Anchor Trust

St Josephs

Inspection report

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Date of inspection visit:
30 October 2017
22 November 2017

Date of publication:
31 January 2018

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

This unannounced inspection took place on 30 October and 22 November 2017. This was the first ratings inspection for this registered provider Anchor Trust. Registration of Anchor Trust began on 6 February 2017.

St Josephs 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 Josephs can accommodate up to 60 people in one adapted building. At the time of our inspection 55 people were resident. One part of the home specialises in providing care to people living with dementia. This was known as Gainsborough.

There was a registered manager in post and present throughout the two days of inspection. 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.

St Josephs had grown to be an all-round good service that had responded well to our feedback. An example of this was the new provider making adaptations to the building and installing a shaft lift to ensure all areas of the home were accessible to people.

People consistently reported to us that the service staff listened to them and responded appropriately to meet their needs. People felt involved and consulted. People received a care service that assessed their needs and responded with good care planning and risk assessments in place that staff followed. There was good planning for all stages of people's lives including events such as returning from hospital and end of life care. People told us that there were sufficient staff, that were kind, helpful and considerate to them. People were provided with healthy nutritious meals that they liked and chose. They had access to healthcare and had consented to care being provided. There was an interesting variety of activities, access to the community and day time pursuits available to people.

Staff spoke about the positive cultural changes that have come about under the new provider Anchor Trust. They were very satisfied with the management team within the home and the support given to them. Staff had received an extensive amount of training and support to up skill them. There were sufficient staff of all designations working within the home who had access to the wider management support within Anchor including a dementia specialist.

There was good oversight with the home. There were systems in place to monitor and check the quality of service on offer that was fed up the wider organisation. There was a culture of learning from events and good working relationships with other professionals external to the home.

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 received safe support with their medicines.

Staff understood their responsibilities to safeguard people from abuse and were confident about reporting their concerns.

There were sufficient numbers of staff employed to meet people's needs.

The home was clean and people were protected by the prevention and control of infection.

People had risk assessments in place to guide staff in providing safe support.

Is the service effective?

Good

The service was effective.

People's rights were protected in line with the Mental Capacity Act and DoLS.

Staff were well trained and received supervision to monitor their performance and development needs.

People were supported nutritionally in accordance with their needs.

People received support from community health professionals when necessary. Service staff worked well with other agencies.

The design and layout of the building met the needs of people who lived here.

Is the service caring?

Good

The service was caring.

Staff were kind and caring in their approach and relatives were positive about the care people received.

People and their relatives were involved in decisions about their care.

People were treated with respect.

Is the service responsive?

Good

The service was responsive.

People had access to a range of activities suited to their needs.

Care plans were person centred and covered a range of people's needs.

There was a complaints procedure in place and people felt confident about raising concerns.

People could expect a comfortable, dignified and pain free death.

Is the service well-led?

Good

The service was well led.

The service was well led by a management team who were open, inclusive and empowering. The service was keen to continuously learn and improve.

People were consulted and involved in the running of the service.

There were systems in place to assess quality and safety.

St Josephs

Detailed findings

Background to this inspection

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

This was a routine unannounced inspection. It took place over two days, 30 October and 22 November 2017 to gather the required evidence.

The inspection was carried out by one Inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had used this type of service previously as a relative. In addition a CQC member of staff who was a report writing coach observed the inspection process on 30 October 2017 as part of their induction.

Prior to the inspection we reviewed all information available to us. This included a Provider Information Return (PIR). A PIR is a form completed by the registered manager to evidence how they are providing and care and any improvements they plan to make. We also reviewed notifications. Notifications are information about specific events that the provider is required to send us by law.

We spoke with ten people using the service and five relatives. We also carried out a Short Observational Framework Inspection (SOFI) observation. This is a structured observation that helps us understand the experiences of people who aren't able to speak with us. We spoke with seven members of staff as well as the registered manager and deputy. We spoke with two health professionals. We reviewed care records for five people using the service and looked at other records relating to the running of the home such as quality assurance records, recruitment and medicines records.

Good

Is the service safe?

Our findings

The service was safe. People told us that they felt safe living at the service. One person said, "I do feel safe, sometimes staff come and check me to see if I am alright in my room." A different person said, "I feel safe and if I don't feel well, someone will help me, got my button in the room to ring and the carers ask me when I am sitting here am I alright. This is as near perfect as I can get, I am contented." A relative explained that they knew their relative was safe as, "I know they are looking after my relative, because they are happy and content here, always clean. I can leave my [relative] knowing that they have time for them."

There were systems, processes and practices in place to safeguard people from harm and abuse. Staff knew how to identify and raise any concerns about peoples' safety. Staff had received safeguarding training and demonstrated an understanding of how to identify potential concerns and what to do. Staff were able to tell us who they would go to with concerns, or, what they would do if they were a more senior member of staff. One staff member said, "If I had a concern I would go straight to the manager. I definitely couldn't sleep at night if I had not done the right thing. There are policies and procedures in the office including how to whistle blow if I needed to." Senior members of staff were visible around the home and we observed them working with colleagues to deliver care. All staff we spoke with were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. When concerns were raised the registered manager notified the local safeguarding authority and CQC in line with their policies and procedures and matters were fully investigated. Comprehensive records were kept and available for inspection. Positive actions were taken to protect people and where there was potential, prevent the matter occurring to others. An example was seen during the inspection where there was an altercation between two people living with dementia. Staff swiftly intervened. Later when we followed this up we found that the local safeguarding team had been consulted about a potential safeguarding and one of the people had needed medical intervention as the staff suspected an infection was the root cause of the change in behaviour. The matter had been appropriately documented.

Risks to the service and individuals were well managed. People had risk assessments in place to guide staff in providing safe care and support. This included nationally recognised tools for assessing any nutritional risks or risks associated with pressure damage to the skin. A staff member explained that care plans contained risk assessments on skin integrity and tissue viability now and that had not always been present in care plans under the previous provider. They said that care plans, "Are more person centred and everything written now leads onto something else. That is more positive." Records demonstrated that there were comprehensive risk assessments in place for people. These set out control measures to reduce the risk. Where appropriate people had falls risk assessments, risk assessments to prevent choking, and moving and handling, such as using a hoist. We observed on two occasions staff supporting people to transfer. On 30 October 2017 we saw a member of staff get a person to standing by putting their arm under an arm pit and heaving the person to standing. This placed the person and staff member at potential risk. This was fed back to the manager. On 22 November 2017 they were able to inform us of the positive actions they had taken to prevent another similar occurrence. This included checking the competency of staff. This was through observations by the moving and handling coaches, speaking to all staff and ensuring everyone knew about the matter at handovers as they signed to say they had received information. This showed us that the

registered manager was keen for service staff to learn lessons and improve where possible. We did observe on 30 October 2017 a different occasion where staff were giving lots of encouragement and time with care taken. We observed good practice with the use of a hoist. The staff member was overheard to be saying, "We are going to transfer you into your chair for lunch. We are going to put the seat down, nice and tall like a solider, keep holding on, lift up your face please." This gave instruction and assurance to the person.

The service was safely staffed. The registered manager calculated how many staff were required to support people. A dependency tool was completed each week based upon the numbers and needs of people resident. Rosters were adjusted accordingly. People and staff told us that there were enough staff working at the service. One person said. "It is good, I feel comfortable. They are friendly staff and helpful and if I want anything at night I have the buzzer. I wait no more than two to three minutes and they are there." They told us that when they could not sleep staff brought them a cup of tea. A relative told, "It is excellent, all staff have plenty of time and make time to talk to you." We viewed the roster for four weeks and saw staffing levels had been maintained. The roster was planned well in advance. All staff we spoke with told us that there were sufficient staff deployed in to each department such as care, catering and housekeeping. One staff member said, "Yes, definitely enough staff. We can even use agency if needs be." We examined staff recruitment records and found that appropriate checks were in place before staff started work at the service. Staff spoken with told us that they had a formal interview and that references and checks were made. This meant there were suitable numbers of skilled staff to meet people's needs. We spoke with the registered manager about staff disciplinary processes. We could see that there were good processes in place for standard setting, monitoring through formal meetings and action taken. The registered manager explained that they had direct access to an advice line for guidance.

Medicines were safely managed. People were assessed as to their ability to manage their medicines for themselves. One person told us, "I do my own medication for [named their medical condition] and blood pressure." This promoted the persons independence. Another person told us, "Have medicine three times a day and they are never missed. I have got a patch and get asked about pain killers. I can see doctor when I ask."

Staff had undergone regular medicine training with their competencies checked. Storage was secure, temperatures checked and stock balances were well managed. Medicines that needed additional storage measures were found to be safe and accounted for. Records were comprehensive and well kept. Body maps were used to monitor patches used to administer some types of medicine. Staff were able to tell us about medicines and their side effects and those medicines that were time critical to keep people well. Staff were observed administering medicines appropriately and told us they were confident that people received medicines as they were intended. There were regular and effective auditing systems in place. Actions were taken to improve and provide medicines safety.

There were systems in place to protect people with the prevention and control of infection. Housekeeping staff had a check list and cleaning schedules in place for all areas of the home. The premises were visibly clean and tidy. We saw cleaning taking place during our visit. A relative said, "Staff are very friendly, the home is nice and clean and never smells." Staff had access to protective equipment such as gloves and aprons. There were sufficient housekeeping staff on duty during our inspection to undertake the cleaning tasks set for the day. There were regular observations of staff practice by senior staff and posters on how to effectively wash hands. There were systems in place to prevent the potential of Legionella in the water systems. The registered manager confirmed that 97% of staff had received training in health and safety. Audits were regularly completed and as a result actions had been identified and taken. These included replacing all soap dispensers, providing foot operated bins in bathrooms and colour coded bags for laundry on a trolley system. All measures were to decrease the likelihood of spread of infection.

People had personal emergency evacuation plans in place, in case of emergency. We also saw that fire equipment was checked regularly and that fire drills were carried out so that staff were well prepared in the event of fire at the home.

Good

Is the service effective?

Our findings

People told us that they were very satisfied with the care and treatment provided. One person we spoke with said, "It is excellent all the way and I cannot find fault. Nothing can be improved on." The registered manager was keen to ensure that people's care was based upon the latest thinking. They had started to take part in a new scheme within the county called the 'Red bag' scheme. This was a noticeable red bag used to carry important information and equipment for a person when they were transported into hospital and upon their return. This was to ensure all agreed documents relating to care and consent were available to the hospital and that any original documentation was returned. Smaller but vital pieces of equipment could also be transferred, such as hearing aids and glasses. The red bag was also a visible signal for paramedics, ambulance staff and hospital staff who knew its significance. This would ensure that the person had all they needed to make their stay in hospital as positive as possible.

The registered manager was researching a replacement call bell system and was looking to increase technology within the home related to alerting staff when needed. This included a pager system for staff and new pendant wrist/neck buzzers for people at the service. The technology, with people's consent, would allow staff to discreetly know where people were and if they were upright. This was particularly useful if a person fell that they would not be left for long without staff becoming aware.

The adaptation, design and decoration of the premises met people's needs. Since the last inspection a new shaft lift had been installed. This had given access to people to all areas of the building. A member of staff said, "The new lift is better as no one gets cold and goes out in the cold to get to their rooms like before." There was a program of redecoration and new floor covering taking place. People had been consulted and had helped choose the colours being used.

The building was well suited to the needs of people living with dementia. Gainsborough was built in a circular design so that people could move freely through the different areas. A member of staff explained about one of the bedroom doors to a person's room, "She chose her own door knocker and the colour of the paint for her door. She now knows her door and recognises the door knocker." This showed us that choice and ownership was promoted. There were murals on the walls with pictures of interest. A staff member spoke about these, "The environment is more positive. One lady says she wants to walk to the post office. The corridors have more meaning and I do think it is encouraging them to walk more and gives them more to think about when walking." There was access to safe well maintained gardens where people could access nature and fresh air safely. Some fencing and chairs and tables were painted bright colours. For security reasons and people's safety, there was a buzzer system to let people in and out of Gainsborough. Both lounge areas were homely and comfortable. Seating in both lounges were arranged in small sitting room style giving a cosy feel.

All the people that we spoke with said that staff were well trained, friendly and able to meet the needs of people. Staff told us that they had the training and support they needed to carry out their role effectively. The registered manager had a computerised training matrix that allowed them to monitor any training updates that were needed. Current compliance of all staff training stood at 90%. This showed us that staff

had all relevant up to date training in place. One staff member said, "Yes I have all the relevant mandatory training to do my job. I have also got my National Vocational Qualification level three." This is a professional qualification. There was an effective and well-structured induction for new care staff. The district manager upon their most recent visit had ensured that two new staff were completing this appropriately. A staff member said that they, "Have access to policies and procedures and they are very clear." A different member of staff said, "I really liked the dementia training we received. We have updates all the time on dignity and respect, but the dementia training covered types of dementia, latest research and how to deal with people's behaviour. Very helpful." A dementia lead from Anchor Trust visiting during our inspection to support staff. The registered manager had sent us information in the form of a PIR. It told us that not only does the provider have an internal team delivering dementia training and developing the environment. But also two members of staff had completed a dementia coaching course provided by Norfolk and Suffolk dementia alliance. This was a nine month programme which they had completed and were now care coaches. These two staff were therefore more knowledgeable and able to share practice ideas with others whilst doing the job.

Records demonstrated that staff received appropriate supervision and appraisal. These sessions were focused around developing the skills and knowledge of the staff team. One staff member said, "I have regular one to ones with a manager. I can air any concerns I have and I'm listened to." In these sessions staff were offered the opportunity to request training and discuss career progression. Staff spoke of good staff morale and how they all worked as a team. One person said they had left, but recently returned as they missed the staff team and the work they did. They said, "The staff here are just lovely and some have been here so long. It's great continuity for people." The registered manager told us about the high percentage of staff who had worked for over 10 years within the service and how they had achieved service awards.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate. The registered manager monitored these carefully and had a tracker in place to ensure they knew where applications where and if they needed to be reviewed or where circumstances had changed and needed to be chased up.

Staff demonstrated they understood the MCA and DoLS and how this applied to the people they supported. Staff were able to tell us who and why people were subject to DoLS. Care plans recorded where other people had lasting power of attorney (LPA) and staff understood what this meant. People who had been appointed LPA for care and welfare had been consulted and signed consent to form for care support in the care plan. Care plans had good evidence based best interest decisions documented with appropriate people consulted. They clearly set out the five principles of the MCA based upon assumption of capacity, a person's understanding, ability to make an unwise decision, being in a person's best interest and the least restrictive option. Staff encouraged people to make decisions independently based on their ability. We observed that staff knew people well, and this allowed them to support people to make decisions regardless of their method of communication. An example of this was when a person was not sure about a drink a member of staff was offering. They said, "let's show you, this one is lemon and this one is Ribena." The member of staff showed them both jugs of juice and then sat and chatted about the harvesting. The person later told us he used to manage a farm. This showed us that the care staff had good knowledge of his past and drinks explanation promoted real choice.

People told us they were very happy with the food they were served. One person told us, "The food is very

good; I have cereal with grapes or bananas, then egg, bacon and toast. The lunches are good and I like sandwiches for my tea." A different person said, "You can have biscuits anytime. I have breakfast in bed, they wake me at 7.30 and the tray is brought at 8.15 with a pot of tea, sugar, milk, bowl of porridge and slice of toast and marmalade. It is nice." Another person said, "We have a superb chef, they are lovely. We get enough choice, I am a great vegetable lover and it is alright for me."

The service staff had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people to maintain a healthy weight and providing alternatives for a person who had allergies to strawberries. There was a list of known allergies and specialist diets updated weekly and followed by the chef. Staff were found to be knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs. One relative told us, "Sometimes [my relative] has problems swallowing and was on a pureed diet by the speech and language therapist (SALT) as they might choke but [my relative] was sick of the pureed food so we had a meeting with the manager, SALT team, other family members and now my relative can have certain foods, but keeps away from dry food. The manager spoke to the chef and now they use more spices. They have taken on board [person's] wishes and food is a bit more interesting."

In Gainsborough, where people living with dementia reside, people were able to choose from a plated up lunch option, so that they could decide based upon what they saw and how they felt at the time. We saw that where people were not able to eat their meal unaided they were offered support to eat. People had plate guards if needed. Meal textures were modified for those people that required it in order to be able to eat safely. These were well presented and looked appetising. This helped to ensure that people got the food they needed to stay well. Mealtimes and the food experience was taken seriously. The chef knew people well and was able to tell us who was vegetarian and how they were enabled to make daily choices. They told us about finger foods that were made specifically for people living with dementia, "We make dementia friendly food. Sausage rolls, fish fingers, quiche, potatoes, cheesy chips, chicken nuggets." We observed the lunch time experience and there was a good social restaurant feel in the main lounge and a calm and encouraging feel in Gainsborough. Where people were assisted with meals, this was done with kindness and patience and encouragement.

People were supported to maintain good health. One person told us, "I can see the doctor when I want." Relatives felt they were kept informed of health matters relating to their family member. A relative said, "They tell me if she has a bad night, they ring my daughter if is there are any problems when I am not here". A different relative told us, "My relative is kept really well health wise and any sign of coughing they get the doctor straight in and they ring to tell me they are getting them in."

The service staff worked well with community health practitioners and ensured people had access when needed. A visiting health professional told us that they had a good relationship with staff and that reporting was appropriate. They said, "I like it, very friendly staff, who know their residents well and residents tell me they are cared for very well. Staff are pretty sharp." A different health professional told us, "They are friendly helpful staff, The environment is good and clean with plenty of room and different seating arrangements giving people choice." Records showed us that staff monitored people's health conditions well. Where required people had their bowels monitored or their skin monitored for breakdown and prevention strategies were in place. One person had a grade two pressure ulcer and we could see that this had been reported to the district nurse and they were supporting the home appropriately and pressure relieving equipment was in place. One person we tracked had a number of falls. We could see from records and speaking to staff that health professionals including the GP, and the falls prevention team had been consulted about the best way to keep the person remaining healthy. Appropriate and timely referrals

ensured that people's health needs were met.

Good

Is the service caring?

Our findings

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. For example, we saw a staff member spend time kneeling on the floor next to a lady holding a doll. The staff member said, "Shall we get her some tights it is cold today?" She returned with an old fashioned linen basket full of baby clothing. They went on to discuss about the clothing. One person said, "Staff are 101%, they are excellent." Another person said, "They are very caring, they dress me, wash me and my bath is lovely. I have it whenever I want it."

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative told us how lovely staff were and that since their relative had moved to the service they had "Blossomed. My relative was introvert but now she is more outgoing. She now chats with carers."

People's privacy and dignity was respected and promoted. One person said, "Staff are very nice, they tap on the door before coming in. They are cheerful and very good to me." One person said, "I am very well looked after, staff ask me do I want to have a shower or bath, I enjoy my shower, always have a female, I have never mentioned it but they are good."

Staff knew people well including their preferences for care and their personal histories. One person told us, "Yesterday two girls came to my room and they asked me questions about where I grew up and what things I liked." This person had recently moved to the home. When we asked about people, staff were able to describe people's care needs and say how they preferred these to be delivered. We observed staff supporting people in a warm and kind way. An example was when a visiting physiotherapist wanted to take one person to their bedroom to see them walk. The member of staff said, "Would you like an arm." A choice was given and encouragement on walking. Staff walked alongside people at their own pace and gave verbal encouragement when needed. We spent time in communal areas and observed a calm and relaxed atmosphere. Staff responded to people in a friendly and supportive manner in a way which maintained their dignity. Staff told us that they tried to support people to maintain their independence as much as possible and assessed the level of support people needed all the time. One person told us about their level of independence, "I don't use the lift, I use the stairs for exercise." A different person said, "I have got a key to lock my door. It makes me feel safe and stops people coming. It is my room and mine alone. I've got my key around my neck." We saw that this was the case for a few people who had a breakable chain around their necks with a key. One person said they were encouraged to be independent, "I look after myself, still wash and dress slowly. I realise I have got to keep trying to do things myself. They encourage me but say if I need any help."

People were happy and smiling and content. One person said "They are very nice staff, very helpful, all lovely and they make a fuss of you here and we all get on together." Staff spoke about people living in the home with kindness and compassion. They talked about how they would want a member of their family, or themselves to be treated. One staff member said, "I treat them all like my own nan's and granddad's. They

truly are interesting to be with."

People were involved about making decisions relating to their care and support. One person said. "I wake and go to bed. It is my choice when. I have choice to stay in my room or not and choice of where to sit." A relative said. "Relatives meetings are held and they keep us advised of any changes, and put up a notice." All of the relatives we spoke to said that they felt involved in care and decisions and they were made to feel at home. People could have visitors whenever they wanted and there were no restrictions in place. We saw records of people's care reviews and it was evident that family members had been involved and able to express their opinions about the care their relative received.

Good

Is the service responsive?

Our findings

People were encouraged to follow their own interests. People were very complimentary about the level of activities available for people and said that they were just what they wanted. We were informed that a group of people had recently watched a film on the television that was based upon a book written by a resident. The book was available for purchase in the entrance. Two people had recently attended an annual remembrance service at a local church service. People spent time in their local community. A relative told us that, "Staff take [my relative] in a wheelchair for eye tests in the town." There were plans for people to attend the local tree festival and carol services at a local church and for those who chose to attend a theatre for a performance of a local pantomime. A relative told us, "They had a lovely outing to Clacton and ten residents went on that one." A person said, "I've got my name down on the panto list." For those who wanted to stay more at home there were opportunities from outside entertainers who regularly visited, or themed activities. We saw that a person had recently played the harp for people and a petting dog had visited. A relative told us, "They have a piano player, guitar player, Elvis, and a Greek night planned." Therefore there were a variety of events to suit peoples taste. One person told us, "I had exercises this morning. I had an outing to the sea and I went on the pier. I am going to the panto. We are elderly and you can do what you want to do." A different person said, "Today I went to the other unit, the music movement was fun." This showed us that people had real choices presented as to how they spent their time and where. Information about daily activities was available on notice boards and through a newsletter. In Gainsborough these were pictorial. We observed that the two main lounges were different. In one lounge people were reading, chatting and resting. In Gainsborough there was plenty of space with dementia friendly items place on all the tables i.e. wooden shapes, colouring pens and books for people to engage with when they wanted. There were activities taking place in the morning and afternoon in both lounges, plus there were lots of instances where staff stopped and sat and chatted with people. We observed that this was very caring and stimulating for people.

The service was responsive to people's needs. One person told us, "It was my idea to come here. My daughter came first and then I came with her to look round. It was an excellent decision to come here and have never regretted it." People either came to the service on a trial basis or came for respite before deciding it was for them permanently. People had a pre assessment completed prior to arriving at the home. This covered a range of people's needs and helped staff plan their care and for them to get to know the person. The PIR told us, 'Prior to admission customers are assessed to ensure that we can meet the assessed needs and have the correct equipment in place prior to the admission.' We saw during the inspection that a person was returning from hospital. Their needs had changed and the staff ensured that the new equipment they needed was in place before they returned. Care plans were person centred and reflected people's individual needs and preferences. Staff said that care plans were much improved and were used to guide them. One staff member said, "Care plans are there to guide us. If I have a spare 10 minutes I have a read of them. The keyworker system we use really does help keep these up to date." Care plans were kept secure.

When people's needs changed, their support was reviewed and changes made if necessary. For example one person was nearing the end of their life. They had all their care needs documented in terms of personal care and were now having a full body wash. They had a nutritional care plan and a risk assessment related to choking risk. They had recently had a chest infection and therefore they had commenced a course of

antibiotics. There was a pain risk assessment in place that was regularly reviewed. The person had other risk assessments in place relating to bed rails that were now being used. This person had some pre-emptive medicines prescribed and it was clearly noted in their daily notes that they were in the building, but not yet in use. A district nurse would monitor the use of syringe drivers (a way to deliver medicine continuously directly under the skin) to ensure they were as comfortable as could be. People were being supported to have a dignified and pain free death. The registered manager told us of their links with the Macmillan nursing team and the local hospice. Staff from the local hospice had provided training workshops in a five part program for staff. Staff had the knowledge and resources available to them to support people well and at the last stage of their life. Staff spoke about how families were supported and that they could stay overnight if needed. A staff member said, "We are good with providing a dignified end of life for people. People choose to come here."

The service routinely listened to people to improve the service on offer. Views of people were regularly sought both informally and formally on a regular basis. Examples of this were visible in a folder in the main entrance entitled: 'You said and we did'. It contained pictures of suggestions that had been made and delivered. E.g. fresh flowers and more vegetable variety being serviced. The registered manager was visible and available to people. One relative said, "The manager and deputy are good, they listen to you and you can talk to them." The registered manager had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People were confident that if they did have any reason to raise a complaint it would be handled quickly and dealt with properly. A person living at the service said, "Management, well you can talk to them. I have no concerns and you only have to ask and they help." I relative said, "I ask questions and always get an answer from all the staff."

A staff member told us, "If someone came with a concern I would tell the manager immediately. But there is a complaints procedure in the office to follow." When a complaint had been received we could see that the matter had been dealt with, but also consideration was given to prevent similar matters happening again. For example one complaint had involved several family members therefore the registered manager had emailed and copied in the different family members to ensure that they were all in agreement with the resolution. In that case health professionals had been consulted and been invited to a joint meeting with the family. In another example where a complaint had been received that said the garden appeared bleak and drab action had been taken to rearrange it and make it more attractive. Examples seen showed us that complaints received were viewed as positive and used to drive improvements.

Good

Is the service well-led?

Our findings

There was a registered manager in place who was supported by a competent deputy manager, both had been internal promotions. The management team worked well together and had ensured the steady improvements at the home. They had been supported by the systems and processes in place by Anchor Trust and managers within the wider organisation. However, the line management support to this home had not been consistent as there had been many external manager changes. A relative told us, "It is very good and the manager and deputy sorted it very well since the change over." One of the managers said, "We get more support from owners, we now work more as a team here to help each other out. The dementia adviser has been fantastic. " A staff member said, "It is now more professional here, more strict. The dietary summary has improved and got lots more detail and that's because the kitchen communicate better with the manager. They are putting more effort into the kitchen and resident's needs are understood better now." Another staff member said, "The transition, well it is very different now. Much busier, but all for the better." We came away with information that showed us that the transition to a new provider and improvements within the home had been managed well and staff were positive about the changes and the future.

Staff were positive about the culture changes and the management style within the home. One staff member said they would describe them as, "Reliable, approachable, problem solvers and fair managers." A different staff member said, "This is a fantastic place to work. It is a home for people. We all couldn't ask for better. The manager is very organised. Nothing is too much trouble for her."

The registered manager promoted a caring, positive, transparent and inclusive culture within the home. They actively sought the feedback of people using the service and staff. Staff and people using the service told us they felt able to talk to the registered manager about anything they wished. We sat in on the daily departmental meetings known as 'ten at ten'. This was to take time each day around 10am for one person from each department to meet. This showed us good communication and that each department's contribution to the running of the service was valued. All staff were clear about the plan of that day and what was to happen and how they could support matters to run smoothly. Staff spoke consistently about the service being a good place to work. They told us they felt supported, received regular supervision and had access to plenty of training opportunities. We examined the minutes of a recent staff meeting. These showed that staff were consistently consulted and kept informed and involved in the solutions to challenges. Where needed, actions were devised and followed through.

We saw evidence to support that people's views were used to influence what happened in the service. For example, there were regular relatives meetings and resident meetings held and minutes were kept and were available for people to read. One person said, "Yes resident meetings I go every time. We talk about anything you want. I make my list and give it to them and those things are dealt with before the next meeting. They always listen." A relative said, "We have relatives meetings they keep us advised of any changes." We saw the minutes of meetings and saw that people could influence and help decide matters such as the colour walls were being painted in the new refurbishment. People could also influence the menus and activities as discussed and agreed in the minutes. Another way that people could affect the running of the home and comment was by using the resident communication box. This was located outside the main lounge. The

notice on here said, 'Please use this box for anything you wish to discuss with manager or deputy or chef. We are always open to feedback and suggestions. Thank you.' The PIR told us that, 'We carry out independent resident and relative surveys and from comments we again action areas for improvement.' And finally, there was a newsletter produced and circulated every two months. The above showed us that people were involved in the running of the service, kept informed and that their views counted.

People told us that the registered manager was friendly and made themselves available if they wanted to speak with them. They felt they could approach the registered manager if they had any problems, and that they would listen to their concerns. The registered manager and deputy were often seen around the home and would stop, have conversations and ask how people were. Staff said the registered manager was very visible and supportive. One said, "They are incredible. Any queries they are there to help and assist. Problems are solved."

We found a service that was keen to work with other agencies and form partnerships. There was the development of the 'red bag' scheme being used to send people's information and equipment to hospital and for it to safely return. There was a good relationship with the local GP surgery. The registered manager had worked with the surgery to better understand and follow through specific formal diagnosis of people's dementia and the type they had. This had led to better care planning and understanding form the service staff. The service had good links with other health professionals such as the district nurse and specialist Parkinson's nurse, Macmillan nurses and the local hospice. Service staff knew their way around the local social services departments and who to contact and the professional's line to discuss potential safeguarding matters. This showed us that service staff worked openly with others but also that they were keen to seek advice if needed.

Systems were in place which continuously assessed and monitored the quality of the service. These included managing complaints, safeguarding concerns and incidents and accidents monitoring. The registered manager understood their duty of candour and we saw a recent letter of apology on one matter where they had set out what they would do differently in the future. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

The registered manager continued to assess the quality of the service through a regular programme of audits. We saw that these were capable of identifying shortfalls which needed to be addressed. Following the inspection the registered manager sent us a copy of what they term an 'excellence tool'. We asked to see the action plans. This was a gathering together of different audits and management visits where any improvements were recorded and monitored and followed up. This showed us that the registered manager had oversight of the service and its functions and so did the provider.

Systems of audit and quality monitoring were in place. This included a monthly self-assessment completed by the registered manager. This was aligned with the five key questions covered by the Care Quality Commission at inspection. There were also specific audits, for example in relation to medicines. We examined recent audits and they mirrored our findings that medicines were managed safely.

The providers' representative visited the home on a regular basis to check on the safety and quality of the service and to review any actions from previous visits. The registered manager had completed the provider information return with good details and gave evidence that we found was consistently found at inspection.

We noted that notifications to the Care Quality Commission were made when necessary in accordance with legislation. These were consistently of good quality and informative. This demonstrated the registered

manager was aware of the responsibilities of their role.