

Anchor Trust

St Anne's - Saltash

Inspection report

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Date of inspection visit:
22 May 2017

Date of publication:
24 August 2017

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 22 May 2017. The last inspection took place on 17 and 18 November 2014. St Anne's was meeting the requirements of the legislation at this time and was given an overall rating of Good. The key question 'Caring' was rated as Outstanding.

St Anne's is a care home which offers care and support for up to 33 predominantly older people. At the time of the inspection there were 32 people living at the service. Some of these people were living with dementia. The service uses a detached building over two floors. There is a passenger lift and a stair lift to assist people to move around the service.

A culture of safety was embedded within the staff team, and staff were vigilant in spotting potential risks and addressing them. Staff responded quickly to any changes in people's needs. People's safety and well-being was promoted because staff developed positive and meaningful relationships with people and spent time with them. The atmosphere in the service was calm and organised.

Any accidents or incidents that took place were recorded by staff. The reports were audited by the registered manager to identify any patterns or trends. Action was taken to address specific concerns and the service worked closely with external healthcare professionals to help reduce the risk of re-occurrence.

People who lived at the service were consulted about recruitment decisions. People were given the opportunity to meet prospective new staff at the time they were interviewed. It was important to the staff and manager that people living at the service met potential new staff to ask them if they felt they would 'fit in'. The service had developed a 'care apprentice' role to help encourage young people 17 – 21 years old to join the care industry and address the recruitment challenge in the care industry.

People received their medicines safely and on time. Staff who administered medicines were trained and assessed to make sure they had the required skills and spoke knowledgeably about people's medicines. People were given the opportunity to self administer their own medicines.

Healthcare professionals told us the service was exceptionally effective in supporting people's needs. Comments included, "I rate them very highly indeed, they are the best service in the area easily. We place people there to avoid them being admitted to hospital. They liaise well with the GP, are very proactive and effective in the care they provide. People recover well and return home" and "They are striving for excellence in end of life care. They are keen that people regard St Anne's as their home and will do their utmost to allow them to be cared for. They are one of the best homes I work with and all seem to genuinely care and strive for the best care."

Staff worked in partnership with people, other professionals and continually developed their knowledge and skills. Staff were encouraged to have additional skills and knowledge to support their 'champion' roles in areas such as infection control, safeguarding, moving and handling, nutrition, falls, health and safety and

medicines. The 'six steps' end of life care accreditation was being sought for St Anne's and two care staff were attending a course at the local hospice. This would bring valuable skills to the service to support people's care at the end of their lives.

The service was well maintained. People and staff had collaborated to re-design the corridors from a plain clinical look to a more attractive environment. Each section of the corridors had been themed involving people living at the service. For example, a Cornish theme had examples of ships, fishing, knots and the Cornish flag. Another section displayed film stars of the 40's and 50's with people being involved in choosing which film stars picture was hung outside their particular flat. This meant people were supported to remain as independent as possible when moving around their home. There were no malodours anywhere in the service. People had self contained flats comprising of an ensuite bathroom and open plan kitchenette with microwave and a fridge. Many people living at the service were living with dementia. Their needs were considered in the re-design of corridors with clear pictorial signage throughout the service. This made it easier for people to maintain their independence when using the bathrooms, toilets and their own flats.

The registered manager had recognised that the war years were not the most memorable to many people now living at St Anne's. The 50's were their era. An upstairs lounge had been carefully themed to resemble a typical sitting room in a house in the 50's. The registered manager told us how they were always thinking of ways they could "Bring the outside in" to St Anne's. It has been arranged that various community groups held their regular meetings at the service. The local dementia alliance group had worked with St Anne's to make the local area more friendly for people living with dementia. Together they approached all local shops and businesses to ask them to nominate an employee as a 'Dementia Friend'. St Anne's had arranged for a member of their staff to attend a specific course to enable them to become a trainer for the 'Dementia Friends' course hosted at the service. Many businesses have benefited from the collaboration of St Anne's and the local dementia alliance to improve things for people locally living with dementia.

Food was cooked fresh on the premises. People gave us exceptionally positive feedback about the quality of the food at the service. Comments included, "We get the menu brought to us so that we can choose what we want, if we don't want anything on there we can have something else. No one here loses weight!" and "I really enjoy my meals here." One relative was particularly positive about the food and told us, "Mum doesn't have many pleasures left in life but she enjoys her food so it is particularly good that the food here is so very good. Some people needed additional support in choosing their meals and drinks. Staff took time to help people to make choices by placing drinks and meals in front of them to give them visual cues rather than just the words on the menu. We observed staff offering people to taste a meal before choosing, to further assist them in making a choice.

Staff told us they felt well supported by their team leaders, the deputy manager and the registered manager and were easily able to ask for additional support if they needed it. Staff received regular supervision and appraisals. The registered manager maintained a comprehensive training matrix which showed all the training completed by staff and when updates were due. This was monitored at provider level and was currently shown as having reached over 95% of staff having completed necessary training. There were sufficient numbers of staff to meet people's needs. Some people living at St Anne's liked to get up early in the morning. The service had responded and recently introduced an additional shift from 6 am to 1.15 pm to support the night staff with people who wished to get up early. This meant the service was flexible to meet people's changing needs and wishes.

People's legal rights were protected because staff understood the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS), which were embedded in day to day practice. Appropriate applications had been made and the conditions of one authorisation in place at the time of this inspection

were being supported.

People living at St Anne's received good dementia care because staff had been trained well and had a deep understanding of their care needs. Staff knew how people wished to be cared for and spoke about people respectfully and fondly. One man was dressed in smart trousers, shirt and tie. Staff told us, "(the person's name) will never be seen without their tie, it is part of who they are. Track suit bottoms would not be at all appropriate for (the person's name)." This showed staff used what they knew about people's backgrounds when caring for them.

A 'Dignity Tree' had been created and displayed in a corridor. Children from the local primary school had spent time at the service learning about the importance of dignity and respect. They drew around their hands, cut them out, wrote on the 'hand' what they felt dignity and respect meant to them, then hung it on the tree. The children's presence was greatly enjoyed by the people living at St Anne's.

People and relatives consistently gave us very positive feedback about how the service met people's needs. Comments included, "The staff don't simply just look after (the person) they seem to genuinely care," "I would not hesitate in placing my mum here" and "They (the person) have had a number of health setbacks but each time they have slowly recovered as a direct result of the close observation and care they have received. I regard St Anne's highly and the staff in particular."

The service was a certificated member of the National Activity Providers Association. This meant staff at the service were upholding the values of the uniqueness of everyone, providing person centred and meaningful activities in a fun and creative way provided by skilled staff. People were provided with planned and advertised activities seven days a week, both in the morning and afternoon. This included trips out in the service's minibus. People told us, "We go all over the place, it is great."

We received very positive responses from the people living at the service, staff, relatives and healthcare professionals about the registered manager and the way the service runs under their leadership.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe using the service.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

Systems for the management of medicines were robust.

Good 

Is the service effective?

The service was effective. Staff was provided with the skills and knowledge to provide exceptionally effective care and support to people in keeping with their wishes.

People reported the food was exceptionally good.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Good 

Is the service caring?

The service remains outstanding in caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Outstanding 

Is the service responsive?

The service was extremely responsive. People received outstandingly responsive care that supported people to feel part of the local community. Creative ways were found to support people's interests.

People were involved in the redecoration of the service, their views were sought and acted upon.

People were supported to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to. Many positive compliments were received.

Outstanding 

Is the service well-led?

The service was well-led. There were clear lines of responsibility and accountability at the service.

Quality assurance systems were robust.

People were asked for their views on the service.

Staff were supported by the management team.

Good 

St Anne's - Saltash

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.

The inspection took place on 22 May 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people living at the service. Not everyone we met who was living at St Anne's was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with the registered manager, the deputy manager, the district manager, and five care staff.

We looked at care documentation for three people living at St Anne's, medicines records, three staff files, training records and other records relating to the management of the service.

Following the inspection we spoke with five healthcare professionals and two families of people living at the service. Everyone we spoke with was exceptionally positive about the service provided at St Anne's.

Is the service safe?

Our findings

People and their families told us they felt completely safe at St Anne's. Comments included, "I feel perfectly safe here it is lovely" and "I am confident of (the person's name) safety at St Anne's they take so much trouble."

A culture of safety was embedded within the staff team, and staff were vigilant in spotting potential risks and addressing them. They made every effort to ensure people felt safe whilst minimising restrictions of their freedom. For example, people could safely access the secure garden area independently as they chose. People were encouraged to access the local community regularly supported by either family and friends or staff.

Two members of the care staff had been given specific responsibility for being 'falls champions'. They worked with people, staff and external healthcare professionals to implement best practice and minimise people's risk of falling at the service. Individuals risk assessments guided staff to promote people's safety. For example, by ensuring people had good fitting footwear and were supported to be familiar with their surroundings. Staff made sure people had everything they needed to hand, such as drinks and glasses. Corridors were well lit and free from any obstructions.

Any accidents or incidents that took place were recorded by staff. The reports were audited by the registered manager to identify any patterns or trends. Action was taken to address specific concerns and staff worked closely with external healthcare professionals to help reduce the risk of re-occurrence. For example, referral to falls clinics, occupational therapists and physiotherapists had been made in response to incidents.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Care records contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example, one care file guided staff to chat about the person's past occupation if they became upset, or to leave the person for a few minutes to return again later to try to gain their co-operation.

People were protected from potential abuse and avoidable harm. The service had a "safeguarding champion" who was a member of the care staff with additional responsibilities for supporting the service with best practice and raising awareness of the signs of abuse. The provider had appropriate safeguarding and whistleblowing policies which were available to staff. Training was provided and regularly updated to ensure staff knowledge was kept up to date. There were 'Say no to abuse' posters in the staff room providing information for staff on how to report any concerns.

People's safety and wellbeing was promoted because staff developed positive and meaningful relationships with people and spent time with them. The atmosphere in the service was calm and organised. Staff worked in an unhurried way and responded to people's individual needs at a time and pace convenient for them. The service was flexible when arranging for staff to be on shift and was led by the needs of people living at the service. There were more staff on shift in the mornings than in the afternoons to meet people's needs.

The night staff team had asked if there could be another member of staff available to help some people who wished to get up earlier in the mornings. This had led to a new shift being created from 6.00 am to 1.15 pm. This showed the service worked flexibly to meet people's individual needs and wishes.

The service had many staff who had worked at the service for many years. There were no vacancies at the time of this inspection. All the staff we spoke with told us they were a very supportive team who worked really well together for the benefit of the people living at the service. One member of staff told us, "If we have short notice absence, which is not all that often, we ring around and always find someone who will come in, as none of us can bear to think of the people here not having their needs met well."

The service had begun a 'care apprentice' role to help encourage young people 17 – 21 years to join the care industry and address the recruitment challenge in the care industry. Apprentices worked 30 hours a week for one year, and were in addition to the staffing level on each shift. They completed the care certificate and were encouraged to complete level 2 of the care diploma. They were paid for their work hours plus travel and training time. It was hoped that they would join the service as permanent staff at the end of the year.

People who lived at the service were consulted about recruitment decisions. People were given the opportunity to meet prospective new staff at the time they were interviewed. It was important to the registered manager that people living at the service met potential new staff to ask them if they felt they would be suitable. All appropriate recruitment checks were completed to ensure fit and proper staff were employed. Staff had police and disclosure and barring checks (DBS) and references were obtained.

People received their medicines safely and on time. Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge. Medicines administered were well documented in people's Medicine Administration Records (MAR). Handwritten entries on to the MAR were signed and witnessed to help reduce the risk of any errors. Prescribed creams were dated upon opening with clear dates shown when staff should replace them with a new item. Pain relieving patches were used by some people. Body maps were used by staff to indicate the position of each patch applied to ensure that it was not placed in the same area repeatedly. If pain relieving patches are placed in the same position repeatedly this can lead to some skin sensitivity. People were given the opportunity to self administer their own medicines. There was appropriate lockable storage provided in their rooms and they were regularly assessed to help ensure they were competent to manage their own medicines. The service was holding medicines that required stricter controls by law. These medicines were stored and recorded accurately. The service had a medicine refrigerator for the cold storage of medicines. The temperature of this refrigerator was monitored daily to ensure it was within safe limits. There were two staff who were 'medicines champions' and carried out regular audits to help ensure medicines were managed safely and effectively.

People were cared for in a clean and hygienic environment. The 'infection champion' supported staff with best practice and ensured there were measures in place to minimise the risks of cross infection. There were regular checks in place on cleanliness, use of personal protective equipment such as aprons and gloves and infection control audits. Housekeeping staff had suitable cleaning materials and equipment and followed a daily cleaning routine, which included all flats, bathrooms and communal areas. The most recent environmental health visit to the kitchen had awarded the service the top rating of five stars.

An up to date fire risk assessment was in place, staff received fire training updates, and did regular fire drills. People were helped to be aware of fire procedures and individualised evacuation plans had been developed by the 'fire and evacuation champion'. These plans provided staff with guidance on the support each person would need in the event of an emergency evacuation.

Personal money was held for people who lived at the service. People were able to easily access this money to use for hairdressing, toiletries and items they may wish to purchase. The money managed by the administrator. We checked the records for the money held and found that money was well managed and regularly audited.

Is the service effective?

Our findings

People and their families were positive about the care and support they received. Healthcare professionals told us the service was exceptionally effective in supporting people's needs. Comments included, "I rate them very highly indeed, they are the best service in the area easily. We place people there to avoid them being admitted to hospital. They liaise well with the GP, are very proactive and effective in the care they provide. People recover well and return home."

All staff were supported to keep their knowledge and skills up to date with a regular programme of training and updates. One staff member told us, "We are always reminded when we are each due to update something they put posters in the staff room and we put our names down. There are several options at the moment, dementia care, safeguarding and moving and handling." Staff had a staff room where best practice guidance was displayed along with training opportunities. The registered manager had encouraged specific members of the care staff team to be 'champions' in particular aspects of the running of the service. For example, nutritional needs, moving and handling, health and safety and end of life care. Staff with these lead roles undertook additional training in their area of interest and shared their knowledge with people and the staff team.

The service used innovative and creative ways to address concerns that were identified. For example, one person had been provided with a pressure mat to help staff to be aware of when the person was out of bed and at risk of falling. This person was living with dementia and viewed this mat as a 'hole' in the carpet and tried to step over it. This led to further falls. The service took advice about assistive technology and fitted a 'magic eye' sensor in this person's room in place of the sensor mat. The 'eye' passed an invisible signal to a receiver opposite the 'eye' and alarmed when the signal was broken by the person getting out of bed. The person was not concerned by this device, staff were alerted when they got out of bed and the person's falls had decreased dramatically.

Another person was found to be falling mostly at night in the dark. A light was left on in their bathroom to help guide them to the toilet at night. However, the person was found to be falling when getting out of bed to turn off the light. The service responded to the issue by speaking with their family and agreeing at a best interest meeting to try a passive infrared sensor (PIR sensor) in their room which would turn on the light only when they got out of bed. This action led to a reduction in the person's falls at night.

People had self contained flats comprising of an ensuite bathroom and open plan kitchenette with microwave and a fridge. Many people living at the service were living with dementia. Their needs were considered in the clear pictorial signage throughout the service. This made it easier for people to maintain their independence when using the bathrooms, toilets and accessing their own flats.

The service had set up the "Bright Lights" team comprising of people living at the service and staff to re-design the corridors which had a clinical feel with more attractive homely décor. This collaboration had led to a programme of refurbishment throughout the service with further improvements planned. Great thought had gone into the decoration of the corridors to help people to recognise where they were in relation to their

own flat. Each section of the corridors had been themed involving people living at the service. For example, a Cornish theme had examples of ships, fishing, knots and the Cornish flag. Another section displayed film stars of the 40's and 50's with people being involved in choosing which film stars picture was hung outside their particular flat.

The registered manager had recognised that the war years were not the most memorable to many people now living at St Anne's as the 50's were more their era. An upstairs lounge had been carefully themed to resemble a typical sitting room in a house in the 50's. It was complete with flying ducks on the wall, a radiogram, 78 records, standard lamps and furniture reminiscent of the time. Staff had ordered cups and saucers to go with the dinner service used at mealtimes with a 50's design. The lounge was used for tea dances and high tea's with cake stands and popular cakes chosen by people. Photographs of old Saltash shops and cinemas in the landing of the first floor led to interactions between people who remembered visiting such places years ago. The adaptation of St Anne's environment had been very successful and triggered many conversations and memories for people while moving around the service.

The entrance area of St Anne's was a large open space with many doors leading off it. The staff had designed it to appear like a village square. The managers office was clearly marked as "Council office" as people could access help with their flats there. The administrator's office was marked "Bank" as people could get their money there. The staff office was marked as the "Information centre". There was a hairdressers, shop, book store and letter box together with a park bench where people could meet and chat. This helped orientate people who were living with dementia and provide a social space.

The 'dining experience' at St Anne's had been given focused attention by the staff. Restaurant style menus were provided at the tables and people could choose their meals at the time. Staff were available to assist people where needed with their meals. They wore material aprons, rather than plastic disposable ones, to give a more relaxed feel.

Food was cooked fresh on the premises. People gave us exceptionally positive feedback about the quality of the food at the service. Comments included, "We get the menu bought to us so that we can choose what we want, if we don't want anything on there we can have something else. No one here loses weight!" and "I really enjoy my meals here." One relative was particularly positive about the food and told us, "Mum doesn't have many pleasures left in life but she enjoys her food so it is particularly good that the food here is so very good. I can say that as I often get to have meals with her when I visit."

Staff were provided with a sheet showing each person's food and drink preferences or needs, if they had a speech and language assessment, and their Malnutrition Universal Screening Tool (MUST) score. This meant staff were clearly guided to meet people's dietary needs. Some people needed additional support in choosing their meals and drinks from the options provided. Staff helped people by placing the jugs of three different drinks in front of the person and giving them plenty of time to decide and indicate which they preferred. The same process was carried out patiently by staff who produced plated meals to people to help them chose.

Staff monitored people's food and drink intake if any weight loss was noticed during the regular checks made on people's weights. Where people were not able to use the weighing equipment at the service, staff followed best practice and measured mid upper arm circumference. This is a way to determine if people are losing or gaining body weight. This showed staff were creative in ways of monitoring people's dietary intake. If staff had any concerns intake monitoring was carried out for three days then reviewed with action such as additional high calorie supplements offered or a referral to the dietician. One person told us, "I lost quite a bit of weight a while back, no one knew why, as I was enjoying my food. So they asked me to help them to

write down what I ate and drank. I make some of my own drinks here in my flat so I write them down on my calendar. I had some Complan to take each day and have now put on weight again. So we don't worry so much now." This demonstrated both the service's inclusive approach and commitment to supporting and enabling people to be as independent as possible.

The service encouraged people to have snacks and drinks from the snack bar in one of the lounges. The fresh snacks were both savory and sweet including fruit. People were seen to pass by and pick up a piece of cheese or fruit. This was seen being replenished with fresh foods throughout the day. These examples reflected best practice in accordance with the NICE Nutrition Support Guidelines.

Staff received regular supervision and appraisals. They told us they felt well supported by their team leaders, the deputy manager and the registered manager and were easily able to ask for additional support if they needed it. Some staff had worked at the service for many years and comments included, "(The registered manager) is lovely, he takes care of us all both personally and professionally" and "We are heard and action is taken if we have a problem."

Newly employed staff felt well supported by an induction before starting work. This included training identified as necessary for the service and familiarisation with the service's policies and procedures. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

The registered manager maintained a comprehensive training matrix which showed all the training completed by staff and when updates were due. Staff attended all the mandatory subjects such as moving and handling, infection control and health and safety. Additional training to support the specific needs of people at the service was also attended such as dementia care and person centred support. This was monitored at provider level and was currently shown as having reached over 95% of staff having completed necessary training.

People's legal rights were protected because staff understood the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS), which were embedded in day to day practice. 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. Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our inspection people were involved in decisions about their care, and staff allowed people time to make their wishes known. Care plans included details to help staff support people with decision making. For example, guidance for staff such as "speak slowly and clearly and allow time to respond" was seen. Staff ensured people who lacked capacity to make specific decisions had advocates arranged if needed, or best interest meetings held to support them in any decisions that needed to be made.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Some people living at the service were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied

to local authorities to grant DoLS authorisations. Records showed that one person using the service was subject to a DoLS authorisation and conditions attached to this authorisation were being upheld. The service held comprehensive records relating to applications made and when authorisations were due to review.

The registered manager held records of the lasting power of attorneys and enduring powers of attorney held for each person living at the service. This information was used when approaching families for any consent or guidance in best interest meetings.

Is the service caring?

Our findings

At the last comprehensive inspection St Anne's was rated Outstanding in this domain. The service remains Outstanding at this inspection.

People were very positive about the care they received at St Anne's. Comments included, "The staff are all wonderful, they all just fit in with me. They do anything I ask of them. I am very lucky to live here, it is lovely" and "We love getting involved with the re-decoration of the place its great fun choosing pictures."

Families told us, "We have no concerns whatsoever, we are pleased with the place, the manager seems a caring bloke and impressed me" and "My relative says, and I believe this also, that the staff don't simply just look after her, they seem to genuinely care. My relative went into care reluctantly following incidents at home. She had been very thin and unwell and was showing signs of early dementia but she rapidly gained weight and her stress levels reduced considerably as a direct result of the good care she then received at St Anne's." Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak knowledgeably with them about their family member.

External healthcare professionals who supported the service were very complimentary about the registered manager and the staff. Comments included, "They are striving for excellence in end of life care. They are keen that people regard St Anne's as their home and will do their utmost to allow them to be cared for. They are one of the best homes I work with and all seem to genuinely care and strive for the best care" and "They (staff) encourage people to have discussions about future care preferences and it is evident that this is done in a very sensitive manner."

Staff worked in partnership with people, and other professionals, and continually developed their care skills. Two care staff were undertaking the 'six steps' end of life care course at the local hospice. The staff were being trained to bring practical skills and knowledge to the service on providing excellent end of life care. Attending this course provided a closer relationship with the hospice with staff gaining confidence and understanding of what processes should be in place and what care should be provided at this important time in people's lives. St Anne's was working towards being accredited by the hospice in end of life care. The registered manager told us, "We pride ourselves in being able, with support from the district nursing team, to look after people well here till the end of their days."

People were able to request the support of an advocate to represent their views and wishes. The registered manager attended meetings with the local advocacy service to maintain positive relationships for the people who lived at St Anne's.

Staff knew each person as an individual and what mattered to them, they treated people with the utmost dignity and respect. We observed these values being demonstrated by the registered manager towards people, staff and visitors. The registered manager lead by example and was a role model to staff. For example, during lunch the registered manager needed to give some important information to people who

were enjoying their meal. At each table the manager paused till an appropriate moment in people's conversation and apologised to people for disturbing their meal, before telling them the information.

Staff understood when to alter their communication style to provide individual support. We observed care staff speaking in low respectful voices to people when offering to support them at their own pace. People were given time to make their decisions, and their own choices. One person was seen having difficulty choosing their meal at lunch time. A member of staff went to the kitchen and provided a small amount of each meal on a plate for them to try. Slowly the person tasted each meal and the staff member watched closely to see which they appeared to enjoy most. This was a successful approach and showed the great care taken to help people make their own decisions.

People living at St Anne's received good dementia care because staff had been trained well and had a deep understanding of their care needs. People's life histories were documented in their care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives. People's religious beliefs were supported and services for all people's faiths were held regularly at the service. Staff knew how people wished to be cared for and spoke about people respectfully and fondly. One man was dressed in smart trousers, shirt and tie. Staff told us, "(the person's name) will never be seen without their tie, it is part of who they are. Track suit bottoms would not be at all appropriate for (the person's name)." This showed staff used what they knew about people's backgrounds when caring for them.

Some people living at St Anne's liked to get up early in the morning. The service had responded by bringing forward one of the existing 7.30 am start shifts by one and a half hours to start at 6 am. This supported the night staff with people who wished to get up early. This meant the service had been flexible in meeting people's care needs.

One person who was living with dementia was frequently asking staff where their flat was situated and how to get there. Staff discussed this issue with the person's family, having established that they had lasting power of attorney for such decisions, and it was agreed that small signs showing the way to '(Person's name)'s room' would be put up along the corridor leading to their flat. The person had a good ability to read and so this type of signage worked well in assisting the person to go to and from their flat without support from staff. As a result the person now had reduced anxiety levels and they were able to move around the service independently. This showed the service worked collaboratively to support people's independence and meet individual needs.

The service used a key worker system where individual members of staff took on a leadership role acting as their advocate within the service and communicating with health professionals and relatives. Each person had a photograph of their key worker together with their name clearly shown on it and displayed in their flats. This helped people to recognise their own key worker. Staff were observant of people's well being and their comfort was important to staff. Cushions were placed in armchairs and staff were often heard checking if people were comfortable.

We spent time in one of the lounge areas of the service during our inspection. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. When a staff member came into the room to speak to a person, they knelt down to the person's level and established good eye contact before speaking. Staff noticed when a person became anxious and immediately went to comfort and reassure them. One person was feeling anxious and tearful in the entrance area of the service, staff sat next to them and chatted quietly with them and asked them if they

would like to join others for a chat. The person responded well and became calmer, the person and the staff member moved happily and calmly together to the lounge.

A 'Dignity Tree' had been created and displayed in a corridor this provided a tangible reminder of the values upheld at the service. Children from the local primary school had spent time at the service learning about the importance of dignity and respect. The children drew around their own hands, cut them out and wrote on them examples of how to show dignity and respect to others. The 'hands' were then hung on the tree which had been painted on to the wall by staff and people living at the service. The children's presence at the service was greatly enjoyed by the people living at St Anne's and was the subject of many animated conversations.

People and their families were involved in decisions about the running of the service as well as their care. Families told us they knew about their loved ones care plans and the registered manager would invite them to attend all care plan review meetings as they wished.

People's views were sought about the service. Residents meetings were held regularly to discuss cleanliness of the service, food, activities and anything people wanted to raise. One person told us, "They are always asking us if everything is alright for us. They want to check if our flat is ok for us." This showed the service was constantly striving to ensure they met people's needs.

Is the service responsive?

Our findings

People and relatives consistently gave us very positive feedback about how the St Anne's staff met people's needs. Comments included, "The staff don't simply just look after (the person) they seem to genuinely care" and "They (the person) have had a number of health setbacks but each time they have slowly recovered as a direct result of the close observation and care they have received. I regard St Anne's highly and the staff in particular."

Two healthcare professionals told us they would not hesitate in having their own loved ones living at St Anne's. Comments included, "They are one of the best homes I visit" and "The staff are professional, friendly and helpful and do have a good grasp of individual people's needs. I have had several very positive conversations with people about their care in St Anne's".

The service was a certificated member of the National Activity Providers Association. This meant staff were upholding the values of; the uniqueness of everyone, providing person centred and meaningful activities in a fun and creative way provided by skilled staff. St Anne's had two activity co-ordinators who worked seven days a week both with people in small groups and on a one to one basis, supported by two physical exercise champions, two digital/ipad champions and two activity champions. Activities were provided both in the mornings and the afternoons. A monthly newsletter containing information about activities and other events was produced and circulated to everyone in the service, family and friends.

Staff promoted people's physical and mental wellbeing and helped them keep active. For example, regular gently exercise sessions were held including a motivated group of people who enjoyed playing Boccia. This is a precision ball sport, related to bowls and pétanque. A group of people from the service went out to the local Boccia club to play. This showed people were supported to make relationships with people outside of St Anne's. People assisted the catering team laying tables, preparing vegetables and folding serviettes.

The staff found creative ways to enable people to live life to the full and continued do things they enjoyed and promoted people's specific interests. Staff had identified each person's specific interests. One person used to work as an ambulance man and talked of it often. The registered manager had contacted the ambulance service to obtain memorabilia for the person to enjoy. They proudly showed us their collection of photographs and information about the ambulance service which generated much conversation. Another person enjoyed growing tomatoes so staff had supported them to use a greenhouse to grow tomatoes in the grounds of St Anne's. Staff spoke of the person spending many happy hours out in the greenhouse at all times of the year. The person told us they gained great pleasure from 'pottering' in the greenhouse.

The service had worked with a Plymouth university student on their dissertation on the value of using the internet and wi-fi in older life. This had led to a web cam being installed above the high definition 'Smart' television in a lounge area so that people could skype their friends and families and keep vital links with people outside of St Anne's. Also, in order to include people who were cared for in bed due to their healthcare needs, the service had invested in a stand which held a tablet computer above their bed at an angle so that they could see the screen clearly. A telephone was attached to this stand to enable people to

have private conversations with their friends and families. This meant the service supported people to keep in touch with others, benefit from other internet options such as You Tube for reminiscence, and to indulge their own interests and hobbies.

You tube and music videos were used to support people's enjoyment of their favourite music and film stars. Songs chosen by people were played through the television together with original film of the star and the words to the song. This helped people reminisce and recall the words to sing along to their favourite songs. It generated many memories, conversations, and dancing to these soundtracks was seen throughout this inspection.

Wi-fi was available throughout the service. One person enjoyed playing scrabble on their hand held tablet. Their tablet computer also held a large number of photographs which they proudly shared with inspectors, talking in an animated way about their pets and family.

The service had its own minibus and people were encouraged to go out in to the local area on trips twice a week. People told us, "We go all over, we have a great time" and "Staff come with me to the opticians and other places as I feel so much better when there is someone with me." Less mobile people had been supported to go out for coastal and moorland trips giving them a sense of freedom and encouraging conversations. Trips included coffee/tea and cake or lunch while out. Some trips took picnics provided by the chef at St Anne's.

The registered manager told us how they were always thinking of ways they could "Bring the outside in" to St Anne's. It had been arranged that various community groups held their regular meetings at the service. The local dementia alliance group had worked with St Anne's to make the local area more friendly for people living with dementia. Together they approached all local shops and businesses to ask them to nominate an employee as a 'Dementia Friend'. St Anne's had arranged for a member of their staff to attend a specific course to enable them to become a trainer for the 'Dementia Friends' course hosted at the service. Many businesses had benefited from the collaboration of St Anne's and the local dementia alliance to improve things for people locally living with dementia. The local veterans group were supported by St Anne's including any people living at the service who wished to join in at the local office events in Saltash. St Anne's provided the venue for the steering group to meet monthly. The local macular degeneration group met monthly at St Anne's this was open to people who have macular degeneration who may wish to benefit from the guest speakers and advice made available during the meetings. The memory café was held at St Anne's bringing people from the community in to enjoy meeting people living there. St Anne's also contributed a cake each week for people to enjoy at the Saltash memory café sessions. The local brownie pack, local primary and local secondary school children visited the service regularly to spend time talking with people whilst increasing their understanding of specific aspects of the care and support needed by some older people. St Anne's were part of the "Archie Project" a unique inter generational dementia awareness project led by Exeter University. It had been created to reduce the stigma and fear associated with the word dementia. The project linked the local primary school, year four children, with the service by engaging with them, dispelling fear and changing the attitudes of our workforce for the future.

St Anne's had been awarded the Anchor Inspires internal accreditation. This was awarded because of the high quality standards of dementia care provided at the service. There was a glass cabinet full of awards achieved by the service, which recognised the efforts made by staff and management to help people to lead active meaningful lives. For example, St Anne's took part in an annual Christmas cake competition with other homes in the group. Staff proudly showed us the award St Anne's received for winning this competition last year.

Mindful that not everyone was keen on group activities, staff spent dedicated one to one time with people. This time was used in a number of ways such as reading a book, looking at photographs or just having a chat. People enjoyed having their hair done at the hairdressers and having their nails done during individual pamper sessions.

The registered manager had received feedback from people at meetings. Some people had been concerned about not always getting their own laundry returned to them safely. This had led to the service taking action to address this concern. A new system of naming people's clothing had been bought in to the service. People and their families were asked to complete special name labels for their items of clothing. These name labels were then turned in to a button tag with a machine that pinned it safely to the clothing item. This meant people's clothing was safely tagged with an identifying button which did not easily fall off, wash out or fade. People told us they no longer had any concerns about the laundry. This showed the innovative response made by the service to issues raised by people.

People's needs were assessed before moving to live at St Anne's to ensure the service could meet these needs. During this inspection one person arrived with their family to begin living at the service. Staff took time to sit with the family and the person to answer any questions and help them settle in. Their care plan had been initially written and was being added to from their arrival. One staff member was heard saying to the family, "They can do whatever they want, it is entirely up to them, we will be there if they need help and support. We will help them to be as independent as they can be."

Care plans were detailed and contained clear information and guidance for staff on how to support people well. The files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. For example, staff checked people's skin for marks which might indicate the beginnings of pressure damage. The checks were recorded and audited regularly so any deterioration in their skin condition would be highlighted and the appropriate action taken. Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. This was provided and staff had monitored this equipment to ensure it was set according to people's individual needs. Also, if a person's usual behaviour changed staff were proactive and responsive using a dip test to check for signs of a possible urine infection. If an infection is left untreated it can lead to an increased risk of falls and confusion. A key worker system was in place where each person at St Anne's had a named member of staff who was the link between them, the service and their own family and friends.

One person had previously been confined to bed because they could not sit safely in a standard chair. Staff had recognised the risks associated with them being in bed for long periods and sought advice from an external healthcare professional on how to enable them to sit up safely out of bed. A specialist wheelchair with adapted foot plates had been obtained. The person was now seen sitting up in the chair enjoying socialising with other people, smiling and eating their lunch in the dining room. People told us, "She really chats now she is with us more." Staff told us, "It is so lovely to see her up and smiling so much now, she has such a better quality of life". This demonstrated the motivation of the staff team to support people to improve their quality of life.

Monitoring records were kept in people's rooms so staff were able to access them easily at the point when care was delivered. This helped ensure the recordings were made in a timely manner and there was less room for errors. The records were positioned discreetly in order to protect people's privacy and keep their information confidential.

There were regular opportunities for people, relatives and friends to raise issues, concerns and compliments. People told us they were very happy to raise any matters with the registered manager and were confident it would be dealt with efficiently. Comments included, "I have no complaints at all" and "I have never had anyone raise any issues about St Anne's." The provider had a written complaints policy and procedure, information about how to complain was given to people, and was also on display in the home. The registered manager told us they had not had any complaints raised. Many glowing compliments had been received by the service from people, their families and friends thanking the service for their care and support. Internal surveys of people's views and experiences rated St Anne's highly with people responding positively to all aspects of living at the service. One family commented, "Your care was truly exceptional. As well as meeting her physical care needs beautifully, you were there for her throughout – talking, singing, holding her hand or just 'being' there. I think she would have been reassured by your presence. I certainly was – and want to thank you for your sensitivity and your support of us as a family."

People were invited to complete anonymous questionnaires against certain criteria for the "Your Care Rating" survey. Results were presented across a range of aspects such as food, menus, staffing, activities, housekeeping, laundry, respect, privacy and dignity. St Anne's scored outstandingly with an overall performance rating of 959/1000. The average for care home providers was 880/1000. The "Quality of life" at St Anne's was rated the highest in the four areas, scoring 984/1000. The results from this survey were presented in alignment with CQC inspection domains, scoring St Anne's 100% in many areas.

St Anne's had received a score of 9.8 out of 10 from a care homes association. The care homes association based their scoring on feedback from people and relatives. The respondents said they were "Extremely likely" to recommend the home to others. Comments from this feedback included, "My father went into the home initially for 9 nights of respite as the wife needed a holiday. Few days later, my sister visited him and he started to cry – she thought it was that he wanted to go home, but was crying as he wanted to stay at St. Anne's as it was so nice, the food was delicious and the staff were lovely – hence he is still there. He has put on weight (as he had not been eating at home) and his mobility has improved and he is now talking more" and "My mother moved into St. Anne's and has been treated with respect and care and is very happy here. She has early onset dementia and is disabled, with the caring and interaction she receives she has improved greatly. I have eaten meals at the home the food is lovely, the whole building is clean and well-maintained and staff are very warm and friendly." These comments and examples of best practice demonstrate the outstanding nature of the responsive service provided by staff at St Anne's.

Is the service well-led?

Our findings

The service is required to have a registered manager. 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. The service had a registered manager in post.

People, relatives and staff told us the registered manager was approachable and friendly. One staff member told us they felt the manager supported them personally as well as professionally. A relative spoke of the registered manager being a very caring person. The service had a positive culture that was person-centred, open, inclusive and empowering. The management team acted as role models for staff about the standards of care and attitudes they expected, and monitored and supported staff in their practice.

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a deputy manager and team leaders. Many staff had been working at St Anne's for many years. One said, "I cannot imagine working anywhere else, this place is such a part of my life." On the day of this inspection the district manager for the provider changed their plans and travelled a considerable distance to support the registered manager of St Anne's throughout the inspection and feedback. This demonstrated the provider's commitment to supporting the registered manager and staff team.

There were systems in place to support all staff. The registered manager and the deputy manager shared the on-call out of hours support for the staff at the service. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. Senior care workers and ancillary staff also had regular team meetings.

The registered manager worked in the service every day supporting staff this meant they were aware of the culture of the service at all times. Daily staff handover provided each shift with a clear picture of each person at the service and encouraged two way communication between care staff and the registered manager. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual. It was clear from our observations and talking with staff they had high standards for their own personal behaviour and how they interacted with people.

There were systems in place to monitor the quality of the service provided. Audits were carried out over a range of areas, for example, infection control, pressure areas, the building and training of staff. These audits were monitored by the provider and feedback was provided to the registered manager where any issues were identified.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All record systems relevant to the running of the service were well organised and reviewed

regularly. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths.

There was a maintenance person in post with responsibility for the maintenance and auditing of the premises. Equipment such as moving and handling aids, bath lifts, lifts and wheelchairs were regularly serviced to ensure they were safe to use. The provider carried out regular repairs and maintenance work to the premises. All services and water supply had been tested to ensure they were safe to use. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills. This demonstrated the smooth and safe running of the service was monitored.