

Anchor Trust

Bethune Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

Bethune Court is registered to provide residential care and support for up to 45 older people. People required a range of help and support for people who wish to maintain their independence whilst receiving support for personal care, health needs and the early stages of dementia.

The home is a purpose built care environment over four floors. All areas of the home were accessible by wide corridors with hand rails and two lifts.

This was an unannounced inspection which took place on 21 and 22 June 2016.

Bethune Court had a registered manager. 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.

The registered manager was in day to day charge of the home supported by the provider. People and staff spoke highly of the registered manager and told us that they felt supported by them and knew that there was always someone available to support them when needed.

There were systems in place to assess and monitor the service provided. Although a number of these were effective some needed to be improved to ensure all areas of service provision were audited effectively. Some procedures and documentation needed to be improved to ensure clear consistent actions and reporting. This included accidents and incidents and some areas in relation to medicines. It was not possible to get a clear picture of how much people ate and drank. Information found in peoples care notes was contradictory and some charts had not been completed every day.

Staff provided care and support for people with kindness and patience. People's dignity and privacy were respected and people were involved in decisions about how they received care and spent their time throughout the day.

Staff were able to tell us how they would report any suspected abuse, and people told us they felt safe living at Bethune Court. All staff and management had a good knowledge and understanding of Mental Capacity Assessments (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that any decisions made had followed this process to ensure they were made in peoples best interest and supported by health professionals and Next of Kin (NoK)

Staff recruitment systems were in place and staffing levels were reviewed regularly to ensure people needs could be met. Staff received appropriate training and support to meet people's needs with a focus on ensuring staff were trained and supported to provide good care for people with dementia and memory loss.

The home had a designated maintenance employee who was available at the home. Systems were in place to ensure emergency procedures were in place. And equipment and services were well maintained and checked regularly.

Feedback was gained from people and staff, this included questionnaires and regular meetings with minutes available for people to access. A complaints process was in place. When issues had been raised systems and processes had been reviewed to show learning from these and make improvements to prevent issues from re-occurring if possible.

An activity programme provided regular activities for people; this included a range of games, quizzes and visiting activity providers. To prevent social isolation people were encouraged to participate, for people who did not enjoy group activities activity staff visited them in their rooms.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Accident and incident systems needed to be improved to ensure a consistent response was followed and documented.

Procedures needed to be improved to ensure medicines were consistently given appropriately. For example 'as required' medicines.

Staff demonstrated an understanding of how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care.

Recruitment systems were in place to ensure staff were suitable to work within the care sector.

Is the service effective?

Good 

The service was effective.

Staff had a good knowledge and understanding of MCA and DoLS. People were involved in day to day decisions about their care and how they spent their time.

There was a choice of meals and alternatives available for people. People who needed assistance at meal times had this provided.

Staff felt they received appropriate training and support to enable them to provide effective care.

Is the service caring?

Good 

The service was caring.

Staff understood dementia and how to support people with patience and kindness.

People were treated with dignity and respect by kind and friendly staff. They were encouraged to make decisions about their care.

Staff knew the care and support needs of people and took an interest in people and their families to provide individual personalised care.

Is the service responsive?

Good ●

The service was responsive.

Care records were personalised and included specific information about people's backgrounds, important people and events.

Clear information was in place for staff. Care plans had been written for people's identified care needs. Care plans and risk assessments were regularly reviewed and updated.

Daily activities were provided for people to allow them to spend time doing things they enjoyed.

A complaints procedure was in place. When complaints had been received these had been investigated and actions put in place to prevent issues re-occurring.

Is the service well-led?

Requires Improvement ●

Improvements were required to ensure the service was consistently well led.

Not all quality assurance systems were effective at identifying shortfalls within the service.

Some areas of documentation needed to be improved.

People's nutrition and fluid intake was not clear. Nutritional documentation on daily charts and records was contradictory.

The registered manager demonstrated a clear understanding of their role and responsibilities. Care was person centred, with a real emphasis on always putting the person first and foremost.

Staff felt supported by the registered manager and there was an open and positive culture.

Bethune Court

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 which took place on 21 and 22 June 2016, was unannounced and was undertaken by two inspectors.

The last inspection took place in June 2015 where no concerns were identified.

Before the inspection we looked at information provided by the local authority. We reviewed records held by the CQC including notifications. A notification is information about important events which the provider is required by law to tell us about. We also looked at information we hold about the service including previous reports and any other information that has been shared with us by the local authority and quality monitoring.

Not everyone living at Bethune Court was able to tell us about their experiences of living at the home; therefore we carried out observations in communal areas and spoke to relatives and visitors to gain feedback about the service.

We case tracked three people; this is where we look at all aspects of the care provided and how this is documented. We also looked at a further two peoples documentation in relation to specific health needs, risk assessments and associated daily records and charts.

All Medicine Administration Records (MAR) charts and medicine records were checked. We read diary entries and other information completed by staff, policies and procedures, accidents, incidents, quality assurance records, staff, resident and relatives meeting information, maintenance and emergency plans. Recruitment files were reviewed for three staff and records of staff training, supervision and appraisals for all staff.

We spoke with five people using the service and two relatives who were visiting during the inspection. We

spoke with ten staff, this included the registered manager, deputy manager, care, activity and administrative staff and the visiting Anchor dementia specialist.

Is the service safe?

Our findings

People living at Bethune Court responded to staff positively. People smiled as they walked around the building and stopped to chat to us. When approached by staff people clearly felt comfortable and supported. People told us they felt, "Well looked after." And relatives told us, "They feel safe and comfortable here."

Most people living at Bethune Court had a diagnosed dementia or memory loss. The building provided a safe environment which enabled people to walk freely around the home, and access communal areas. Some people were independently mobile and some walked using walking aids, whilst others needed full support from staff. Some people required support and prompting with personal care whilst others needed full assistance from staff for all activities of daily living including personal care, assistance at meal times and to meet care needs. People's needs were assessed and reviewed regularly to ensure that the home could provide safe and effective care. Those with reduced mobility had assistance provided by one or two staff as required, for example when using a hoist to assist people to move from the bed to chair. Appropriate equipment was available and this had been regularly maintained to ensure it was safe to use.

Policies and procedures were in place to support the administration and management of medicines. Including covert medicines and self-administration. Covert medicines are when a medicine is placed in food or a drink to disguise it. One person was currently receiving their medicines covertly. We saw that this had been discussed and agreed by the person's GP and their next of kin (NoK), however, there was no guidance in place from the pharmacy regarding whether or not this was safe to do. Although the provider had taken appropriate steps to ensure medicines had been discussed and reviewed appropriately. Crushing medicines can affect its absorbency and effectiveness and how a medicine is given covertly needs to be considered. For example, some medicines may taste unpleasant or bitter so adding these to a cup of tea or drink may mean that the person is unlikely to take them. Whereas, adding the crushed medicine to a teaspoon of jam or yoghurt may disguise an unpleasant flavour or texture. Although procedures had been implemented we recommend that the provider seeks advice from a pharmacist for clarification.

Medicine protocols included guidance for 'as required' or PRN medicines. PRN medicines were prescribed by a person's GP to be taken as and when needed. For example pain relieving medicines. PRN guidance identified what the medicine was, why it was prescribed and when and how it should be administered. However, when PRN medicines had been given staff had not completed the rear of the MAR chart to show the dose and reason for this. This is particularly relevant when a medicine, for example, paracetamol is prescribed for general aches and pains as it identifies if a person has a new medical concern which may need to be reported to the GP. This was an area that needed to be improved.

Staff had completed training and competencies were assessed to ensure medicines were continued to be given safely. Medicines were regularly audited to ensure that all areas of medicine administration were maintained to a safe standard. We observed medicines being administered and saw that this was done following best practice procedures. The medicine trolleys were taken by two staff to the lounge at lunchtime and a third member of staff remained by the trolleys throughout to ensure that medicine procedures were

done correctly and to ensure all medicines were kept safely. Medicines were labelled, dated on opening and stored tidily within the trolley. Temperatures were monitored daily to ensure they remained within safe levels. Medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of following safe disposal procedures.

Following an incident or accident there was a system in place for staff to record what they had seen and what had happened. This included any outcome of follow up actions and the implementation of a post falls observation tool if appropriate. For example, after a suspected head injury. Some accident forms, although completed did not tally with information in people's daily records and body maps were not always fully completed. This meant staff may not all be aware that a fall or incident had occurred. We also found that when a bruise had been found by staff and the person had not been able to tell them how it occurred, the accident form did not include details to show what action had been taken in response to this being discovered. However, staff were able to tell us information in relation to this that was not included in the documentation. Accident and incident procedures were an area that needed to be improved to ensure a consistent response to accidents and incidents was always followed to maintain people's safety at all times.

Some people displayed behaviour that may challenge themselves and others, which on occasions caused an incident. This was recorded on a behaviour chart and included information about any known triggers, what had happened and actions taken. Information about accidents, incidents and behaviours was shared with staff at each handover. Staff were aware of their individual responsibilities in completing incident and accident forms and informing senior staff. Throughout the inspection staff supported people in a calm, appropriate and safe way.

Systems were in place to help protect people from the risk of harm or abuse. The registered manager was aware of the correct reporting procedure for any safeguarding concerns. A safeguarding policy was available for staff to access if needed and all staff had received regular safeguarding training. Staff demonstrated a good knowledge around how to recognise and report safeguarding concerns and told us they could also contact the registered manager at any time if they had concerns.

Risks to individuals were identified. There were individual risk assessments in place which supported people to stay safe, whilst encouraging them to be independent. For example, anxiety and low mood, nutrition, medicines, refusing to use mobility equipment and falls. Care plans were detailed and folders included a summary of people's current care needs. Staff were kept informed of people's needs and any changes had been documented and updated promptly. People who had an identified risk of pressure area damage had equipment in place. This included pressure relieving cushions and mattresses if appropriate. Pressure relieving air mattresses should be set according to a person's weight. We discussed with senior staff how this was checked as we found one mattress which was not set in accordance with the person's weight. Staff thought this had been knocked and the registered manager told us that checks would be introduced daily to ensure this did not happen again.

Regular maintenance and environmental risk assessments had been completed. The home had a designated maintenance employee who was available at the home. Systems were in place to ensure equipment and services were well maintained and checked regularly. This included water checks, legionella and fire safety. Fire evacuation and emergency procedures were displayed around the home. Staff and people had access to clear information to follow in the event of an emergency. Including Personal Emergency Evacuation Procedures (PEEPS). PEEPS include individual information about people and things which need to be considered in the event of an emergency evacuation. Including mobility, health, and the number of staff required to assist them. There was regular training for staff and evacuation equipment was located around the building to aid evacuation.

The provider had a robust recruitment system in place. Staff files included all relevant checks for example, disclosure and barring service (DBS) checks, a DBS check is completed before staff began work to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. These had been completed before staff began work. Application forms included information on past employment and relevant references and information was in place before staff were able to commence employment.

Staff had access to relevant and up to date information and policies, including whistleblowing and safeguarding. Policies were reviewed and updated when changes took place; this included the addition of new information to incorporate recent changes to regulation. Staff told us they knew where policies were stored and that they were asked to read them to ensure they were aware of correct working procedures. Staff told us they felt kept informed of changes and anything relevant would be discussed during staff meetings.

The registered manager used a dependency tool to review and ensure staffing levels were appropriate to meet the needs of people living at Bethune Court. We saw that staff responded to people promptly when they needed assistance. When people asked to access the garden or go out for a walk staff were available to assist them. People told us that they had call bells they could use to alert staff if they needed them. We saw that people had call bell systems in their rooms and call bells were fitted in toilets and bathrooms. People told us that if they ever needed any help from staff, they always responded promptly. We saw that there was a visible staff presence as we walked around the building.

Is the service effective?

Our findings

People were supported to live their lives the way they chose. We saw that people were given choices and involved in day to day decisions about what they wore, what they ate and how they spent their time. Relatives told us, "Mum is eating so much better here, she has really improved."

Bethune Court had a large dining room on the ground floor; this led to the conservatory which had a dining table which was also used at meal times. People gave positive feedback about the meals and people chose whether to eat in the dining room, conservatory or remain in their rooms if they wished. There were also areas on each floor which could be used as quiet dining areas, or if people had family visiting and they wished to sit together for a meal in a more private setting. Menus were displayed around the home, and people were asked for their choices and provided with alternatives if requested.

Staff assisted people with meals and drinks throughout the day. Staff sat with people at mealtimes to support and encourage them. We saw that dietician involvement was on going for some people and there was information recorded when people had been identified as having a poor appetite. Staff told us that one person could be reluctant to eat very much and was offered a variety of choices to tempt them at lunchtime when they declined to eat their meal. We spoke to the chef who was aware of people's specific dietary needs. These included diabetic, allergies, fortified and soft dietary needs. They had a list of people living at Bethune Court and information was reviewed and updated regularly to ensure they were aware of any health needs or likes and dislikes.

New staff completed a period of induction and training before they were assessed as competent and confident to work alone. This included shadowing a member of permanent staff and being paired with a 'buddy' to support new starters. A training schedule was in place for all staff. Staff told us they felt that they received all the training they needed to support them in providing care for people. Telling us, "It is a good company to work for, they provide lots of training." And, "We have a good knowledge of residents; it means we know how to look after them." Staff told us the training they received enabled them to understand people, for example dementia training had helped them provide appropriate care for people with dementia or memory loss and diabetes training had increased their understanding of this health condition. Staff displayed a good working knowledge of dementia and when people became anxious or upset support was provided appropriately. Competency checks took place to ensure staff training had been appropriate before staff were able to administer medicines.

There was a schedule to ensure staff received supervision throughout the year. Supervisions were completed by senior staff and care and administration staff told us they found supervision effective as it gave them an opportunity to discuss their role and identify any issues or concerns if they had them.

People were actively involved in decisions about their care. The provider placed emphasis on people receiving care which considered their privacy, dignity and involvement. People said staff always asked for consent before providing any care. Staff described how they would ask for people's permission before giving support, and what they would do if someone declined the support offered. We observed staff speaking to

people and involving people in decisions. For example, people were reminded what activities were due to take place that day. People then made decisions about what they wanted to do, whether they attended activities or returned to their rooms or went into the garden.

Staff understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow these in their daily care routines. Mental capacity assessments had been completed for people living at the home and these were reviewed. Where people had been deemed to lack capacity for a specific decision of daily living for example, leaving the building unaccompanied, a Deprivation of Liberty Safeguards (DoLS) application had been completed. One person with a DoLS in place told us they liked to go out. We saw that throughout the inspection they were supported to go out regularly into the garden or out for a walk with a member of staff when they requested it. Best interest meetings had taken place and if people had a designated person for example a Lasting Power of Attorney (LPOA) in place, this information was recorded in care files to ensure staff were aware who was involved in decision making for that person.

People were supported to have access to healthcare services and maintain good health. We saw that people were supported to attend appointments and GP visits were requested when people became unwell. Some people had visits from a chiropodist and a visiting optician also carried out eye tests at the home.

Is the service caring?

Our findings

We observed many positive, caring and kind interactions between people and staff. Staff were knowledgeable about individual personalities of people they supported. Staff had a clear understanding around how to support people with dementia or memory loss. Staff shared people's personalities with us during the inspection and they talked of people with respect and affection, encouraging them to make choices and interact with others. We observed occasions when staff were supporting people; they worked at the person's own pace and did not rush them. People told us they were very happy with the care they received at Bethune Court. We saw that people responded positively to staff and staff told us, "I love it here, I love the people we look after."

We saw wonderful examples of the way staff interacted with people. Promoting their independence whilst supporting them to make decisions. For example one person asked to go out for a walk. Staff showed the person to their room and asked them if they would like to choose a jacket to wear. They then left the person to do this whilst they went to get their own coat. On their return the person had forgotten what they were doing. The member of care staff responded by asking the person if they would like to go for a walk and proceeded to patiently support the person to choose and put on their jacket. They then asked if the person was happy if they came for a walk with them. It was obvious they felt happy and supported by this member of staff and they asked if they could hold the staff members arm whilst they went out for a walk.

People were supported to maintain their personal and physical appearance in accordance with their own wishes. People were dressed in clothes they preferred and in the way they wanted. We saw that one person changed their clothing throughout the day. Staff acknowledged this each time they came out of their room, telling them they like the colour of the cardigan or their jacket looked very nice. This person told us they liked to look smart. Another person told us they liked to have their handbag with them. We saw that they kept this with them throughout the day and when they moved from one area to another, staff reminded them to take it with them.

People's rooms were called flats. Each 'flat' had its own front door, with a letter box. People's bedrooms were personalised with their own belongings including furniture, photographs and ornaments. People told us, "My flat is my place," And, "This is where I live, it's a lovely room," People were able to spend time in private in their rooms as they chose and staff always knocked before they entered. Each floor of the building had a colour theme in the main corridors and communal areas, this helped people with recognition and finding their way around.

People received care which ensured their dignity was maintained and supported at all times. Staff had a good knowledge on how to provide care taking into consideration people's personal preferences. The provider placed particular emphasis on dementia care. The home had been awarded an 'Anchor Inspires' Inspiring dementia certificate and Bethune Court was supported by a dementia advisor who visited the home regularly. They told us their role was to support the registered manager and staff. Staff told us they had received training on how to write daily records. We saw that these were detailed and included information about people's mood, behaviours and decisions they had made. For example, what they had

chosen to wear. Staff told us it was important to ensure that notes were detailed about the person and not task orientated, and we could see that this was being considered in the way staff wrote information.

When people had memory loss or dementia, relatives told us that staff treated people with patience. Offering reassurance when they became confused or anxious. Relatives felt that staff understanding of how to support people was excellent and felt welcome and encouraged to visit at any time.

Is the service responsive?

Our findings

People told us they felt listened to and the service responded to their needs. Relatives spoke positively about their interactions with staff. During our inspection we saw visitors popping into the office to talk to staff. We were told, "They keep me informed of what is going on."

There was a clear system in place to assess, document and review care needs. Care files included personalised care planning and risk assessments. Information had been sought from people, their next of kin or significant people involved in their care. This meant that documentation was very individualised. We saw that all files had information about people's lives before they moved to Bethune Court and significant life events. Care plans and daily records included information about the person's choices. For example, when someone chose to wear black trousers and matching top on one day, or a person who declined a bath but chose to have a wash in their bathroom.

People with specific health needs had information in the care plans to inform staff how to provide effective care, for example diabetes. Care documentation included information about people's emotional wellbeing, their anxieties and if they were prone to feelings of low mood, frustration or could become distressed. Information included characteristics, risk factors or known triggers and staff recorded when incidents of distressed behaviour had occurred.

Care documentation and risk assessments were reviewed by senior care staff to ensure information was relevant and up to date. Any changes to people's health or care needs were promptly updated and information shared with staff at handover. All staff told us they read care plans and care documentation regularly and were aware of any relevant information about people.

Bethune Court had designated activity staff. An activity schedule was displayed around the home and activities included 'in-house' activities for example a world cruise, and train journey. These involved virtual stops at various ports and stations with games, quizzes and crafts completed in relation to each place visited. Visiting activity people included music therapy and exercises. For people who were unable to attend group activities or preferred to spend time in their rooms the activity co-ordinator told us they visited them in their room and tried to ensure they did not feel isolated. They told us, "Sometimes people don't want to play a game, they just want to sit and chat. We always ask people what they would like to do."

A complaints policy and procedure was in place and displayed in the main entrance. Copies were also given to people as part of the information given on admission. People told us that they would be happy to raise concerns and would speak to staff or management if they needed to. We looked at on-going complaints and saw that people had been responded to within timescales as stated in the organisations policy. When appropriate, complaints had been referred to a named individual in the organisations operations team for investigation. All correspondence sent and received had been logged with dates and actions taken detailed. When complaints had been received we saw that the registered manager had fed information back to staff and had made changes to systems, processes and documentation to ensure there was clear learning. Improvements and changes had been made to prevent issues re-occurring if possible.

The manager understood the importance of ensuring even informal concerns were documented to ensure all actions taken by the service were clear and robust. All minor concerns raised had been documented along with actions taken to resolve them.

Is the service well-led?

Our findings

The registered manager took an active role in the day to day running of the home and had good knowledge of the staff and people who lived at Bethune Court. People told us, "The manager is really supportive; they are here if you need them and they know what going on in the home."

We found there were a range of systems to assess the quality of the service. However not all of these had been effective in identifying shortfalls. For example, although care plans were audited, we saw the audit did not include all care documentation and daily records, food and fluid charts and mattress settings. Accident and incident auditing had not identified when documentation had not been completed consistently.

Medicine audits had not identified incomplete recording of PRN medicines on MAR charts. Medicine competencies were in place. However, these were not always completed regularly and it was unclear if these had taken place as a one off assessment or were part of the five sign off observations included in the medicines training. We reviewed how accidents and incidents were responded to and recorded. We found immediate actions were clearly recorded on accident forms but that the process for recording had not always been completed. These were areas that required improvement.

We looked at documentation and daily records in relation to people's nutrition and observed people having meals. Some areas of documentation needed to be improved to ensure they gave a clear and accurate picture of people's daily nutritional and fluid intake. When people had been assessed as requiring daily monitoring of food or fluids it was unclear who was reviewing this information each day and who would be responsible for identifying and referring to outside agencies if there was a concern. Some daily charts included minimal entries to show how much a person had eaten or drank over a 24 hour period. We discussed this with a senior carer and found that some daily monitoring was only in place as in one case the person had forgotten what they had eaten, and not for a health related reason. However, it would still be pertinent that this was recorded correctly. From our observations we saw that one person's food and fluid chart did not correspond with the food they had eaten that day. Further contradictory information was found on people's daily food and fluid charts in comparison to what had been documented in their daily records. This related to the type and amount of food and drink they had consumed. This meant that it was unclear whether people's nutrition and fluid intake was adequate or how poor nutrition or fluid intake would be identified promptly. On discussion with staff we were told that this information was handed over at the end of each shift however, documentation was not clear and this was an area that needed to be improved.

Despite these improvements being required to the current auditing system, we found there were other quality assurance systems being completed by the registered manager and provider which were effective at driving improvement within the service. The registered manager had a monthly schedule for ensuring that audits were completed. This included health and safety, medication, infection control, personal plans and falls. The provider also carried out regular compliance observations during support visits. These included an 'excellence tool' completed based on the five key questions used in CQC judgements. Action plans were completed with follow up reviews to ensure these had been completed

The home had clear vision, values and behaviours; These were incorporated into every day practice. Staff were aware of the importance of these from the moment they started work at Bethune Court. New staff were given a card which reminded them of the 'Anchors behaviours' which were expected to be followed at all times. These included customer focus, respect, personal accountability, being reliable and straight forward.

The registered manager demonstrated a clear understanding of their role and responsibilities. Care was person centred, with a real emphasis on always putting the person first and foremost. This was seen during observations between staff and people and further supported in the way peoples care records were written. The manager worked full time at the home and told us they worked varying hours to ensure they had a clear picture of how the home ran at all times. The manager demonstrated a good knowledge and understanding of people, their needs and choices. They promoted an open inclusive culture and told us the focus of the service was to ensure people received person centred care which supported them to maintain independence and dignity at all times. They strove to ensure the service was open and transparent and welcomed comments and suggestions from people and staff to take the service forward and make continued improvements.

People had the opportunity to share their views and give feedback during resident and relatives meetings. We saw minutes from meetings detailed discussions and actions taken. Minutes were available for people to access if they wished and included feedback from people regarding activities and menus.

A number of general and specific staff group meetings took place. These showed discussions had taken place to continually improve the service provided to people. When issues had arisen these were discussed and fed back to staff. Staff told us they were kept up to date and informed of any changes.

Relative, resident and staff surveys had been completed. These were carried out by an independent organisation to allow for confidential responses. Results from these surveys were collated and fed back to the registered manager at Bethune Court and the results made available for people.

Anchor also sent a copy of the organisations magazine to staff. This meant that staff were aware of organisational changes as well as those specific to Bethune Court.

The provider also strove to recognise staff achievements. There was a staff nominated colleague of the month. The winner of this had a certificate displayed in the main entrance and we saw that tokens and vouchers had been awarded to people.

Policies and procedures were available for staff to support practice. There was a whistle blowing policy and staff were aware of their responsibility to report any bad practice. Information was displayed around the home in relation to equality and diversity. The registered manager had a good understanding around 'duty of candour' and the importance of being open and transparent and involving people when things happened. The registered manager told us that they were always keen to learn from incidents to improve future practice.

Staff were aware of the organisations policies and that these underpinned safe practice. Policies and changes to procedure were discussed during supervision and at meetings to ensure everyone was aware if changes occurred.

All of the registration requirements were met and the manager ensured that notifications were sent to us and other outside agencies when required.

