Anchor Trust

Eastlake

Inspection report

Nightingale Road
Godalming
Surrey
GU7 3AG

Tel: 01483413520
Website: www.anchor.org.uk

Date of inspection visit:
28 July 2017

Date of publication:
22 August 2017

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

Eastlake provides accommodation for up to 53 people who require personal care. At the time of our inspection 53 people lived here. Eastlake is a purpose built property and all rooms are en-suite. The home is split into four units each with their own communal areas. People are able to move freely around the home and units.

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

People and their relatives gave positive feedback about the home, and its staff. A relative said, "I can't say enough about the staff here, they've been brilliant".

People were safe at Eastlake. Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police.

There were sufficient numbers of staff who were appropriately trained to meet the needs of the people who live here. Staff recruitment procedures were safe to ensure staff were suitable to support people in the home. The provider had carried out appropriate recruitment checks before staff commenced employment. They had also checked to ensure staff were eligible to work in the UK.

People would be protected in the event of an emergency. Each person had a plan which detailed the support they needed to get safely out of the building in an emergency. Appropriate safety checks were carried out on equipment and fire safety systems.

Staff induction and ongoing training was tailored to the needs of the people they supported. Staff received regular support in the form of annual appraisals and formal supervision to ensure they gave a good standard of safe care and support.

People received their medicines when they needed them. Staff managed medicines in a safe way and were trained in the safe administration of medicines.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had enough to eat and drink, and received support from staff where a need had been identified. People's individual dietary requirements where met. Drinks were readily available to people via the use of 'hydration stations' in addition to regular drinks supplied by staff. Overall people were happy with the quality of the food. Recent work had been done to make improvements to the meals in response to people's feedback.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. People's health was seen to improve due to the care and support staff gave.

The staff were kind and caring and treated people with dignity and respect. Staff took time to sit and talk with people, and encouraged them to take part in activities. Caring interactions were seen throughout the inspection, such as staff holding people's hands and making people feel good about themselves. The staff knew the people they cared for as individuals.

People received the care and support as detailed in their care plans. People and relatives were involved in reviews of care to ensure it was of a good standard and meeting the person's needs. .

People had access to a wide range of activities. People and relatives were positive about the choice of activities, and how there was always something interesting to do. Many clubs, such as book clubs and knitting clubs took place to enable people to follow their interests and hobbies.

People knew how to make a complaint. When complaints had been received these had been dealt with quickly and to the satisfaction of the person who made the complaint. Staff knew how to respond to a complaint should one be received.

The provider had effective systems in place to monitor the quality of care and support that people received. Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the home. We had noted that the homes quality assurance processes had identified an issue with staff completing records inconsistently. This was under constant review by the registered manager and we saw that improvements had been made. The registered manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained.

People lived in a happy home with good leadership and a staff team that worked well together. A number of staff had chosen to place their own relatives in the home because they were happy with the care provided. A person said, "'It's a very good place this, you wouldn't get better around here or anywhere." A relative said, "My family member would love to live at home (but cannot), this is the best substitute by far."

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 felt safe living at the home. There were enough staff to meet the needs of the people. Appropriate checks were completed to ensure staff were safe to work at the home.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

People's medicines were managed and stored in a safe way, and they had their medicines when they needed them.

Is the service effective?

Good

The service was effective

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

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

People had enough to eat and drink and had specialist diets where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

Is the service caring?

Good

The service was caring.

Staff were caring and friendly. We saw good interactions by staff that showed respect and care.

Staff knew the people they cared for as individuals. People were supported to follow their spiritual or religious faiths.

People could have visits from friends and family whenever they wanted.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews.

People had access to a range of activities they found interesting and stimulating.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good

The service was well- led.

Quality assurance records were up to date and used to drive improvement throughout the home. Completion of records was under constant review as part of the ongoing quality assurance process.

Staff felt supported and able to discuss any issues with the manager.

People and staff were involved in improving the service. Feedback was sought from people and ideas and suggestions were acted on.

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

Eastlake

Detailed findings

Background to this inspection

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

This inspection took place on 26 July 2017 and was unannounced. Due to the size and layout of this home the inspection team consisted of two inspectors 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.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had 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. This information was reviewed to see if we would need to focus on any particular areas at the home.

To find out about people's experience of living at the home we spoke with 17 people and four relatives. We sat with people and engaged with them. We observed how staff cared for people, and worked together as a team. We also spoke with 17 staff which included the registered manager, and a provider representative. These included eight care plans and associated records, 10 medicine administration records, four staff recruitment files, and the records of quality assurance checks carried out by the staff.

Good

Is the service safe?

Our findings

People were safe living at Eastlake. They felt safe because staff were caring and made them feel safe. One person said, "Yes, goodness me, yes I feel very safe here." " Another person told us, "It is so friendly and happy I feel perfectly safe." A relative said, "'My family member is very safe here. She's very well looked after."

There were sufficient staff deployed to keep people safe and support their health and welfare needs. One person said, "The best thing is the carers, they're very kind and always have time to chat." Staff confirmed to us that they felt there were enough of them to meet people's needs. However they did tell us that staff sickness had become an issue recently, especially when colleagues telephoned in sick at short notice. While this did not impact the care people received, it did mean staff felt they were sometimes too busy to interact with people as much as they would like. In addition, some evening medicines would be given a little early before the day staff finished their shift, rather than being done by the night staff. The registered manager was aware of the issue with staff sickness, and was following Anchor procedures with regards to managing absence. They told us they would also look into the issue of the timings of peoples medicines and ensure they were given at the prescribed times.

During this inspection staff were always available in the communal areas to ensure people at risk of falls were safe and to respond to any requests from people. People told us that they did not experience long waits before help arrived. People in their rooms had call bells available and the call bells were answered quickly.

Staffing levels were calculated based on the needs of the people who lived at the home. The provider used a dependency tool to assess the care needs of people who lived at the home. People were assessed as being high, medium or low dependency. Each person had a dependency assessment in place. These were reviewed by the registered manager on a regular basis to ensure they matched people's current needs, so that staffing levels remained appropriate. Staffing rotas showed that levels of staff on shift over the past four weeks matched with the calculated support levels of the people that lived at the home.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There were also copies of other relevant documentation including character and professional references, interview notes, proof of identification such as passports, to show eligibility to work in the UK.

People were protected from the risk of abuse. Staff had received safeguarding training and could tell us about the various forms of abuse and what they would do if they suspected or saw that it was taking place, such as making a referral to an agency, such as the local authority safeguarding team or police. Staff were aware of their role in reporting suspected abuse and were aware of Eastlakes whistleblowing policy. Information outlining the procedure to follow if abuse was happening or suspected, was clearly displayed for people to see if they needed guidance or had concerns. Information for staff about whistleblowing was

also clearly displayed outside the registered manager's office. Staff would be able to access the information without having to ask anyone in the home.

People were kept safe because the risk of harm from their health and support needs had been assessed. People were not restricted from doing things because it was too 'risky' which demonstrated that staff respected their independence. People with limited mobility, were not prevented from moving around and were actively supported by carers who ensured their safety and who respected their decisions. For example there was one member of staff whose main role was to spend time with people, walk with them around the home, and engage them in conversation.

Assessments had been carried out in areas such as nutrition and hydration, mobility, and behaviour management. Measures such as specialist equipment to help people mobilise around the home had been put in place to reduce these risks. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs. Staff understood their roles in keeping people safe. For example, they worked as a team in each section of the home, to ensure that communal areas were always covered by staff. This would minimise the risk of people falling, as staff would be present when they tried to stand. It also minimised other risks, such as behaviour that may challenge as staff would be present to spot the signs and intervene before anything untoward took place.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed.

People were cared for in a clean and safe environment. People told us that their rooms were cleaned regularly and that they were pleased with the standard of cleaning. A relative said, "My family member's room is beautiful."

The home was well maintained. The home had a clean, light and airy feel. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas covered included infection control, and fire safety. Hand sanitising gels were placed at strategic points throughout the home and hand washing stations were well stocked. People who needed hoisting had individual slings which are essential to limit the spread of cross infection. The registered manager had regularly reviewed the needs of people to ensure the environment met those needs.

People received their medicines in a safe way, and when they needed them. Staff involved people in the process by offering an explanation of the medicine to people before they gave them. Staff followed best practice recommendations from the Royal Pharmaceutical Society, for example by using a minimal handling technique when dealing with medicines in dosage cassettes or loose boxes. This reduced the risk of errors.

For 'as required' medicine, such as pain relief or medicine to help people who may be anxious, there were guidelines in place which told staff the dose, frequency and maximum dose over a 24 hour period. We did identify some missing information with regards to guidelines in a sample of the files we checked. These were corrected on the day by the registered manager. Medicine documentation recorded that these guidelines had been followed. For homely remedies, such as cold and flu medicines which can be 'bought over the counter', the GP had drawn up a clear protocol for each medicine with dosage and interval between repeats.

Staff that administered medicines to people received appropriate training, which was regularly updated.

Staff who gave medicines were able to describe what the medicine was for to ensure people were safe when taking it. The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use.

People's care and support would not be compromised in the event of an emergency. One person said, "One evening all the lights went out and it was all dark. The Staff were great (gesticulated thumbs up sign) – it was one of those power cut things." People's individual support needs in the event of an emergency had been identified and recorded by staff in personal emergency evacuation plans. Information on what to do in an emergency, such as fire, was clearly displayed around the home. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire.

Good

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people, for example in caring for people living with dementia. The induction process for new staff was robust to ensure they would have the skills to support people effectively. Regular refresher training had also been provided to keep staff up to date with current best practice.

Staff were effectively supported. Staff told us that they felt supported in their work. Staff had regular one to one meetings (sometimes called supervisions) with the manager, as well as annual appraisals. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were effectively followed.

Staff had a good understanding of the Mental Capacity Act (2005) and were seen to work within the legal framework of the act when supporting people. Staff encouraged people to make decisions by explaining the choices. Staff listened to peoples' wishes and respected their decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

People had enough to eat and drink to keep them healthy. They had good quality, quantity and choice of food and drinks available to them. Throughout the day we saw that people had access to drinks and snacks by the use of food and 'hydration' stations. These were trolleys located around the home containing snacks and fluids in various forms. People were able to access these whenever they wanted in addition to the meals and snacks offered by staff.

People were given appropriate support with food and liquids when needed. People had a positive dining experience. Staff that assisted people were calm, patient and understanding of people's needs. The tables

were laid pleasantly with tablecloths, napkins and condiments and people were encouraged to help themselves. Each table had a menu with pictures of typical meals and alternative options. The meals served matched the visual options offered on the menus. Carers sat next to people during the meal to eat their own lunch, giving a family feel to the process.

Feedback about the food was varied, some saying, "It's very tasty!" and "The food is outstanding" to others who said, "The cooking's not bad – could be improved." The registered manager was aware of these issues and had taken action by carrying out a survey of people's opinions. The results had just been published for people to see at the time of our inspection. People were to be kept updated of the changes to be made.

People's food and drink preferences, special dietary or cultural needs were met. A relative said, "X prefers brown sugar and cocoa powder and they don't hesitate to supply it." Where a specific need had been identified, such as food presented in a particular way to aid swallowing, this was done. Where people had a pureed lunch each food item was kept separate on the plate so people could taste the individual components of the meal, and have different taste experiences.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. People's risk of malnutrition was regularly reviewed, and any changes were effectively supported. People's weights were monitored and they received appropriate support to maintain a healthy lifestyle. Where people had received dietary advice from another healthcare professional, we saw that staff supported people to understand that advice and make choices about drinks and snacks from a healthy range.

People received support to keep them healthy. People's health was seen to improve due to the vigilance and effective care given by staff. People with health concerns were referred to the relevant professional. For example, one person was referred to the doctor as staff had noted concern with the person's legs and movement. This referral later led to a hospital admission for a procedure. There were other examples seen, such as referrals to the podiatrist for foot care, and to the local eye clinic for regular check-ups. This was particularly important where a person was living with diabetes. This meant that staff could be assured that the person's general needs concerning their long term condition were being managed effectively.

People had access to a range of medical professionals including chiropodists, doctors, an optician and district nurses. This enabled staff to receive advice and guidance to ensure people received the best possible care. For example when overcoming colds and flu, or recovering from operations. Additional examples included people who had recovered from pressure sores and red skin rashes (obtained before they moved into the home), due to the support from staff and external professionals.

Good

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. One person said, "The company (Anchor) and the staff are the best." A relative said, "There's such a sense of calm and happiness here and they don't have a high staff turnover. " Another relative said, "'They (staff) never look like they are rushing. They take time and sit down to speak to people. All the staff are approachable."

The atmosphere in the home was calm and relaxed and staff spoke to people in a caring and respectful manner. Staff were very caring and attentive with people. A relative said, "I saw one woman was quiet and a carer was singing her favourite song to her. It's things like that that show they care here." There were many incidences of caring interactions seen during the inspection. Many times carers were seen holding hands with residents or sitting with them in the lounge, talking. People were supported by staff that knew them as individuals. Throughout the inspection it was evident the staff knew the people they supported well, by the way they spoke with them, and the conversations they had.

Staff treated people with dignity and respect. A relative said, "'I'm so happy X is here, they really care and treat her with such respect." Staff involved people in their support during the inspection such as explaining what they were planning to do and asking the person if that was okay. When giving personal care staff ensured doors and curtains were closed to protect the person's dignity and privacy. Staff encouraged people to maintain their independence, and do as much as they could for themselves. Staff explained how during personal care people were asked if they would like to wash themselves, or when supporting them to eat, they made sure people had appropriate cutlery to be able to eat with minimum staff support.

Staff were knowledgeable about people. The care plans had been compiled in conjunction with people and their families and contained information staff could use to help build relationships. For example, people's previous occupations and hobbies. This knowledge included understanding people's personal preferences such as favourite cups to drink from. One of the staff went out of their way to ensure a person had their favourite mug to drink from at tea time, rather than just giving the drink in a plain cup. Another example of staff having a positive impact on people was when a person was seen to take part in a game of table tennis with a carer. The other staff nearby encouraged the person throughout the game making them smile and really enjoy the experience.

People were given information about their care and support in a manner they could understand. Information was available to people around the home. It covered areas such as local events, newsletters from the provider and the results of surveys. Staff took time to explain things to people. The communal areas included a range of visual and tactile items which could provide stimulation and orientation for those living with dementia or cognitive impairment.

People told us that they were asked about their care and that staff did listen to them. They were actively involved in making decisions about their care and staff understood the importance of respecting people's choices and supporting them to live their lives as they wished. People told us they had control over their daily routines and were free to choose when to get up and go to bed and how to spend their leisure time.

Family members were able to keep in regular contact and visit whenever they liked. Relatives we spoke with gave the impression their relationship with staff 'was like old friends and on a personal level.' Staff understood the risk of social isolation for people who chose to stay in their rooms. A relative said, "They phone me or my sister if X wants them to and she wants to speak to us."

People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and people had access to services so they could practice their faith.

Good

Is the service responsive?

Our findings

People and relatives were involved in their care and support planning. People's needs had been assessed before they moved into the service to ensure that their needs could be met. A relative said, "We sat down with the head nurse and talked through my family member support needs." Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility.

Care plans showed that staff referred people to the relevant healthcare professional as the person's needs dictated. Staff at Eastlake had identified a risk of choking as a result of the initial assessment of a person. That person had then been referred to dieticians from the local Speech and Language Therapy team (SALT). Advice from the dietician was incorporated into the care plan, and also forwarded to the catering staff so they could ensure meals were provided in response to that persons need.

People's choices and preferences were documented and those needs were seen to be met. There was detailed information concerning people's likes and dislikes and the delivery of care. The files were well organised so information about people and their support needs were easy to find. The files gave a clear and detailed overview of the person, their life, preferences and support needs. Care plans were comprehensive and person-centred, focused on the individual needs of people.

Staffs understanding of people's communication needs ensured they responded to their needs. Staff were able to recognise non-verbal signs of pain or discomfort, and used prescribed medicines to relieve pain. People received support that matched with the preferences record in their care file. The daily records of care were detailed and showed that these preferences had been taken into account when people received care, for example, in their choices of food and drink. Care planning and individual risk assessments were reviewed monthly so they reflected the person's current support needs. Confirmation of people being involved in reviews of their care was given when a relative said, "They even email me about my family member; it's brilliant."

People had access to a range of activities many of which focussed and promoted peoples well-being, physical and mental health. For example encouraging people to move around, or play physical games. Staff ensured that everyone was given the opportunity to take part. A relative said, "When there is an activity going on, X (staff) goes back to check each and every resident who is not involved in that activity to see if they have something to do or are okay." A staff member said, "There's always laughter, always music, always something going on." This is what we observed during our inspection.

People were supported to go out into the local community if they wished, such as meals out with family. In addition the people local community were encouraged to come into the home. Activities such as a visiting toddler group and taking part in local fates gave people the opportunity to see new faces and experience new sensations. There was a varied list of activities for people to take part in from quizzes and 'trips down memory lane' to cooking sessions and celebrating national events (such as world environment day). These kept people up to date with skills and memory, as well as giving them an outlook into the wider world.

People were supported by staff that listened to and responded to complaints or comments. People told us that they had no real concerns. There was a complaints policy in place. The policy included clear guidelines on how the registered manager should respond and when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission.

There had been five formal complaints received at the home in the last seven months. Where complaints had been received these had been clearly recorded and responded to in accordance with the provider's complaints policy. The registered manager and staff explained that complaints were welcomed and would be used as a tool to improve the service. Action had been taken to address the concerns raised, such as discussing the issues at staff meetings, and updating guidance for staff. Many compliments about the care provided were also received in the same period of time. These were on display for staff and others to see. Comments included 'Thank you for looking after X with much love and care she has been so happy.'

Good

Is the service well-led?

Our findings

There was a positive culture within the home, between the people that lived here, the staff and the registered manager. The atmosphere was very welcoming and open. People felt secure and were very happy to share thoughts about their life at Eastlake with us.

Regular weekly and monthly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the home. These covered areas such as infection control, health and safety, and medicines. All of these audits generated improvement plans which recorded the action needed, by whom and by when. Actions highlighted were addressed in a timely fashion, and made improvements to the service. There was a clear plan of what checks needed doing, by when and who was responsible. This enabled the registered manager to keep track on progress, and to address any shortfalls that may have occurred.

Records management was generally good and showed the home and staff practice were regularly checked to ensure it was of a good standard. Records of quality assurance and governance of the home were also well organised and showed the registered manager had a good understanding of the care and support given to people. The results of these checks were discussed at staff meetings, and clear actions required by staff were recorded in the meeting minutes. Follow on meetings checked to ensure all the actions had been completed.

We had identified to the manager that there were some gaps in documentation across the home. This had already been identified during their own internal checks. They had implemented a number of actions to address the issue, which had resulted in a reduction in gaps. For example in June 2017 the medicine refrigerator temperature had only been recorded on eight days. It was noted that this had improved noticeably the following month, as there were only 2 gaps in daily records for July. The registered manager understood this was an ongoing process, but we could clearly see it was well managed, and improvements were happening.

People experienced a level of care and support that promoted their wellbeing because staff understood their roles and were confident about their skills and the management. Staff told us the registered manager had an open door policy and they could approach her at any time. Staff felt supported and able to raise any concerns with the registered manager, or senior management within the provider. One staff member said, "Anchor is supportive, they've given me lots of training, the higher ups are always there." A record of senior management visits to the home was kept, and showed these were carried out on a regular basis. This gave the opportunity for people and staff to talk to them, and for senior manager to have an understanding of how the home was being managed.

People and relatives were included in how the service was managed. There were regular resident and relative meetings, as well as surveys asking for feedback about various aspects of the service. People and relatives had the opportunity to discuss any improvements they felt needed to be addressed. These were clearly recorded in the minutes and action had been taken to address them. For example a suggestion for a

compliments board made by a relative had been actioned. Further feedback about how the service had responded to suggestions was by the use of 'you said, we did' posters around the home. These detailed ideas, suggestions and concerns people had, and what the service had done as a result. An example was the use of hydration trolleys around the home to encourage people to drink more. It was clear the staff listened and responded to people's feedback.

Staff were involved in how the service was run and improving it. One staff member said, "The manager is approachable, and I feel she gets things done when we ask." Regular staff meetings took place across the staff teams. These had been introduced to share information to ensure staff were up to date on people's needs. The meetings had a positive impact on the home because staff from different departments across the home worked as one team focused on doing the best job they could for the people who lived here.

The registered manager and deputy manager were visible around the home on the day of our inspection, supporting staff and talking with people to make sure they were happy. This made them accessible to people and staff, and enabled them to observe care and practice to ensure it met the home's standards. The registered manager had a good rapport with the people that lived here, staff and visitors and knew them as individuals.

The registered manager sought to educate the local community about caring for older people. They regularly contacted the local newspapers and radio about important topics, such as caring for elderly or frail people in hot weather. The registered manager had also signed the home up to various external and provider led initiatives to promote best practice. For example they had successfully achieved the Anchor 'Inspiring Dementia Services' certificate for actions around dementia understanding and support.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.