Anchorstone Services Limited

Anchorstone Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Anchorstone Nursing Home is situated in a residential street in Farnham, Surrey. The home is registered to provide care and nursing for up to 40 people. The people accommodated at the home are elderly and have a variety of care and mobility needs. All of the people are living with the experience of dementia. At the time of our visit 23 people were living in the home.

The home had been scheduled to close in January 2019, but this was postponed due to additional funding being made available to keep the home open. At the time of our inspection the provider was still looking to sell the home as an ongoing business. This did not impact the level of care and support that people received. It did however impact the provider's expenditure on the fabric of the building, with maintenance and building work being placed on hold until the future of the home was known.

People's experience of using this service and what we found
Despite the issues with the building, people, relatives and healthcare professionals overwhelmingly said they would rate the care given at the home as exceeding their expectations. Care staff were focussed on getting to know people and their families and did everything they could to provide an excellent standard of care. Staff knew people as individuals and were able to communicate with them in a way they could understand. The exceptional levels of care and compassion were displayed by staff during and after a person's life. Families who had lost people while they lived at Anchorstone were thankful for the level of support they had received both during the end of life journey, and afterwards when their loved one had passed away.

The caring nature of staff was obvious in the processes they used to keep people safe. Nursing staff had detailed knowledge of dementia and ensured use of medicines to manage behaviours or sedate people were kept to a minimum. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this.

Staff understood their roles and responsibilities around keeping people safe, including the identification and reporting process if abuse was suspected. Staffing levels were kept at safe numbers to ensure peoples support needs could be met. These levels were increased when needed, for example when new people came to the home, to ensure the outstanding level of care was maintained. Hazards to people's health and safety had been identified and well managed to reduce the risk of harm.

Staff received training and supervision which ensured they had the skills necessary to provide care and support that people needed. Nursing staff were given appropriate support and supervision to enable them to maintain their registration with the nursing and midwifery council. Feedback from health care professionals such as doctors and social workers was very positive. They commented on the competence and knowledge of the nursing and care staff which met people's needs.

People had enough to eat and drink, and the staff kept up to date with best practice. Involvement in hydration projects and use of adaptive equipment such as coloured cups and plates encouraged people living with dementia to eat and drink. This minimised the risk of dehydration and malnutrition.

People were involved in assessments of their needs to make sure the staff could meet those needs in a way people preferred. People had care plans that detailed their care and support needs. We noted that the care records had become very large and would benefit having the old information within them being archived so staff only had access to the most up to date records. Wherever possible people or their relatives were involved in reviews of their care. People had access to indoor activities to help keep them active and stop them being bored.

People and their relatives confirmed the home was well managed. There was a calm and relaxed family atmosphere at the home with people and staff enjoying each other's company. People, their relatives and staff were all involved in giving feedback about the home, and any areas that may need to be improved. The registered manager listened to feedback and complaints and made changes where they could.

Rating at last inspection:
At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why we inspected:
This was a planned inspection based on the previous rating.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our Well Led findings below.

Anchorstone Nursing Home

Detailed findings

Background to this inspection

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

Inspection team
Our inspection was completed by one inspector, a nurse specialist 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.

Service and service type
Anchorstone Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
Our inspection was unannounced.

What we did before the inspection
Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and commissioning groups. We checked records held by Companies House. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and seven relatives about their experience of the care provided. We spoke with the registered manager, the provider and five staff. We observed the care and support provided to those people that we were unable to communicate with. We reviewed four people's care records, three staff files, audits and other records about the management of the service.

After the inspection
We received information from the registered manager to further evidence the care and support people received. We obtained feedback via email from a further eight relatives and six healthcare professionals. All of this was positive about the care and support given.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management; Preventing and controlling infection

● People lived in a clean home that was free from unpleasant odours. However, the homes décor was tired, and some surfaces would be difficult to keep clean due to wear and tear. For example, the wooden surfaces on a bed in a room used by various people had water damage (due to cleaning). This had caused the surface to expand and split, exposing a rough surface, which would be an increased risk of harbouring germs and bacteria that would be difficult to effectively clean. We recommend the service seeks and follows best practice guidance from a reputable source regarding infection control in care homes.

● Staff were seen to regularly wash their hands and use appropriate protective equipment such as aprons when providing personal care or preparing food. This was effective at minimising the spread of infection. People were also encouraged and supported to wash their hands prior to having meals, to reduce the risk of them becoming ill.

● People were protected from the risk of harm because hazards to their health and safety had been identified and well managed. Action required by staff to reduce the chance of people coming to harm was recorded in risk assessment documents. These assessments covered medical and support risks, such as managing falls, choking, and safe use of wheelchairs. These had been completed for each person who lived here, and staff were seen to follow their guidance on the day of the inspection.

● The risk of people acquiring a skin injury, such as pressure wounds had been assessed, and people's skin integrity was managed to minimise injuries such as pressure wounds developing. No one had a pressure sore at the time of our inspection.

● The hazards to people's health and safety from environmental risks such as fire were also well managed. These included personal emergency evacuation plans to ensure people would be moved from the building in the event of an emergency such as fire.

● Assessments of risks also ensured that appropriate equipment and training was identified and put into place to support staff. A relative said, "They work as a team and handle people well." Correctly sized slings and hoists with associated training for staff, where people required assistance to move, were in place to minimise the risk of people coming to harm. The use of equipment such as bedrails had also been adequately assessed and managed to minimise the risk of injury to people.

Systems and processes to safeguard people from the risk of abuse

● People said they felt safe living at Anchorstone. One person said, "I trust all the people." One relative said, "Yes I feel mum's safe. I don't worry because I know there's a lot of staff here who care about her." Another relative said, "Anchorstone has been a wonderful place in my opinion providing a great, safe and comfortable place for my [family member] and affording me peace of mind being so far away."

● Staff understood their roles and responsibilities in protecting people from abuse. One staff member said, "I have to speak to the manager, or speak to outside help such is social services if they don't take action."

● Policies and procedures gave staff guidance on the safeguarding process, and how any instances must be

reported to the local authority safeguarding team. A health care professional said, "They have had some safeguarding concerns recently which the home have worked with my colleagues on openly and constructively." Records of accidents and incidents demonstrated that staff had made referrals to the appropriate authorities when needed in accordance with the policies.

Staffing and recruitment

● There were enough staff to meet the needs of the people who lived here. One relative said, "We have been here of all time of day and night and the staffing levels are always good. Nurses are always here to answer any questions we may have." Staffing levels were based on the assessed needs of people and were altered to meet changing needs. For example, more staff were on shift at busy times of the day or when new people came into the home while they settled in.

● Staffing rotas demonstrated that safe levels of staff were in place. Our observations showed that staff had time to spend to talk and play games with people, as well as meet their health care needs.

● The process for recruiting new staff was safe and ensured only suitable staff were employed. The provider obtained references, proof of identity, address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Using medicines safely

● Peoples medicines were managed in a safe way, so they had them as prescribed. People were involved in the process whenever possible to help them understand what their medicine was for. One person said, "I have calcium tablets for my bones, I get two every day." A relative said, "Staff are brilliant with medication. They show persistence and patience, sometimes it would take them half hour to give the meds to mum."

● Records relating to medicines were accurate, complete and up to date and included the use of body maps for topical creams and patches that needed to be placed on the skin. This ensured they were applied to the correct part of the person's body and the medicine would be effectively absorbed into the skin.

● Medicines prescribed on an 'as needed' basis were given appropriately and there was clear guidance in place to support staff to know when to offer and administer these medicines Peoples medicines were also reviewed with the GP on a regular basis to ensure they were still needed and were still effective at treating the condition they had been prescribed for. People's medicines were stored and disposed of in a safe and secure way.

● Staff demonstrated excellent knowledge and skills in relation to dementia care and use of medicine. This resulted in staff not using medicine as a first response to manage people's behaviour. Instead staff gained a comprehensive understanding of the person from the individual and their carers/families. This resulted in staff supporting people who displayed behavioural and psychological symptoms of dementia in more creative ways. A resident who displayed signs of agitation and restlessness was supported to undertake tasks such as washing up and helping staff with small tasks. This approach had a beneficial effect on people and reduced the requirement for medicine to manage agitation.

Learning lessons when things go wrong

● A record of accidents and incidents was kept and reviewed to try to minimise repeat occurrences. There had been very few incidents or accidents at the home and the registered manager said that they reviewed what had taken place and if anything could be done to minimise the risk of it happening again. The nurses confirmed that any lessons learned would be discussed at nurse meetings and in supervision.

● Analysis of the accident records showed that they were one off incidents. We did not see any repeat incidents that may have indicated appropriate action had not been taken to address the initial concern.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The home was showing its age with areas in need of decoration. Corridors were narrow which made it awkward for people who used wheelchairs to mobilise to get to and from their bedrooms. This resulted in people using toilets and changing areas in the common areas, rather than going to their own rooms when the need arose during the day. The provider had voluntarily sectioned off part of the building due to repairs being needed on a ceiling, to ensure peoples safety. Communal areas of the home and the gardens had been adapted and better suited people's needs. There were large open spaces for people to move around in.
- Each bedroom was decorated differently to suit people's preferences. Communal areas contained photographs and pictures of people as well as ornaments to give a family feel to the home.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support needs were assessed before they moved into the home to ensure staff had the skills to meet those needs. The provider could check whether equipment or modifications to the home would need to be installed before they arrived. The registered manager ensured that the person was involved as much as possible in this process.
- The assessment ensured that staff found out about people as individuals, such as their preferences, and interests, as well as medical support needs. A staff member said, "We try to find out as much as possible about them, and they ask the family to complete a booklet 'This is Me'. A brief handover is then given to all staff before the resident arrives."
- The assessment also checked if any special action was required by the service to meet legal requirements. For example, use of specialist medicines, use of equipment that lifts people, or meeting the requirements of the Equalities Act. Pre-admission assessments were in place for all of the care files we looked at.

Staff support: induction, training, skills and experience

- Staff were given comprehensive training and supervision to ensure they could meet and understand people's support needs. One staff member said, "We have a lot of training. We also get supervision with our line manager every 3 months." Nursing staff were given support to retain their registration with the Nursing and Midwifery Council through clinical supervision and training to ensure they kept up to date with best practice.
- Training specific to the needs of people had also been given. This included training on moving and handling, catheter use, and dementia care.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have enough to eat and drink. One person said, ""The food isn't too bad. They

help me eat, they don't rush me." Where support was needed staff had the time to help people eat and enjoy their meal. Mealtime was unhurried and relaxed which encouraged people to eat. People could eat their meals where they chose, such as in their rooms or at the dining tables.

● Staff kept appraised of best practice to encourage people to eat. Coloured plates and cups were available to make food appear more appetising for people living with dementia. Plate guards were used to help people feed themselves and maintain their independence. Drinks and snacks were available to people throughout the day and night. Staff regularly asked people if they would like something to drink and encourage and prompted people to keep hydrated.

● Some people needed the consistency of their food modified due to risk. Staff followed best practice guidance to ensure this was done properly. Food given in a softened format was presented in an appetising manner on the plate. Staff ensured that people were sat upright when eating to aid swallowing of food and drinks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People had access to doctors and other health care professionals when they needed them. A relative said, "If the staff are at all worried about her, they phone the doctor and let me know." A health care professional (HCP) said, "Due to their excellent knowledge of patients they are able to pick up decline early and intervene. They are well integrated with community services, working with community pharmacists, community district nurses and the integrated care team." Care records documented that people had regular appointments with the doctor, dentists, optician and continence nurses.

● Staff worked well together as a team to provide effective support to people. A HCP said, "When arriving at the home for home visits their team will have consistently clinically managed the residents care to a high level. This is demonstrated by their internal clinical handover meetings and monitoring / observation readings of the patient prior to the visit request." A staff member explained, "We have handover meetings morning, afternoon and evening. If we have a bigger issue, we talk sooner." This communication between the staff ensured that changes in people's health needs was identified quickly and effective action was taken to support the individual.

Ensuring consent to care and treatment in line with law and guidance

● 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.

● People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

● We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff were able to describe their roles under the act, such as not assuming someone cannot make a decision for themselves, and the process needed if a decision was needed in someone best interest.

● Use of equipment such as bed rails had also been assessed and reviewed in relation to the MCA due to staff recognising they restricted people's freedom. Appropriate DoLS applications had been submitted in relation to their use.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● Staff cared for people, visitors and each other in a way which far exceeded their expectations. One relative speaking about their family member said, "If she had stayed in her own home we would have lost her to dementia much sooner. Coming to Anchorstone gave her back to us until the dementia progressed. She was back to being the woman we remembered, dancing and laughing for that brief time, and we will never forget the time staff gave us with her before the dementia took her away." Another relative said, "Staff were very supportive, we could stay overnight, they gave us a spare room next to mums to use."

● The compassion and person-centred focus of staff was demonstrated by a comment from a health care professional who said, "The devastation that the Anchorstone team felt when they were threatened with closure was palpable. I clearly remember that one senior registered nurse cried in front of me when telling me the news as she knew the transition of the residents statistically would have life limiting consequences. It was certainly nothing to do with self or her own financial security. A wow moment!"

● There was a strong culture of person-centred, relationship focused care. Staff were motivated to provide exceptionally compassionate and kind care which had been recognised by visitors. A relative said, "Anchorstone is a wonderful nursing home and the staff are truly amazing - a very special place with very special staff." A second relative said, "We were always pleased that all the staff knew exactly who she was, and much more surprisingly, who we were when we arrived unannounced at the door. Her likes and preferences were understood and honoured." A health care professional said, "All of the Staff at every level are caring and respectful to residents and staff."

● Great focus was placed upon forming close relationships with people and making sure people felt respected and their opinions valued so people received care which was personalised. A relative said, "The staff and the care given by staff is warm, cheerful and friendly. This is a joy, I actually feel relaxed about mum being here. Staff have a sense of fun about them, it feels like they all get on." Another relative explained how the service had supported the whole family when relationships had been impacted by the progression of dementia, "By having such a close relationship with the staff we too were cared for. At one stage [family member's] attitude to my wife became demanding and ultimately stressful. Harsh words were spoken, albeit no doubt driven by dementia, and it was affecting my wife's health and wellbeing. She [persons wife] was treated with such care by the staff. I don't know how an inspection could see any of those aspects of care, but they make a major impact on the overall wellbeing of the residents and their loved ones."

● Staff knew people as individuals and used this knowledge to care for them in the way they wanted . Staff were particularly sensitive at times when people needed care and compassion, taking time to listen to and comfort the person and their family members in a way they appreciated. One person said, "Staff will come and give you a hug if you are a bit low and it always makes me feel better." A relative said, "For a service which was never intended initially to be a nursing home, and which has obvious physical limitations, I think that it is nevertheless outstanding in the most important category of all, which is the care given to people

and the cheerfulness of the staff."
● People were supported to practice their faith via visiting local faith centres or attending services held at the home. The registered manager said, "We have a very multi-cultural staff team within our home and we all accept and endorse each other's cultures and beliefs. Person centred care helps to achieve equality and, in our home, we work hard to instil our residents' human rights into all that we do."

Supporting people to express their views and be involved in making decisions about their care
● The staff at Anchorstone championed people's rights to make sure their choices and preferences were fulfilled. A health care professional said, "I have never met any manager who fights so passionately on behalf of her residents to ensure they have the utmost quality of care and to ensure they retain their voice and respect when their underlying disease or mental health may have otherwise robbed them of this."
● People told us that they were involved in their day to day care. A relative said, "She was very well cared for by the lovely staff at Anchorstone who very quickly got to know her and her ways. Thus, they cared for her as an individual as they do with all their residents." Another relative said, "I cannot fault the attention, care and consideration given to her. The staff were always kind and gentle, affectionate and good humoured."
● Throughout the inspection staff involved people in decisions around their care. People were afforded choice in their day to day lives. Staff offered people opportunities to spend time as they chose, such as taking part in activities or stay in their rooms if they wished .

Respecting and promoting people's privacy, dignity and independence
● Respect for people's privacy and dignity was at the heart of Anchorstone. It was embedded in everything that the service and its staff did. One relative told us, "I cannot speak highly enough of the love, care, dignity and respect shown not only to my parents but also to my sister and our families by all the wonderful staff at Anchorstone. The staff are truly special people."
● Staff were seen to show respect to people. When speaking to people they made sure they were at the persons eye level. Staff supported people to be appropriately dressed for the activity they were doing. A relative said, "I have always been very appreciative of the way in which the home is conducted and the caring relationship between staff and residents.
● Families and visitors were welcome to the service to maintain relationships with people. One relative said, "The management staff are always approachable and keep me informed of activities that I can join in with and enable me to bring our small dog with me to visit [person's name], something he very much enjoys." Another relative said, "Relatives are always welcomed whatever time of day/night we turn up and they make you feel part of the home and not just an inconvenience getting in the way of their work."
● People's independence was supported as much as possible. This was done in several ways, for example staff supported people to make choices around food and eat independently with finger foods. One staff member said, "We encourage them to do bits of their personal care themselves, such as brushing their teeth, or washing their face if they can."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● Care plans contained detailed information about people's choices and preferences. However, the paper records were large, and had old and obsolete information mixed with current documents. Although staff knew people well there is a risk they could use out of date guidance when delivering care. We recommend that the provider review care records and archive out of date information.

● Relatives told us they were involved in care planning if their family member was not able to take part.

● Staff were knowledgeable about people and their needs. A relative said, "[Person's name] was a very solitary person and before moving into Anchorstone. She lived alone in her bungalow having isolated herself from almost all of her friends and much of the family. We expected her to insist on remaining in her room at the home. Staff very soon encouraged her to willingly join in the daily activity of the home. The change in her outlook on life was remarkable." Daily care notes gave information about the support people had been given, their moods, and general state of health. A review of daily care notes showed that the care staff had given matched that specified in people's care plans.

● Activities were based on keeping people active. They included arts and crafts, games, puzzles and gentle exercises. Staff supported people with indoor activities throughout the inspection. A relative said, "There is always something stimulating happening - lots of social activities, topical events and entertainments."

● Provision had been made for activities that engaged people living with dementia. For example, activity mats and boards were given to people to hold in their laps. The mats can help focus and stimulate people's senses and exercise their hand muscles. People were seen to interact with these objects. People and the staff were seen to laugh and smile together while they took part in the activities. A health care professional said, "The Nursing staff manage their residents with Dementia and palliative care very well."

Meeting people's communication needs

● From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People had information in alternative and accessible formats available to them. This included, complaints and safeguarding information.

Improving care quality in response to complaints or concerns

● People said they knew how to make a complaint. A relative said, "While I have had no need, I know how to raise any areas of concern with the management and staff, also how to escalate any complaint should I ever have the need to, although I cannot image ever having to do so."

● There was a complaints procedure in place that included clear guidance on how to make a

complaint and by when issues should be resolved. It also contained the contact details of relevant external organisations such as the Care Quality Commission and the local authority.
● Records showed the provider responded to complaints in line with their policy and complainants were satisfied with the outcome.

End of life care and support
● People were supported at the end of their lives. We received very positive feedback about the end of life care given at the home. A relative said, "She was treated with respect and her dignity was preserved throughout her time there. Her end of life care was excellent, and I will always be grateful for the support from all the staff." Another relative said, "I couldn't fault the care they gave to mum at the end of her life. What was so lovely was all the staff, before they went home, went up to mum, gave her a kiss and said goodbye."
● People and their families received compassionate care and support with the end of life process, for example in developing funeral plans, and having conversations where appropriate on preferences and end of life wishes. A relative said, "A good deal of staff time and immeasurable kindness and care was given to ensure she passed away peacefully surrounded by people [staff] she knew well and whom she knew cared for, and who I suspect loved her." The caring nature of staff and support given to families even after a person's death were confirmed when a relative said, "The invitations [to home events] continued long after mother-in-law's death, until we were ready to 'let go.' That said, we know we can still drop in anytime and be welcomed."

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The home had been facing closure early in 2019 and its long-term future under the current care provider is still uncertain. Despite this the staff have continued to demonstrate the homes values. A relative said, "They [staff] have been working in a very difficult environment over the last year with the threatened closure of the home and possibility of losing their jobs, but they always maintained the same caring/professional attitude towards the residents."
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment. Relatives confirm with us that they were contacted were incidents had arisen.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager and provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People were complimentary about the registered manager and the staff. A health care professional said, "[the registered manager] has built this cohesive and dedicated team around her. The excellent leadership which she provides cascades down to all rank and role within the organisation." A relative said, "Anchorstone and [registered managers name] together with all the care staff were fantastic to my mother and always very attentive to my mum and responsive to me.
- The registered manager was visible around the home, which made them available to talk to people and visitors, as well as to observe staff practice. Quality audits and observations of staff working practices reviewed key aspects of the service such as health and safety, medicines management, infection control, and care planning to see if any improvements were required.
- Staff were involved in making improvements and ensuring that a good standard of care was given to people. Staff roles included completing health and safety checks and ensuring fire safety on a day to day basis.
- Daily handovers meetings were also used as a platform to discuss ideas and improvements. Staff meetings took place regularly over the course of each year to discuss people's health and welfare and reflect on changes that may be required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and relatives were actively encouraged to help run the service and make improvements within the home. A relative said, "[Registered managers name] organises regular 'Relatives' Forums'. These are an informal gathering, with welcome refreshments, at which we could be kept up to date with any developments, staff changes, happy and sad events and especially to offer up any thoughts or suggestions." The provider was in regular contact with all relatives and had the opportunity to feedback comments about the home and the care provided.

Continuous learning and improving care

● Quality assurance processes were in place. This included regular audits of medicines, health and safety and the environment.

● The Provider Information Return (PIR) gave us accurate details about how the service performed and what improvements were planned. Our findings from the inspection corresponded with this information.

● The provider kept up to date with changes in the health and social care sector. For example, through health and safety alerts issued by the local authority or best practice guidance issued by the CQC.

Working in partnership with others

● The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and worked in collaboration with local community occupational therapists and district nurses. A health care professional said, "They respond to identified need, championing local campaigns such as "Hydrate" which aimed to optimise patient hydration with all the known benefits especially for those patients with dementia."