St Anselm's Nursing Home

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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

This inspection took place on 13 September 2016 and was unannounced.

St Anselm's Nursing Home is an Edwardian style property situated in Walmer, near Deal. The service provides accommodation, support and nursing care for up to 26 people with a variety of mental health and physical health needs. At the time of inspection there were 25 people living at the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 Anselm's is owned by a partnership of four people, two of whom work on a daily basis at the service. The remaining two partners visit regularly.

At the last inspection in July 2015, the service was rated 'Requires Improvement', there was a breach in the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider had not consistently notified CQC of the outcomes of Deprivation of Liberty Safeguards (DoLS) applications made to the local authority. We asked the provider to make improvements. The provider sent CQC a plan of actions to address the shortfall. The provider had submitted DoLS applications to the relevant authority. The provider had notified CQC when DoLS applications had been authorised. At this inspection the actions had been completed and the breache had been met.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. Staff knew the importance of giving people choices and gaining their consent. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Some people had an authorised DoLS in place and these were regularly reviewed.

People told us they felt safe living at St Anselm's Nursing Home. Staff knew about abuse and knew what to do if they suspected any incidents of abuse. Risks to people were identified and assessed and guidance was provided for staff to follow to reduce risks to people. People received their medicines safely and on time.

The provider had a recruitment policy and processes in place to make sure that staff were of good character. Staff completed regular training and had one to one meetings to discuss their personal development. There were consistent numbers of staff deployed to meet people's needs.

People enjoyed a choice of healthy food and told us they had enough to eat and drink. People's mental and physical health was monitored and staff took prompt action if they noticed any changes or a decline in health. Staff worked closely with health professionals and followed and guidance given to them to ensure

people received safe and effective care.

People said they were happy living at the service and that their privacy and dignity were respected. Staff spoke and engaged with people in a caring and compassionate way. People were involved in the planning or their care and support and told us care was provided in the way they chose. Each person had a descriptive care plan which had been written with them. People's choices regarding their end of life care was recorded and regularly reviewed.

People told us they had no complaints about the service and that they would speak with staff if they were concerned about anything. There was a complaints system and people knew how to complain. People's friends and family could visit when they wanted and there were no restrictions on the time of day.

There was a range of activities available on a group and a one to one basis. People were supported to continue with their interests. A wheelchair accessible vehicle was used by staff to support people to medical appointments, trips out and visits home. People were encouraged to maintain links with the local community.

People, staff and health professionals felt the service was well-led. There was effective and regular auditing and monitoring. People, relatives and health professionals were asked their views on the quality of the service provided.

The provider had submitted notifications to CQC in a timely manner and in line with CQC guidelines.

We last inspected St Anselm's Nursing Home in July 2015 when a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. At this inspection this breach had been met and no further breaches were identified.

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.

Risks to people were assessed and there was guidance for staff on how to reduce risks. People received their medicines safely and on time.

Staff knew how to keep people safe and how to recognise and respond to abuse.

Recruitment processes were followed to make sure staff employed were of good character. There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff completed regular training and had one to one meetings to discuss their personal development.

Staff knew the importance of gaining people's consent and giving them choices. People were supported to make decisions. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People's mental and physical health was monitored and reviewed. Staff worked with health professionals to make sure people's health care needs were met. People had enough to eat and drink and enjoyed the food.

Is the service caring?

Good

The service was caring.

Staff were compassionate and kind. They promoted people's dignity and treated them with respect.

Staff knew people, their preferences and life histories. They knew how people preferred to be supported.

People's confidentiality was respected and their records were

stored securely.

People's choices regarding their end of life care were recorded and reviewed. Staff worked with the local hospice and followed guidance and advice.

Is the service responsive?

Good

The service was responsive

Each person had a care plan which included their likes and dislikes. People told us they had been involved in planning their care.

People were supported to be involved with the community when they chose to be. People took part in activities on a group or a one to one basis.

People knew how to complain and said they had no complaints or concerns.

Is the service well-led?

Good

The service was well-led

People, relatives and health professionals were asked their views on the quality of the service provided.

There was an open and transparent culture. People and staff were encouraged to make suggestions to improve the quality of service.

Regular and effective audits were completed. Actions were taken when shortfalls were identified.

Notifications had been submitted to CQC in line with guidance.

St Anselm's Nursing 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.

This inspection took place on 13 September 2016 and was unannounced. The inspection was carried out by one inspector and expert by experience. An expert by experience is a person who has personal experience of using or caring for someone in a care home setting.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We looked around all areas and grounds of the service and talked to eight people who lived there. Conversations took place with people in their own rooms, and with individuals and groups of people in lounge and dining areas. During our inspection we observed how staff spoke with and engaged with people. We spoke with staff, the registered manager and the nursing director.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed five care plans and associated risk assessments. We looked at a range of other records, including safety checks, staff files and records about how the quality of the service was monitored and managed.

We last inspected St Anselm's Nursing Home in July 2015 when a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified .

Good

Is the service safe?

Our findings

People told us they felt safe living at St Anselm's Nursing Home. People said, "I am very safe here" and, "I am safe and comfortable and the staff are really nice who work here. I am able to talk to them". A 'thank you' card from a relative noted, 'We would like to say a huge thank you for caring and keeping [our loved one] safe and well'. When people were going out staff talked with them about what they were planning to do or where they were going and made sure they knew how to stay safe and what to do if they were worried about anything. A health professional had noted on a recent quality survey 'Positive risk management is supported'.

People were protected from the risks of abuse. Staff knew about abuse and knew what to do if they suspected any incidents of abuse. The provider had systems in place, including policies and procedures, for staff to refer to. Staff told us they had completed training about keeping people safe and this was confirmed by the training records. Staff felt confident they could speak with the registered manager if they had a concern and that they would be listened to and action would be taken if needed. The registered manager knew what should be reported in line with current guidance. When there had been notifiable incidents these had been consistently reported to CQC and / or the local authority.

Staff knew how to keep people safe and understood their responsibilities for reporting accidents, incidents or concerns. Staff reported these to the nurse on duty or the registered manager who, when needed, escalated them to the relevant authorities in line with guidance. The registered manager monitored and reviewed accidents and incidents to identify any trends. When a pattern had been identified action was taken by the registered manager to refer people to other health professionals and reduce the risk of further incidents and keep people safe. The registered manager discussed incidents with staff and used this as a learning opportunity to reduce the risk of incidents reoccurring.

Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected.

Risk assessments detailed the potential risk and gave staff guidance on what could be done to reduce risks and keep people safe. For example, using specialist equipment. Risk assessments were updated as changes occurred in people's needs. These were reviewed regularly to make sure they were up to date.

Some people were at risk of developing pressure areas. Staff knew how to prevent pressure sores developing and supported people to keep their skin healthy. Action was taken to reduce this risk by using barrier creams and providing people with special equipment, such as air mattresses and profiling beds. Staff knew how to recognise changes in people's skin and took appropriate action when they noticed any deterioration. For example, records showed staff had made prompt referrals to tissue viability nurses and GPs to make sure people received the right treatment in good time.

When people had difficulty moving around the service there was guidance for staff about what people could

do independently. This included what level of support people needed and any equipment, such as walking frames, they needed to help them stay as independent and safe as possible.

The premises and equipment were maintained to keep people safe. The provider had identified areas of the service which needed attention and a maintenance plan was in place. Work had been started to replace windows and to redecorate areas of the service. Some carpets were in need of replacing and this was scheduled to be done. People's rooms were well maintained and personalised with their belongings. People said they were happy with the cleanliness of the service. The garden was a secure area and was well maintained. People told us they enjoyed sitting in the outside dining area in the good weather.

People and staff knew how to leave the building safely in the case of an emergency. Each person had a personal emergency evacuation plan which set out their specific physical and communication needs to ensure they could be safely evacuated from the service in an emergency. Fire exits were clearly marked and regular fire drills were completed and recorded. A folder containing essential information about people's individual needs, including health conditions and medicines, was easily accessible for staff to pass to other health professionals in an emergency. The provider had made contingency arrangements with another service provider in the area if people needed to be moved from the service in an emergency to make sure they had a safe place to go to.

The provider had recruitment and disciplinary policies and processes which were followed. Recruitment checks were completed to make sure staff were honest, trustworthy and reliable to work with people. Information had been requested about staff's employment history and any gaps in people's employment history were discussed and recorded at an interview. Written references, including the most recent employer, were obtained. Nurses Personal Identification Numbers (PIN) were checked to make sure they were registered with the Nursing and Midwifery Council (NMC) and regularly checked to make sure the PIN was kept in date. Nurses were aware of the importance of the revalidation process. (This was a new process that nurses in the UK need to follow to maintain their registration with the NMC). The registered manager told us three nurses had recently worked together as a group and supported each other to obtain their revalidation. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People told us staff were there when they needed support. One person commented, "The staff are kind and I have no issues in talking to them. They are available". The registered manager said, "The home is well staffed; therefore being able to give time to tend to people's psychological needs". During the inspection staff were not rushed and had time to spend with. Staffing levels were regularly monitored and assessed by the registered manager to ensure there were enough staff, with the right skills, on each shift to meet people's needs and keep people safe. Some people were supported on a one to one basis and this was taken into account when the staff rotas were planned. Staffing was planned around people's needs and any support they needed to attend appointments. Catering, housekeeping and maintenance staff were employed by the provider so staff could concentrate on providing care and support. The duty rotas showed there were consistent numbers of staff throughout the day and night. A 24 / 7 on call system was in place to make sure staff had a management contact in the case of an emergency.

People told us staff supported them to make sure they received their medicines safely and on time. Staff were trained in how to manage medicines safely. Medicines were stored, managed and disposed of safely. The medicines cupboard was clean, tidy and not over-stocked. People's medicines were rotated to make sure they did not go out of date. Staff made sure people had taken their medicines before they signed the medicines record. The medicines given to people were accurately recorded. Some medicines were

prescribed on an 'as a when' basis, such as pain relief. There were guidelines for staff to follow about when to give these medicines. People's medicines were regularly reviewed by their doctor to make sure they were still suitable. The registered manager and local pharmacy completed medicines audits.

Good

Is the service effective?

Our findings

People told us they had confidence in the staff and were supported when they needed to be. People said they liked the food at the service and were supported to maintain good physical and mental health. People commented, "The staff who work here understand me. They know what I like to do and how I want to be treated" and "The food here is marvellous and I haven't lost any weight. That says a lot for my health".

People received effective care from staff that were trained in their roles. When staff began working at the service they completed an induction over a number of weeks. The registered manager checked staff competency during the induction. Staff told us they shadowed other staff to get to know people and learn about people's individual preferences and routines. After the induction the registered manager continued to monitor and observe staff. An appraisal was held after one month and then after six months to make sure staff were developing and progressing in their role.

Staff completed regular face to face and online training to keep them up to date with current best practice. Records of the training undertaken was kept in the office and monitored by the registered manager. Training courses were relevant to people's needs and included mental health matters, dementia and positive behavioural support. Staff were encouraged and supported to complete additional training for their personal development. For example, staff completed or were working on, adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they have the ability (competence) to carry out their role to the required standard.

Staff told us they felt supported by the registered manager and nursing director. Regular one to one supervision meetings gave staff the opportunity to discuss their learning and development. One member of staff commented, "Training, supervision and appraisal all have a clear structure". All staff had an annual appraisal to discuss and set personal objectives. Nurses received group clinical supervision which included specialist training, such as tissue viability and flu vaccinations.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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 Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Some people living at the service were able to make decisions about their care and support and others

needed support from their relatives or advocates to make complex decisions. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. When people did not have the capacity to make complex decisions, meetings were held with the person, their representatives and health professionals to make sure decisions were being made in the person's best interest. Staff had completed training on the MCA and knew how the principles of the MCA impacted on the people they supported. During the inspection people were empowered to have as much choice as possible. People were offered choices and made decisions which were respected and supported by the staff. People were able to make choices about how they lived their lives, including how they spent their time each day.

When people had a Lasting Power of Attorney (LPA) in place, a copy of this was checked by the registered manager and was recorded in the person's care plan. Staff liaised with the LPA about people's care and treatment needs. Some people had made advanced decisions, such as 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR), this was recorded and kept at the front of people's care plans so that people's wishes could be acted on. These were reviewed to make sure they were still what the person wanted.

The registered manager and staff understood their responsibilities in relation to DoLS. At the last inspection in July 2015 DoLS applications had not renewed in line with guidance and this was an area for improvement. At this inspection the registered manager had submitted DoLS applications in line with guidance. Staff showed us they recorded the expiry date of authorised DoLS to make sure, if needed, a new application would be submitted on time. Checklists were completed to assess people's restriction or deprivation of liberty and these were regularly reviewed by the registered manager to make sure people were not being restricted unlawfully.

People were provided with a choice of healthy food which they enjoyed. People said, "The food is good here, I have no complaints", "The food is really good" and "The food is always good. I always leave a clean plate". People were offered hot and cold drinks throughout the day and snacks were available when people wanted them. Some people chose to eat their meals in their rooms and this was respected by staff. Staff told us when people preferred to eat in their room some had chosen to have their own fridge to keep snacks in. Staff monitored this to make sure food was kept in date. Relatives often ate meals with their loved ones. The food looked appetising and people ate well. When people were at risk of losing weight this was monitored by staff and action taken to refer people to dieticians.

People were supported to maintain good physical and mental health. Staff worked closely with health professionals, such as, the local mental health team, psychiatrists and doctors. Staff monitored people's mental and physical health and took prompt action if they noticed any changes or decline. When people's conditions were prone to deteriorate there was guidance for staff on what signs to look for and what action to take. Referrals to health professionals were made, for example, when people's mental health declined staff contacted the doctor and a consultant psychiatrist. When guidance was given this was followed by staff.

Good

Is the service caring?

Our findings

People said they were happy living at St Anselm's Nursing Home. People told us the staff were "Supportive", "Really caring" and "Kind" in relation to the care and support they received. Results from external professionals received following a recent survey noted the care provision as 'good' and 'very good'. Comments included, 'I think the home staff do care for residents' and 'All staff appear caring'. Staff told us they enjoyed working at the service. The registered manager said, "Our staff are all dedicated and caring. People's needs are put first".

People were involved in the planning of their care and support and told us it was provided in the way they had chosen. The emphasis of giving people choices and allowing them to make their own decisions was reflected in the way people's care plans were written. People's care plans gave staff guidance on what people could do for themselves and what support was needed.
Staff listened to people and respected their views. People were able to personalise their rooms in the way they chose. Staff knew people's individual preferences and personal histories and spoke with them about things and people that were important to them.

People's preferences and choices, when appropriate, for their end of life care were clearly recorded and kept under review to make sure their care and support was provided in the way they had chosen. The staff team worked closely with specialist health professionals, such as the local hospice, and followed guidance provided by them to ensure people had a comfortable, dignified and pain free death. People's religious and cultural needs were respected. Care plans showed what people's different beliefs were and how to support them. Arrangements were made for visiting clergy to come and see people when they wanted. People found comfort in this.

There was a strong, visible culture which centred on each individual and their needs, goals and aims. The registered manager and staff knew people well and had built strong, positive and trusting relationships with people. This was evident during the inspection as people and relatives went into the office to chat to the registered manager and spoke with staff when they wanted to. Staff communicated effectively with people, speaking calmly and allowing people to respond in their own time. Staff showed concern for people's well-being in a caring and meaningful way. Staff spoke with people and each other respectfully.

People were involved in making choices and decisions about their care and support. Some people had family members to support them if they needed to make complex decisions about their care and support. The registered manager ensured advocacy services and independent mental capacity advocates were available to people if they wanted them to be involved. An advocate is someone who supports a person to make their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf.

The registered manager and nursing director worked with staff and continuously monitored staff practice to ensure a positive and respectful approach was sustained. The staff team spoke about people with warmth, empathy, compassion and a genuine concern for their wellbeing. A note from a relative with a 'thank you'

card read, 'Everything was done with compassion and dignity. We have nothing but praise for the whole team. You should all be extremely proud of the care and attention you provide to all the residents'.

Staff respected people's personal space and were discreet when supporting people on a one to one basis. People could choose whether to spend time in communal areas or in their own rooms. When people chose to spend time in their bedroom staff respected their privacy. Staff regularly checked on people to see if they needed any support. People's privacy and dignity was respected; conversations about people's care and support were held in private and people's records were stored securely to protect confidentiality. Records were located promptly when we asked to see them.

Staff supported people to develop and maintain friendships and relationships. For example, during the inspection staff arranged for relatives to eat meals with their loved ones to make the most of the time they spent together. People and staff told us that visitors were welcome at any time and there were no restrictions.

Good

Is the service responsive?

Our findings

People told us they received care and support when they needed it and that staff were responsive to their needs. People commented, "I can see the GP and staff are good at making appointments and getting me there or the doctors come here" and "The doctor always visits and is helpful". People also said the care was personalised that they were involved in making decisions about their care. People were relaxed in the company of each other and staff.

People were involved in the planning, management and reviewing of their care and support. When people were thinking of moving to St Anselm's Nursing Home a pre-assessment was completed so the registered manager could check whether they could meet people's needs or not. The registered manager also took into account the needs of other people living at the service. From this information an individual care plan was developed, with people, to give staff the guidance and information they needed to look after the person in the way they preferred.

Each person had a care plan which centred on them as an individual and focused on outcomes for people, their goals and aspirations. For example, moving into the community or planning a holiday. Care and support plans included details about people's mental and physical health needs and risk assessments were in place and applicable for each person. Records were regularly reviewed and updated and when people's needs changed the care plans and risk assessments were amended to make sure staff had up to date guidance on how to provide the right care and support. Health professionals, such as, consultant psychiatrists and GPs, were involved in reviewing people's care and support plans with them. When these reviews resulted in changes, like a change to a person's medicines, this was followed by staff.

Each person had a keyworker – this was a member of staff who was allocated to take the lead in co-ordinating someone's care. Relationships with people's families and friends was encouraged and supported. Keyworkers spoke with people and their relatives to find out information that was important to them, such as their likes, dislikes, life histories and any preferred routines. A relative had noted on a recent quality survey, 'Family and friends are grateful for the understanding and kindness shown to us too'.

Some people had behaviours that may challenge others. Occasionally people became anxious, emotional or upset. Staff knew people well and took their time, speaking with them quietly and supporting them in a caring manner to reassure them. There was guidance for staff about what might trigger a person's behaviour and how to de-escalate behaviours quickly to make sure people were supported in a safe, effective and consistent way. Staff had completed training on behaviour management and this was regularly refreshed. Staff understood how to support each individual's behaviour and protect them from the risk of harm. Staff told us how they were able to diffuse situations quickly and that, on occasion, the provider's dog, which was at the service each day, was a good distraction or diversion and helped people become less anxious. We observed staff using de-escalation techniques, such as talking with people and walking with them to a different area of the service, to ensure the welfare and safety of people and staff. A health professional had noted on a recent quality survey that one of the most impressive aspects of the service was 'Tolerance and skilled approach to challenging behaviour'. Physical intervention, such as

holding people's hand or elbow, was only used occasionally by trained staff. This was only used when it was safe and appropriate to do so and when it had been assessed as necessary and agreed by the person or their advocate.

Staff noticed when people became unsettled or anxious and were quick to respond. Staff spent time with people and reassured them, often walking and talking to them calmly, until they appeared more settled. Staff updated each other on any changes in people's mood or deterioration in mental or physical health to make sure people received consistent support. During the inspection staff were responsive to people's needs.

People told us they were encouraged to be as independent as possible and supported to maintain their independence. Staff were responsive to people's needs. For example, when a person's health deteriorated staff liaised with them and their family and arranged for them to move to a ground floor room. They took into account the person's health as they had been at risk of falling and also made sure their personal interests were supported. The person enjoyed watching the wildlife so a room was prepared overlooking the garden so the person could watch a family of foxes from their window. Staff told us that the move needed to be carefully planned and done slowly to make sure the person did not become anxious. One member of staff told us "It has worked out really well".

Staff chatted with people throughout the day, regularly suggesting ideas to keep people active and supporting them with various activities. For example, during the inspection an exercise session took place. People were subtly engaged with and chose if they wanted to take part or not. When people were unable to join in, because they had chosen to spend time in their rooms, they were offered the chance to have exercise time in their room on a one to one basis so they did not miss out.

People were supported to plan and go on holidays and for trips out to places of interest. Regular activities at the service included, music and entertainment, aromatherapy, singing and dancing. Staff said, "We are guided by the residents and so there is a lot of impromptu stuff". People were supported to go home for visits, sometimes staff stayed with them and sometimes staff took them and returned later to collect them. The provider had noted on the provider information return, 'We like to retain links to home for people, enabling them to attend family functions, for example, Christmas and birthdays'. The staff told us that these visits were happening frequently and that people really enjoyed them. A health professional had noted on a recent quality survey, 'Good at taking people out'.

Some people liked being involved in daily chores, such as, wiping tables and washing pots and were supported to do as much as they wanted to. Some people enjoyed visiting the local pub and staff supported them to do so. The provider had a wheelchair accessible vehicle which staff used to take people and their families to appointments, trips out, family gatherings and holidays. A relative commented that their loved one had spoken very little but was now settled and speaking four or five sentences at a time. They were very pleased.

People said they felt listened to, their views were taken seriously and any issues were dealt with quickly. People commented they did not have any complaints about the service or the support they received from staff. There were regular meetings for people when they were asked if they had any concerns or complaints and were reminded how to raise any worries. When a complaint was received the registered manager followed the provider's policy and procedures to make sure it was dealt with correctly. Action was taken to rectify complaints when needed. The registered manager made sure complaints or compliments were shared with staff.

Good

Is the service well-led?

Our findings

People, staff and health professionals felt the service was well-led. People said they could rely on staff to support them. One person commented, "The staff and managers are good". Staff told us, "The management and staff all work closely together to make this the best place for people to be" and "The management are really supportive. There is always someone around if we need to check anything". There was an open and transparent culture where everyone's views and suggestions were welcome. The results of a recent health professionals quality survey noted that the management team were 'always' or 'usually' available. One health professional noted, 'Good management'.

The registered manager and nursing director worked cohesively with the staff team, mentoring, coaching and providing advice and guidance. The management team checked that staff were providing good care through competency checks and observation. There was an open dialogue between people, staff and the management team. Staff spoke with each other and with people in a kind and respectful way. The management team and staff had a real understanding of the people they supported. Staff told us they had regular staff meetings and that they could raise concerns or make suggestions and knew they would be listened to. Records of the meetings included any actions that were needed and when they needed to be completed by.

The management team worked with organisations that promoted best practice and guidance. They kept themselves up to date with new research, guidance and developments, making improvements as a result. The service had been involved in a pilot project with a local GP and staff were trained to take basic health observations to help them identify when people's physical or mental health needs changed and provide this information when contacting the GP. The registered manager regularly attended care homes forum meetings to share ideas and best practice with other providers. Staff worked closely with the local hospice to widen their knowledge of palliative care and provide support to people and their families when they were approaching the end of their life.

Staff had worked with the local mental health team and arranged for Dementia Care Mapping (DCM) to be completed at the service. DCM is an established approach to achieving and embedding individual care for people with dementia and is recognised by the National Institute for Health and Clinical Excellence. This helped staff to take the perspective of the person living with dementia and empowered staff to engage in evidence based reflection of practice to improve the quality of care for people. The results of the DCM noted the interactions between staff and people as showing 'warmth' and 'care was delivered at a relaxed pace, respect was shown and residents were acknowledged, giving help wherever needed'. It also noted, 'Staff collaborated with residents giving choice. Staff showed a sense of humour when working with residents and residents were included in the humour'.

The registered manager told us that student placements from local university were facilitated and that it was important to give students the opportunity to work at the service and gain practical experience. A card from a recent student noted, 'Thank you so much for the time you gave me over the last seven weeks. I have learned a lot. I can only hope that I come across another mentor that is as passionate about what they do

as you are at St Anselm's. I have had a fabulous time. Your team are great to work with and made me feel really welcome'.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken.

At the last inspection in July 2015 the provider had not consistently notified CQC of the outcomes of Deprivation of Liberty Safeguards (DoLS) applications, in line with guidance. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection the registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance and the breach in regulation had been met.

People, relatives and health professionals were asked for their views about the service through quality assurance surveys. The management team analysed the results and summarised them. These were checked to see if any action needed to be taken to improve the quality of the service provided. Comments in the surveys were positive.

Regular quality checks were carried out on key things, such as, moving and handling equipment, fire alarms, the environment and medicines management. Audits were recorded, analysed and a summary of the findings with actions produced. Care and support plans were updated as people's needs changed and were regularly reviewed to make sure they were up to date. Specialist health professionals were involved in some checks. For example, a tissue viability specialist completed checks to make sure people maintained healthy skin. Additional guidance and training was provided for the staff. This check also resulted in records being simplified and more consistent wound management.

Staff understood what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.