioural needs or pain. Staff knew people well and described to us how they would assess pain for those people who were no longer verbally able to tell staff.

No one was on medicine without their knowledge (covert medicine). District nurses supported people who required insulin to manage their diabetes and staff were confident administering more complex oral medicines such as warfarin. Staff were aware of medicines which interacted with certain foods and this was clearly recorded on people's medicines charts. Allergies were also clearly recorded. People who required skin creams had clear guidance in place for staff and body maps were used so staff knew where these creams should be applied.

All areas of the service were clean and smelled fresh. People were protected from the spread of infection by staff who had received infection control and food hygiene training. We saw ample gloves and aprons and staff told us these were always available. There were handwashing posters to remind people and staff of the importance of good hand hygiene. Regular audits occurred and action had been taken to improve some areas, for example new equipment had been bought to support cleaning staff to get into corners which were hard to reach.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. We saw accidents and incidents at the service were carefully monitored and action taken where required to help reduce a reoccurrence for example falls. The service learned from these to reduce the likelihood of similar incident occurring again. Where people had fallen, individual plans were in place to reduce the likelihood of a further fall, for example checking call bells were within reach, commodes closer to people's beds at night, observational checks increased as required, and people's equipment such as walking frames close to hand. Where it had been identified further training was required, this was promptly actioned.

Good

Is the service effective?

Our findings

Following the last inspection in April 2017, the provider sent us an action plan advising us of the improvements they planned to make to the environment. At this inspection we found the provider had invested in improving the service. Great improvement had been made to improving people's environment. Changes included new flooring, carpets, bedroom and bathroom re-decoration and the environment being more suitable for people living with dementia. New furnishings and paintings had helped improved the décor. A new stair lift was also in place. The garden area had been refurbished, furniture and walls painted and plants planted which people enjoyed watering and caring for. We saw improved signage to help orientate people to areas of the service such as the bathrooms. People's individual doors were in the process of being painted to help orientate them with significant, personalised items about people as name plates to help them locate their room. Sensory items were on the walls which people enjoyed touching as they moved about the service. A relative confirmed, "It is a lot better; new carpets, painting and flowers."

People and their relatives confirmed they were well cared for by knowledgeable, skilled staff who effectively met their needs, "They get the doctor if I need one" and "They always let me know what is going on with my relative." Staff knew the people they cared for and knew their health needs. We saw people who required external professional help were referred promptly, for example to their doctor, district nurse or speech and language team. A visiting district nurse confirmed they were always welcomed, escorted to people's rooms, staff knew about people's health needs and staff followed any advice given. Staff were able to tell us about individual's needs, likes and dislikes, which matched what people told us and what was recorded in individuals care records. People's care records confirmed they saw opticians, chiropodists and dentists as required.

New members of staff completed a thorough induction programme, which included being taken through all of the home's policies and procedures, and training to develop their knowledge and skills. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. Staff told us this gave them confidence and helped enable them to follow best practice and effectively meet people's needs. New staff, who were new to care, were encouraged to undertake the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

On-going training was planned to support staffs' continued learning and was updated when required. This included core training required by the service as well as specific training to meet people's individual needs. For example, training in July 2018 included updates on privacy, communication, choice and control and nutrition. Staff told us there was training at the service and they could watch videos in their own time which some preferred. Staff had recently undertaken dysphagia training and were putting this into practice at the service. Some staff had also completed training on hydration and nutrition and the service had put staff forward to complete the local authority well-being course and culinary course. Staff we spoke with were working towards qualifications appropriate to their role, for example the manager was completing a leadership course. A relative told us, "I think the staff are very well trained and if my wife has any concerns there is always someone to talk to her and take action if needed or just put her mind at ease"

Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. These one to ones with a senior member of staff gave staff the opportunity to discuss any concerns and training and development needs.

The service was organised and communicated to share information across the team and across organisations so people received timely, co-ordinated care. Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. A communication book and handover sheet was in use to record information and staff were encouraged and had time to read people's care plans. Hospital passports were used if people required admission to hospital and the service had participated in a local pilot to improve people's transfer between services.

People were encouraged to say what foods they wished to have made available to them and when and where they would like to eat and drink. A recent residents meeting was used to discuss people's meal preferences so they could be incorporated within the menu. The menu was displayed in the dining area and pictures available to help people know what was on offer. People confirmed their food choices were respected. Staff confirmed there was ample stock available for people. The staff were all aware of people's dietary needs and preferences and these were incorporated in to the care records we reviewed. Comments we received included, "There isn't a lot of choice but it's lovely"; "The food is well cooked and hot." We were told there were plenty of drinks and snacks available if required. There was a 'hydration station' in the dining room with advice about why maintaining good hydration was important.

People were referred appropriately to the dietitian and speech and language therapists if staff had concerns about their wellbeing. Those at risk of poor nutrition and hydration had food and fluid charts in place which were completed and reviewed. People were weighed to monitor for weight loss or gain and changes noted and shared with professionals as required. Handover comments included information about those at risk and who required additional prompting and support with their food and drink.

The service was looking at how food could be presented in a more pleasant way and had purchased food moulds. Dementia friendly coloured crockery and cutlery as recommended in national dementia research was being purchased to replace existing stock, as well as easy hold knives, spoons and forks.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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 people lack the mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff gave examples of how a person's best interests were considered if a person lacked capacity to make a decision, for example if it was important to encourage them to wash or take their medicines if they were resistant. Mental capacity assessments were evident to demonstrate the service acted in people's best interest and in the least restrictive way.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS on behalf of people however, some these were awaiting review by the local authority designated officer.

People and relatives told us staff always asked for their consent before commencing any care tasks. We

observed staff always asked for people's consent and gave them time to respond at their own pace. This included administering medicines and personal care. Staff offered to come back later if the person did not want the care at the time. Care records also confirmed people's consent to care and treatment and where possible people had been asked to sign to indicate their involvement and consent.

Good

Is the service caring?

Our findings

The service continued to be caring.

People felt well cared for, they spoke highly of the staff and the quality of the care they received. People who spoke with us confirmed, "I like it here – I really like it here"; "They treat me well" and another said, "You can have a laugh with them." Relative comments included, "The staff are very kind to all the people at the home, always there to help with any problems"; "There is a happy and relaxed atmosphere in the home"; "Very kindly staff, chatting to people, smiles and friendly." Relatives all confirmed the atmosphere was welcoming, homely and relaxed.

People we spoke with and observed appeared happy and content in their rooms, the dining area, lounge and garden areas. Some people were engaged in board games, others enjoying the fine weather and one person helping prepare lunch which they enjoyed doing. We saw staff interacted with people in a caring, supportive manner responding to their needs and sitting with them as they explained things. Staff all confirmed they had time to engage with people and sit and talk with them. People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect always. A relative confirmed, "Staff make the effort to get to know everybody in the home personally."

People told us they were able to maintain relationships with those who mattered to them. Relatives and friends were encouraged to visit, some enjoyed a meal with their family member. Visitors told us they were always made to feel welcome and could visit at any time. Relatives confirmed they were always offered a drink and biscuits.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

People's bedrooms were personalised and decorated to their taste. People had their personal effects and special items in their rooms.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people's views and opinions were heard. Written and verbal explanations were given to people about their care and treatment. There were pictures available of clothing items to help people chose what they might like to wear. Staff were able to explain how they knew by people's facial expressions and observation of their body language if they were uncomfortable. Those people who had hearing or eyesight difficulties were known and staff knew to make sure people had their glasses or hearing aids if these were required to help with any communication.

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. Staff looked for ways to help people feel valued in the home, for example some people like to

help lay the table, water the plants and help fold laundry.

Information about advocacy services was available to people. This helped ensure people's voices were heard if they didn't have significant others involved in the care.

Staff understood how to protect people's confidentiality. Personal records were stored securely and staff ensured conversations involving people's personal information were held in private.

People told us their privacy and dignity was respected, ""They (the staff) always knock before entering my room and then ask to come in." One relative confirmed, "We talk in private. I was taken to a quiet room to discuss my relative's admission."

Care plans detailed how staff could help people maintain their independence, identifying what a person could do for themselves and what they needed support with. Staff members told us they gained satisfaction from supporting people to maintain or regain their independence.

Special occasions were celebrated, for example birthdays. A relative shared with us, "They made mum a birthday cake when it was her birthday." Another relative told us their loved one had a snack box at night so he could help himself and this made him feel special.

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care. People who were able, were involved in planning their own care and making decisions about how their needs were met. The service involved family, professionals and those with the legal authority to make decisions on behalf of people, where people were unable to be involved due to their health needs.

People had individualised care plans that clearly explained how they would like to receive their care, treatment and support. For example, information included people's preferred name, their routines and their dining preferences. Care plans included people's specific wishes about how they chose, preferred and needed to be supported for example those who liked their hair, nails and makeup done. Personalised information was evident about people's wishes at night time, for example what time they liked to retire to their room, whether they liked the window or door open or shut and how many pillows people liked. If people liked deodorant or talc when they were supported with personal care this was clearly recorded. Those who liked tea with sugar or marmalade sandwiches were known and information about the portion size people liked was available. For some people, their routine was particularly important due to their health needs and staff recorded and respected this. For example, one person liked things in a certain position or they became anxious. Staff ensured they followed their routine. Support plans also included information about anything the person wanted to achieve and how they would do this. Staff told us and we saw, support plans were kept up to date and contained all the information they needed to provide the right care and support for people. Staff told us they involved people in developing their care plans so care and support could be provided in line with their wishes. Support plans were reviewed and updated regularly to help ensure people's and wishes were being met.

The service had developed good links with the local community. Staff were proactive and made sure that people were able to maintain relationships that mattered to them. People had been invited to have a cream tea with local school children and play croquet which they had thoroughly enjoyed. Staff said the children had also enjoyed singing to people. Trips out to places of local interest had also been enjoyed. A local dementia group also offered a variety of activities people could attend for example, a knitting group.

People had a range of activities they could be involved in at the service if they wished. A new activities board was available for people to see what was going on and a newsletter with pictures and resident meetings shared ideas and the fun people had enjoyed, for example the new garden area people had been involved with creating. Themed days, baking, charity fundraiser initiatives, afternoon matinees and seasonal celebrations such as Remembrance Day and Halloween helped keep people active and stimulated. Recent special events such as the Royal Wedding and the England football matches had also been enjoyed. Exercise sessions and adapted yoga were on offer in addition to music and board games. The range of activities on offer meant people were supported to follow their interests. Individual preferences and disabilities were

taken into account to provide personalised, meaningful activities.

Policies and procedures across the service were being developed to ensure information was given to people in accessible formats when required. Care plans and information could be provided in larger fonts and the registered manager was looking at how the accessible information standards could be further incorporated in to people's care (The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.) We saw information was provided, including in accessible formats, to help people understand the care available to them. Staff told us translation services were available for people who did not have English as a first language and staff who knew people's communication needs supported them to attend appointments so they were understood.

The provider was looking at how technology could improve the service provided for people. Internet access was available for people who wished to use it.

The service had a policy and procedure in place for dealing with any concerns or complaints. Complaints and concerns received were taken seriously and investigated thoroughly by the registered manager. They were seen as an opportunity to improve practice. We reviewed the complaints the service had received and checked learning had been put into place to enhance the service. For example, following a moving and handling complaint, we saw additional training, competency checks and observational spot checks had followed. All staff had been communicated with to aid learning and reduce the likelihood of a similar complaint occurring. No one we spoke with had any complaints. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint and told us, "If I had a complaint and anything was wrong I would talk to the owners or the lead carer."

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. Services and equipment were provided as and when needed. We checked the care of one person who was nearing the end of their life. Staff were kind, caring and compassionate. The person was comfortable, pain free and enjoying listening and singing to Frank Sinatra on the radio. We reviewed relative feedback about people who had been cared for by St Anne's staff. Comments included, "I could not have wished for better for her"; "We are especially grateful she was able to spend her last few weeks in the place where she was happy, felt safe and loved by all of you" and, "Although end of life is never a pleasant thing, that final week I spent with her, she was calm, comfortable and at peace, which made it bearable for me."

Good

Is the service well-led?

Our findings

At the last inspection in April 2017 we found the quality assurance processes in place were not robust and areas of the service had not been well maintained. At this inspection we found great improvement in many areas which had a positive impact upon people, relatives and staff at the service.

A registered manager was in post who had overall responsibility for the service and knew people and staff well. They were supported by the provider, a manager and senior staff with designated responsibilities. Staff confirmed they were clear regarding their roles and responsibilities to ensure people were well cared for and the service ran smoothly.

The provider and registered manager had listened to inspection feedback, worked closely with the local authority improvement team, attended learning forums and put their learning into improving the governance of the service. We found not only the environment changes which had impacted positively on people but training and activities had also significantly improved. We noted staff were happier and the culture at the service was upbeat and the team motivated.

St Anne's philosophy was to ensure people were cared for as if it was their own home and their individual wishes respected. The culture at the service ensured people's human rights were respected and people's diverse needs responded to. Recruitment processes were thorough to check staff had the right values and people came first.

Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Regular staff meetings were held and staff confirmed they felt valued, listened to and respected. For example, staff had suggested a holiday calendar so they could see the availability of annual leave in advance of requests made.

The provider was aware of the importance of forward planning to ensure the quality of service they provided could continue to develop. Key staff "champion" roles continued to be developed to enhance care and share responsibilities for improvement across the team. An on-going refurbishment plan was in place with the provider informing us of plans to update the bathrooms as soon as financially feasible.

People and relatives all knew who to speak to in the office and had confidence in the management and staff team. People shared, "They always ask me if I am alright" and another person who had concerns about the tightness of a ring on her finger said, "It is too tight – the owner is going to get a chain for me to put it on." The staff all commented on the hard work and dedication of the providers and the positive changes which had been made. One of the new care staff confirmed, "I am very happy working here. I enjoy it and they treat me well." Staff told us they would not hesitate to approach the management team and felt supported. The provider and registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived at.

The provider, registered manager and manager valued people's, relative, professional and staff feedback

and acted on their suggestions. We saw many audits were being undertaken to check care was in line with best practice and any identified actions were completed. For example, ordering a smaller mop head to reach the corners at the service, implementing a curtain cleaning rota and passing patient safety alert information on to staff were completed actions as a result of audits undertaken.

The provider was up to date with new guidance and legislation for example we saw the new data protection guidance was in place, staff aware and people and their relatives informed. The accessible information standard had been understood and embedded in to the home for example supporting people from a different country to have the newsletter in their language and pictures of health professionals to explain to people who was visiting them. Learning from training on dementia was being used to enhance the environment and people's well-being through increased activities and new meal ideas.

The home worked in partnership with key organisations to support care provision. Health and social care professionals who had involvement with the home confirmed to us, communication was good and the management team were more visible at local learning forums. They told us the service worked in partnership with them, followed advice and provided good support. Since the previous inspection links with schools had been developed and plans were afoot to run an inter care home sporting competition.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

There was an effective quality assurance system in place to drive continuous improvement within the service. Information was used to aid learning and drive improvement across the service. For example, falls analysis, safeguarding and complaints analysis.

Policies and procedures were robust and clear to read. Staff had signed to indicate they had read these and understood changes for example the new medicine policy.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. We saw this through the management of the complaints the service had received. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.