

Anchor Carehomes Limited

Beech Hall

Inspection report

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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?

Outstanding 

Summary of findings

Overall summary

About the service

Beech Hall is a residential care home providing personal care for up to 64 people aged 65 and over, many of whom live with dementia. At the time of the inspection 64 people were using the service. The home consists of purpose built accommodation spread across three floors. Two of these floors have been specially adapted to meet the needs of people living with dementia.

People's experience of using this service and what we found

People received extremely kind and compassionate care from staff who were dedicated in making people's lives as comfortable as possible. Staff had developed extremely strong relationships with people and used information on people's past lives and preferences to plan and deliver highly person-centred care. People were fully involved in the service, having real influence over all aspects of their care and how the home operated. The service was highly effective at promoting people's independence.

The service had developed exceptionally strong links with the local community to the benefit of people who used the service. People had access to an excellent variety of activities and staff engaged with them at every opportunity. People, relatives and health professionals all said the service provided exceptional care. People's individual needs and preferences were fully catered for, taking into account their equality characteristics. The service provided highly personalised and compassionate end of life care.

The registered manager had ensured a highly person-centred culture within the home with all groups of staff dedicated to ensuring people's needs were fully met. People, relatives and staff provided excellent feedback about the management team. The service had significantly improved over the past few years and was constantly looking at ways to further improve. The service was a positive example to others and worked with a number of organisations to develop and share best practice.

The service was safe. Risks to people's health and safety were assessed and detailed risk assessments put in place for staff to follow. People received their medicines safely and as prescribed. The premises were safe and regularly checked. There were enough staff to ensure people received a high level of care.

People received effective care from staff with the right skills and knowledge to care for them. People were provided with a variety of food and drink that met their individual needs. The service liaised well with health professionals to ensure people's healthcare needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service provided high quality, person-centred dementia care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 19 January 2018). There was also an inspection on 17 August 2018 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

Why we inspected

This is a planned re-inspection because of the issue highlighted above.

Follow up

We will continue to monitor information 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?

The service was safe.

See our safe findings below

Good ●

Is the service effective?

The service was effective.

See our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

See our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

See our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Please see our well-led findings below.

Outstanding ☆

Beech Hall

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection over two days, and was joined by an Expert by Experience on the first day. 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

Beech Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

This inspection was unannounced on day 1. We informed the registered manager when we would be returning to complete the inspection, to ensure they were present to assist us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 19 people who used the service and seven relatives about their experience of the care provided. We spoke with twelve members of staff including the registered manager, deputy manager, senior care workers, care workers and the cook. We also spoke with a visiting health professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We obtained and reviewed feedback from five professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the inspection on 20 November 2017 this key question was rated as requires improvement. At this inspection the domain was rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. People and relatives all said the home was a safe environment and that people were treated well by staff. Staff had received training in safeguarding and understood how to identify and report concerns.
- Clear safeguarding procedures were in place and any incidents were correctly reported to the relevant authorities. Investigations took place and where necessary measures were put in place to improve safety. The registered manager liaised closely with the local authority safeguarding team, attending additional training and seeking guidance and support to continuously improve their approach to safeguarding.

Assessing risk, safety monitoring and management

- Risk was managed well in the home. There was a person-centred approach to risk management. Risks to people's health and safety were assessed and clear risk assessment documents put in place to guide staff on how to keep people safe whilst maintaining their independence and freedom. Staff were knowledgeable about people, giving us assurance risk assessments were understood and followed.
- The service managed behaviours that challenge effectively to reduce risk. Where people lived with dementia, this included using information on their personal histories to understand the causes of their distress and put in place person-centred plans of care. Staff were vigilant in re-directing people to ensure any distress behaviour was minimised.
- The premises and equipment were well maintained. The building was suitable for its intended purpose and the necessary safety checks were undertaken to keep people safe.

Staffing and recruitment

- There were enough staff deployed to ensure people received high quality care. People and relatives told us staff were always around when they needed them. We observed staff appropriately supervised communal areas and regularly checked on people who chose to stay in their bedrooms. Staff all told us there were enough staff to ensure people's needs were met.
- Safe recruitment procedures were in place to ensure staff were of suitable character to work with vulnerable people. People had influence on how staff were recruited.

Using medicines safely

- Medicines were managed safely. A well organised medicines system was in place. Medicines were given by trained senior care workers who had their competency to give medicines regularly assessed.
- Clear medicine administration records were in place which demonstrated people received their medicines as prescribed. Comprehensive documentation was in place to support staff in administering topical

medicines such as creams in the right way.

- Medicines were regularly audited and guidance sought from a local pharmacy and the Clinical Commissioning Group to ensure continuous improvement of medicines management.

Preventing and controlling infection

- The home ensured good infection control practices were followed. The home was clean and hygienic with no offensive odours. Regular audits and checks took place to ensure good standards were maintained.

Learning lessons when things go wrong

- There was a culture of continuous improvement and learning from adverse events. The registered manager undertook detailed investigations following any incidents such as falls, medicine errors or safeguarding incidents with recommendations put in place to prevent re-occurrences.
- Accidents and incidents were subject to monthly analysis to look for any themes and trends. We reviewed records and found no concerning themes.

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.

At the inspection on 20 November 2017 this key question was rated as requires improvement. At this inspection the domain was rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care was delivered appropriately in line with the relevant standards. People, relatives and health professionals consistently said that people experienced positive outcomes using the service. They all said staff acted appropriately in line with people's needs and the relevant standards. Care plans demonstrated people's needs were fully assessed by the service.
- The registered manager continuously sought out new guidance to ensure an effective service. This included working with a range of health professionals and academic researchers to improve the quality of care.
- The service was effective in ensuring it met the needs of people living with dementia. There was a very person-centred approach to the delivery of care, strongly focused on developing plans of care based on people's past, lives and preferences. There was plenty of memory and reminiscence work done with people and consideration given to all senses through music, visual and touch based activities.

Staff support: induction, training, skills and experience

- People were cared for by staff with the right skills and experience. People and relatives all said staff had the right skills, knowledge and experience to care for them. People received care from a familiar staff team and staff were very knowledgeable about the people they supported.
- Staff received a range of training to ensure they had the skills to meet people's needs. The registered manager was continuously looking at additional training opportunities for staff to help them develop and progress. Staff all said they felt well supported and they received regular supervision and appraisal.

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

- People were supported to eat and drink enough. People praised the food provided by the home. One person said, "I like the meals, lovely, lots of choice, always good." We reviewed menu and saw there was good variety from day to day. People had a clear influence over the menu to ensure it met their likes and preferences. Snacks and drinks were readily available to people throughout the day.
- The service ensured a person-centred approach to diet and nutrition. Bespoke plans of care were put in place for each individual to help them maintain a healthy weight. Weights were regularly monitored and where appropriate liaison took place with health professionals.

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

- People's healthcare needs were met by the service. The home had strong links with local health professionals and sought their advice where appropriate. Health professionals all said the home worked

well with them and provided high quality care.

- The service promoted people to have a healthy lifestyle by helping them to keep active and promoting a healthy and balanced diet.

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

- The building was well adapted to meet people's individual needs. A high level of thought had gone into the layout of the building, with different themed rooms designed around people's specific interests and needs. For example, there was a music room, cinema room and several different lounges to promote choice and freedom.
- The home was appropriately adapted to meet the needs of people living with dementia. Throughout the building there were areas of sensory stimulation and points of interest for people to interact with. The home had lots of sensory equipment including technological devices to ensure people with dementia were kept occupied and stimulated.

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 when this is in their best interests and legally authorised under the MCA. 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.

- The service was acting within the legal framework of the MCA. People were fully involved in decision making and where people lacked capacity, best interest processes were followed, to ensure people's rights were protected.
- The service had made appropriate DoLS applications for people it suspected were being deprived of their liberty. These were currently awaiting assessment by the local authority.

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.

At the inspection on 20 November 2017 this key question was rated as requires improvement. At this inspection the domain was rated Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff provided care and support that was exceptionally compassionate and kind. People, relatives and health professionals all said staff were extremely caring and person-centred and this was confirmed by our observations. Relatives said, "The building and facilities are fabulous, but it's the guys working there that make it outstanding" and "The culture of care here is accepting, emphatic and jolly, positive and caring." A health professional said, "The staff are all so friendly and treat the residents wonderfully."
- Staff demonstrated a real passion for the people they supported. One staff member said, "Love working with people with dementia, I came here to work to give something back to the community." Staff went the extra mile to make people as comfortable as possible. For example, care workers had worked with people to problem solve, researching and obtaining specialist equipment to make their lives as comfortable as possible. Staff had undertaken a range of sponsored activities to raise funds for new technology and extra trips out. One staff member had booked and attended a sports history course to enable them to better reminisce with residents, demonstrating a high level of commitment.
- People's life histories were used in meaningful ways by staff to ensure highly personalised care, fully meeting the needs of people with dementia. For example, using knowledge of people to provide highly personalised gifts at Christmas and in developing activities. Staff were matched with people based on their shared interests. For example, one staff member with skill and expertise in gardening had set up a gardening group to engage with a number of people with similar interests and other staff had worked with people in developing groups for arts and crafts and knitting.
- All groups of staff had developed exceptionally strong relationships with people and their relatives. We observed people's faces lit up when staff entered the rooms and interacted with them. Relatives were made to feel extremely welcome in the home and able to visit when they wanted; these relationships had led to relatives helping out and sharing their skills and knowledge to the benefit of all. If people were approaching the end of their lives, staff acted with compassion and sensitively, allowing relatives to stay in the home and share meals with their loved ones.
- Staff used 'butterfly moments' to engage with people at every opportunity. This is the philosophy that there are many things care staff can do in a few minutes that can lift the mood of an individual. Staff were committed to spending time with each individual whenever they could. This could be watching the birds with people in the garden, folding napkins with them or having a nice chat. Throughout the inspection we saw an exceptional level of engagement demonstrating staff were truly committed to this approach.

Supporting people to express their views and be involved in making decisions about their care

- The service was exceptional at helping people to communicate and express their views. People were

involved in all aspects of the home. They had designed the theme and layout of each communal area in the home. This had resulted in a music room, cinema room and 'snug'.

- People chaired residents' meetings. This had built confidence, independence and allowed people to ensure the things that mattered to them were discussed and acted on. For example, through one person chairing the meeting, it had been agreed that a shop should be built in the home which would sell products people would buy when they were younger, with one person planning to work in the shop.
- The service used innovative and creative ways to communicate with each person including the use of new technologies. For example, the home had purchased an Alexa for one person to keep in their own room, resulting in them able to play music and access information independently. Interactive devices which sensed people's hand movements across a table and large iPad on wheels were also available allowing people with dementia and communication difficulties to engage in a range of games of activities.
- The home worked with a sensory impairment specialist to provide Makaton and sign language training to staff. Staff had recently performed Christmas carols in sign language promoting an inclusive culture.
- The service worked exceptionally well to ensure people's voices were heard. Advocacy services were strongly promoted and one person was supported by the home to challenge a DoLS authorisation in the court of protection through staff empowering them to air their views.

Respecting and promoting people's privacy, dignity and independence

- People provided exceptional feedback about staff. One person said, "Staff are perfect, (they) respect our dignity, lovely staff." Another person said, "The girls are lovely. I lost my confidence and they are always there to help." We saw that without exception, staff treated people with dignity and in a respectful manner.
- The service was exceptional at promoting people's independence. People were supported to grow vegetables in the greenhouse and then these were used as produce by the kitchen. Cleaning staff had organised a cleaning day, and people were encouraged to help clean around the home. Due to the success of this, cleaning boxes were now available around the home for people to pick up and engage in cleaning to promote independence and activity.
- People's diverse needs were fully respected, and their rights upheld. For example, staff had attended religious services to understand more about people's religion and then used this knowledge to ensure they received cultural appropriate and person-centred care. A Lesbian, Gay, Bisexual and Transgender (LGBT) support group was in place which both staff and people could attend. LGBT friendly material was available throughout the home. Staff told us the home was very inclusive and people and staff could be themselves.

Is the service responsive?

Our findings

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

At the inspection on 20 November 2017 this key question was rated as requires improvement. At this inspection the domain was rated Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an exceptional range of activities available to people which enhanced people's quality of life, tailored to the needs of people living with dementia. Each of the three floors had its own individualised programme of activities based on people's preferences. People were able to access activities in any areas of the home, giving them a large choice. During the inspection a Silent Disco visited the home, with people happily dancing and singing.
- Each staff member was empowered to plan and deliver their own activities based on their strengths and interests leading to a highly creative approach to activities. This led to a great variety of activities delivered with passion and confidence by staff, including shopping trips, trips to the Zoo, dancing, sewing, baking and growing vegetables. Throughout the inspection we saw people receiving an extremely high level of stimulation and interaction from staff.
- Staff had truly learnt about people's wishes and desires and used this information to plan a highly person-centred range of activities. For example, one person wanted to go on a rollercoaster and another visit Australia. As this was not possible, a virtual reality headset was purchased where people were able to experience these things. Feedback about activities was exceptional. One professional stated, "Visited the 1st floor to complete assessment and so impressed with environment from the point of view of occupational dementia activities available for people to explore and engage with. I think it is an excellent care home." Another professional said, "Social activities, without doubt the best model for this in any care home I have been to. It is client led."
- Exceptional links had been developed with the local community, through the creative and innovative approach of the registered manager leading to people developing friendships and undertaking meaningful activity with members of the local community. For example, a "Blue Light breakfast" was held each Friday where the emergency services attended for breakfast with people, chatting to them and answering any queries. 'Spare chair Sunday' was held weekly where local elderly people could visit the home for Sunday lunch and develop friendships with people, and a combined resident and community knitting group was held weekly in the home. People had undertaken trips out to local community organisations to attend events and fayres providing further activities and aiding the development of relationships.
- Strong links were developed with other organisations such as schools and local charities to the benefit of people who used the service. For example, people had knitted baby clothing for a local charity and through links the registered manager had developed, young people on the Princes Trust scheme had attractively painted equipment and furniture in the garden. These links gave people an excellent range of social opportunities both within and outside the home.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received highly personalised care that met their individual needs. People, relatives and visiting professionals said the service provided highly personalised care and achieved outstanding results. Comments included: "Amazing care home, the best I looked around, great selection of activities for the residents, staff are friendly and enthusiastic." A health professional said, "Staff have developed care planned approach and shared skills to improve engagement in a very short time. Brilliant joined up working."
- Each person had an extremely detailed and person-centred care plan in place which had helped achieve positive outcomes. For example, through getting to know one person and their preferences, the service had worked with local health professionals to make nutritional supplements available as ice lollies and provided the person with a range of high calorie frozen snacks resulting in recent weight gain. In another example, we saw the hard work and dedication of staff had led to one person no longer needing support with eating, drinking, and continence care. Their mobility had increased, leading to a greater level of independence as well as physical and mental wellbeing.
- The service provided highly quality dementia care. Each person's individual needs were fully considered resulting in highly person-centred plans of care based on people's past lives and interests. There was a strong focus on developing relationships of trust and respect between people and staff and ensuring a high level of sensory stimulation throughout the home.
- People's diverse needs were fully considered by the service with a strong approach to equality. People's religious and cultural needs were understood by staff, with staff going the extra mile to find out about their preferences in order to ensure highly personalised care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had taken innovative steps, using technology to meet people's information and communication needs. The service worked collaboratively with Leeds Hearing and Sight Loss to skill staff in non-verbal communication techniques. Staff had learnt some Makaton which enabled one person to communicate their feelings to staff, reducing distress.
- The home looked at bespoke solutions for each individual. For example, large headphones had been provided and linked to the television. Audio books had been provided for others and communication boards were used by others to share their views.
- Technology was used to provide interactive games to people with a focus on ensuring those with poor communication could also engage in these activities. The service had worked with Age UK to access training for people and staff on the use of technology including iPads. This had resulted in people now able to email and video call their relatives independently.

End of life care and support

- The service provided high quality, compassionate end of life care and support. Relatives provided exceptional feedback about the end of life experience in the home. This included: "Care at Beech Hall had been first class, the carers have all been marvellous to [person] and with his care and supported us his family in his final days, we can't thank them enough" and "Unfailing care ensured that [person] lived in final years surrounded by loving care, respect and compassion."
- Staff had sought out information on people's religious and cultural preferences to ensure they received high quality end of life care. This included liaising with religious organisations. Staff had visited a local hospice and crematorium to ensure they had extensive knowledge of end of life and after death care and support needs.

- A high level of comfort was provided to people and relatives at the end of their lives. For example, the home had purchased an inflatable sink to ensure people could still have their hair washed when bedbound. Comfort boxes were provided for people and relatives containing items such as toiletries. Arrangements were also made to allow relatives to stay in the home if required.

Improving care quality in response to complaints or concerns

- Complaints were well managed by the service. People said they were highly satisfied with the service and felt able to approach the management team with any minor concerns or complaints.
- Complaint records showed complaints were logged, investigated and where appropriate learnt from.

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.

At the inspection on 20 November 2017 this key question was rated as requires improvement.

At this inspection the domain was rated Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A positive and highly person-centred culture was in place which helped ensure people received the best possible care. People, relatives, staff and health professionals said the service was distinctive and provided high quality care, resulting in excellent outcomes. One relative told us, "I believe the leadership here is outstanding, positive leadership, it is so person centred. I can sleep at night I know [relative] is more than safe, [relative] is incredibly well cared for." A health professional told us, "I hold Beech Hall in very high regard. They are flexible in their approach to assessing and supporting new admissions. They are receptive to making links with the social care teams and with the community. I would like a few more homes like them."
- There was a truly person-centred culture within the home. Staff worked tirelessly to ensure each person's likes and preferences were met. For example, a wide range of person-centred activities were in place, and well thought out bespoke plans of care in place to support people to achieve positive outcomes. One relative told us how impressed they were with the service, helping their relative to 'come out of their shell' due to their commitment in exploring their interests and preferences.
- Staff demonstrated a high level of commitment to the service. They were proud to work at the service and went out of their way to making people as comfortable and content as possible. Staff had nothing but praise for the management team. One staff member said, "I have built a lot of confidence working here. Everyone is very passionate with activities and interacting with people." Another staff member said, "Amazing here, everyone has made me feel welcome, always asking if I need anything else. [Registered Manager] and [Deputy Manager] are 100% supportive."
- There was a strong commitment to ensuring equality and inclusion throughout the workforce. Staff told us they were able to be themselves and we saw they organised events to celebrate diversity for example promoting LGBT rights. Staff and management gave us examples of how the service had supported staff to work flexibly due to their individual needs.
- Staff were fully supported in their roles and encouraged to develop. For example, one supervisor had been supported to take on more responsibility and now undertook a wide range of management tasks including responsibilities for budgets, equipment and activities.

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

- There were consistently high levels of engagement with people, relatives and staff. People and relatives

had real influence on how the home was run. For example, through chairing resident meetings people had taken control of the programme of activities within the home and the function of each communal area. Relatives said the level of engagement was exceptional. One relative had helped decorate the café area and another helped with coffee mornings. It had been arranged for a further relative to deliver training to staff on accessible information and sensory impairment, showing a strong approach to equality and inclusion.

- Staff told us they felt extremely valued and there were very high levels of satisfaction. Staff had a real influence on how the home operated. For example, they led the development of activities in line with their knowledge about the people they supported and were empowered to follow through on any suggestions for example, equipment to make people's lives more comfortable. One staff member said "[Registered Manager] has been very supportive from the day she became manager at Beech Hall. The best manager I have worked with."

- The home had exceptional links with the local community which had brought mutual benefit to all involved. For example, through these links spare food from the home was now picked up weekly by a homeless organisation. In addition, connections with the local emergency services, schools, youth and gardening organisations had led to stimulation and activities for residents as well as an improved home environment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a comprehensive system of governance in place which had led to significant improvements to the service over the past few years. The registered manager and deputy had worked hard to ensure consistent, high quality care was provided. Through empowering and motivating staff, developing exceptional links with other organisations and empowering people and relatives to take control of their care and the home in general, this had led to improvements to people's outcomes.

- Where shortfalls in practice and knowledge were identified, the service took strong action to improve. For example, following the identification of gaps in staff knowledge regarding topical medicines, the home had leased with the local CCG nurse. This had resulted in extensive guidance and training to staff. Topical cream application guidance was now excellent with clear instructions to staff on how much cream to apply to each part of the body.

- A comprehensive range of audits were undertaken and we saw these led to real improvements to the service. People's views on the quality of the service were at the heart of the quality assurance process.

Working in partnership with others

- The service had developed exceptional links with other organisations to promote joined up working and improvements to people's outcomes. The service was worked collaboratively with several universities and colleges to aid research and the development best practice. This included recent work on sexual safety, hearing loss/accessible information and the transfer of key healthcare information between services. Feedback from one partner stated, "Feedback from your staff on our prototype is fantastic, it covered a good range of perspectives and most importantly had a good mix of positive and negative comments"

- The service was an excellent role model for others. The registered manager had been nominated for several national awards and as a result of the excellent way they had used social media to forge strong links with the local community, they had delivered training to other care homes on how to do this successfully.

- Organisations were invited into the home on a regular basis to foster excellent working relationships and the sharing of information. For example, the home had welcomed other organisations to hold their own team meetings within the home and local social working and safeguarding teams had taken them up on this offer.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a culture of being open and transparent when things went wrong and putting in place measures to ensure improvement of the service. We saw reflection took place following adverse incidents and people were apologised to when appropriate.