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North Shore Nursing home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

North Shore provides nursing care and support for a maximum of 25 people who live with dementia and/or a physical disability. At the time of our inspection there were 25 people living at the home. North Shore is situated in a residential area of Blackpool close to the promenade. There are three floors with 23 single rooms and a double room, of which sixteen are en-suite. There are on-site gardens and several communal areas for the use of people who live at the home.

North Shore 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, both of which we looked at during this inspection.

A registered manager was in place. 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.

At the last inspection on 20 October 2015, the service was rated Good. At this inspection, we found the service had improved to Outstanding.

During this inspection, a relative told us, "The place is perfect. It demonstrates high quality care and should be used as an example to other homes." We found the provider accessed systems, tools and partnerships known to benefit the person's welfare and treatment. Care delivery centred on excellent communication systems and highly detailed records about each person. A wide range of models were utilised and reviewed to ensure people received the best possible support. We saw multiple examples where this enhanced their lives and optimised their welfare.

The registered manager was proactive in ensuring people accessed healthcare services quickly. Their pioneering techniques greatly improved people's lives because they assisted staff to implement treatment before problems deteriorated.

The management team had exceptional procedures for the preparation of meals, delivery of nutritional support and monitoring of associated needs. For example, food moulds and observational review of staff support greatly improved people's nutrition intake and enjoyment of their meals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. We found for each area of people's support staff completed additional decision-specific, individual deprivation of liberty care plans. Staff maintained up-to-the-minute documentation to assure they continuously met the person's changing capacity and support requirements.

The registered manager had an exceptional initiative for training and to assist staff to apply their learning in practice. They used team meetings, handovers, supervision and group discussions to follow training up with observation, question and answer sessions, competency testing and role-play. The review of staff skills assisted them to provide remarkable support for people who lived with dementia. A relative told us they were highly reassured by this and said, "I know the staff are well trained because there's a list up on the wall of the courses they have to attend."

We observed the provider deployed very high staffing levels and skill mixes at the home to deliver care that flowed smoothly and effortlessly. People and their relatives said this was very reassuring because it meant staff had time to provide compassionate, dignified care. The registered manager had implemented a 'Dignity Challenge Initiative.' The project focused on how staff should provide dignified support that improved people's self-confidence and independence.

Staff had a very good grasp of the Human Rights Act 1998 and implemented this in their work. They had relevant training and demonstrated an in-depth awareness of inclusion, discrimination, diversity and prejudice. We found staff continuously kept people and their representatives fully informed and involved, which helped them to take ownership of their treatment. One relative said, "Every time I come in [the management team] give me an update and talk with me about my [relative's] care plan."

End of life care ethos at the home was one of exceptional dedication, compassion and empathy, reinforced with technical expertise. Staff frequently evaluated care documents to ensure they were updated to people's changing wishes and health to optimise their end of life experiences.

The provider's high staffing levels enabled staff to provide activities for long periods throughout the day. Staff had training and role-play to assist them to better understand people's interests. Relatives we spoke with said they felt this was an outstanding part of care delivery.

The registered manager had staff, people and visitors at the heart of their continuous improvement drive. This meant developments were quickly embedded and more successful because everyone was involved. People and their relatives told us North Shore had strong leadership.

The management team promoted an authentic culture of transparency at North Shore through extensive quality assurance audits and feedback systems. We found multiple examples where people's lives had drastically improved because the home's management focused heavily on their welfare and safety.

We noted the registered manager followed safe recruitment procedures to ensure suitable staff were employed to work with vulnerable adults. A relative commented, "The manager seems to recruit staff based on how compassionate they are."

Each person had a detailed medication care plan to guide staff to their associated support requirements. We observed medicines were administered safely, patiently and with a very caring approach.

When we discussed safeguarding with staff, we found they understood their responsibility to protect vulnerable adults from abuse and poor practice. Care records we looked at held detailed risk assessments to support staff to maintain their safety. People, staff and visitors experienced a clean and tidy environment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People and relatives we spoke with told us they felt safe living at North Shore.

The provider had safe recruitment procedures to ensure suitable staff were employed. We observed high staffing levels at North Shore ensured people's needs were attended to immediately.

The home's safeguarding policy reflected the principles of the local authorities, including incident reporting procedures.

Risk assessments to mitigate any associated hazards assisted staff to maintain a safe approach to medicines administration.

Is the service effective?

Outstanding

The service was highly effective.

The home's ethos centred on the provision of highly effective, evidence-based care. Advanced treatments enabled staff to enhance people's lives.

The management team underpinned nutritional support with close scrutiny of each person's health status and effective communication between staff.

Staff used innovative systematic processes, in relation to the MCA and DoLS, to provide an adaptive and holistic method of aiding people's fluctuating memory.

The registered manager had an extensive staff training programme. The provider had an exceptional system to support nursing staff to maintain the requirements of their registration.

Is the service caring?

Outstanding

The service was exceptionally caring.

Without exception, people and their relatives told us staff provided outstanding care. Staff interaction demonstrated high

levels of patience, empathy and compassion.

The management team and staff held in high esteem people's dignity and privacy and saw this as essential to a meaningful life.

Staff worked systematically and jointly with each person and their relatives to actively involve them in all aspects of their care.

Staff received detailed equality and diversity training, which the management team reinforced with observation and skill testing.

Is the service responsive?

Outstanding ☆

The service was highly responsive.

A consistent and adaptive approach to care planning and treatment evaluation meant people had the best possible care from the start and throughout.

The registered manager went above and beyond to respect the whole family's needs.

Care planning held detailed information about people's end of life needs as part of the home's holistic model of care.

Staff provided activities people enjoyed and helped them to develop personalised goals to enhance their social inclusion.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Everyone we spoke with commented North Shore had remarkable leadership and communication systems.

The registered manager provided excellent feedback opportunities as part of its quality assurance. Staff added they were strongly encouraged to engage in service development and the management team created a listening ethos.

The registered manager worked with other agencies to strengthen their care provision and advance people's quality of life.

They completed an extensive range of audits to assess service quality and enhance people's welfare and safety.

North Shore Nursing home

Detailed findings

Background to this inspection

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

This inspection took place on 07 and 08 March 2018 and was unannounced. The inspection team consisted of one adult social care inspector over both days. On the first day a specialist advisor, with clinical experience of supporting people with mental health conditions, and an expert by experience joined the inspection team. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for the inspection at North Shore had experience of caring for people who lived in a care home setting.

Before our unannounced inspection, we checked the information we held about North Shore. This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced living at North Shore.

Furthermore, we looked at the Provider Information Return (PIR) the provider had sent us. 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 found people who lived at North Shore used a variety of ways to communicate. During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We undertook two SOFI observations at different times of the day to check consistency of the approach to care.

Additionally, we spoke with a range of individuals about this home. They included one person who lived at

North Shore, six relatives, six staff members and three members of the management team. We further discussed care with a visiting healthcare professional. We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in an appropriate environment.

We also spent time reviewing records. We examined care records of seven people who lived at the home. This process is called pathway tracking and enables us to judge how well North Shore understands and plans to meet people's care needs and manage any risks to their health and wellbeing. We checked the recruitment, training and support documents in relation to five staff members. We also looked at records related to the management and safety of North Shore.

Good

Is the service safe?

Our findings

People and relatives we spoke with told us they felt safe living at North Shore. When asked about safety and security, one person who lived at the home confirmed, "Oh Yes, smashing place." A relative commented, "I'm not worried about [my relative] when I go home because I know there are plenty of staff to keep her safe." Another relative stated, "I have been away for three weeks and felt relaxed and reassured about [my relative] because I knew he was completely safe in the hands of the staff, who really care about him."

We observed exceptionally high staffing levels at North Shore ensured people's needs were attended to immediately. There were up to 23 staff for 25 people who lived at the home. Sufficient ancillary personnel supported care staff, which meant they could focus solely on their own duties. This included housekeeping, kitchen and maintenance staff, as well as activity co-ordinators. We also found very good skill mixes were deployed to maintain people's safety. For example, every shift included at least one nurse, a floor manager, team leaders and senior care assistants. We observed they worked well as a team with good communication and leadership. One relative said, "There are so many staff on duty, it's unbelievable." Another relative added, "They never seem to be short of someone to help [my relative]."

We found the registered manager followed safe recruitment procedures to ensure suitable staff were employed to work with vulnerable adults. They checked each candidate's full employment history and obtained required criminal record checks and references before they commenced in post. The registered manager further verified nursing staff had a current professional registration in order to practice. Recruitment of staff was strengthened by implementation of risk assessments during the new employee's probationary period.

Each person had a detailed medication care plan to guide staff to their associated support requirements. Risk assessments intended to mitigate any associated hazards assisted staff to maintain a safe approach to medicines administration. We observed medicines were administered safely, patiently and with a caring approach. For example, the nurse encouraged people to take their medication independently and only intervened if they struggled to do so. We found associated recordkeeping fully complied with national guidelines. For instance, staff signed charts after administration to confirm individuals had taken them. Staff told us they had good levels of training and competency tests of their related skills and expertise. The nurses completed regular audits to check the ongoing safety of relevant procedures.

The home's safeguarding policy reflected the principles of the local authorities and provided their contact details along with CQC's. This meant staff had access to important information about the various procedures to follow. The management team provided relevant training, undertook observation of practice and role-play to check staff proficiency with related procedures. When we discussed safeguarding with staff, we found they understood their responsibility to protect vulnerable adults from abuse and poor practice.

Care records we looked at held detailed risk assessments to support staff to maintain people's safety. These covered, for instance, falls, movement and handling, behaviour that challenges, self-neglect, self-harm and fire safety. Documentation showed staff assessed the level of risk and recorded measures to reduce their

occurrence. We saw staff completed accident forms in detail, outlining any injuries and actions to mitigate risk. The registered manager reviewed these to assess themes and patterns. They had effective procedures to maintain people's safety, which included environmental and fire safety risk assessments and health and safety audits.

Those who lived at North Shore experienced a clean and tidy environment. Staff told us they felt adequately trained in infection control and had plenty of protective equipment. Hot, running water was available and delivered within health and safety guidelines. Window restrictors were fitted to protect people from potential injury. Other systems were monitored and actioned when required to ensure they were up-to-date, such as electrical, gas, equipment and legionella safety certification. Staff received fire safety training to enhance their understanding of evacuation procedures.

Outstanding ☆

Is the service effective?

Our findings

People who lived at the home and relatives were extremely positive about staff effectiveness and the provision of care. One person commented, "They are very understanding, well-educated people." A relative told us, "This place is amazing. I would give it ten out of ten in all areas." Another relative added, "The staff attitude is exceptional. They have a huge understanding of who my [relative] is and how to support him in ways that help him to stay relaxed."

The home's ethos centred on the provision of highly effective care from evidence-based sources. The provider accessed any systems, tools and partnerships known to benefit the person's welfare and treatment. For example, they worked with GPs and self-funded staff to complete intravenous fluid therapy training. This was unique in the effective management of people's health because no other provider offered it in the locality. It meant people continued to be supported in their familiar surroundings at North Shore. This reduced their anxiety about being hospitalised because they were treated in the comfort of the home. We saw an example of a person who lived with dementia became agitated with noise and hospital environments. Following their deterioration and refusal of fluids, a best interest meeting was held between the registered manager, healthcare professionals and relatives. It was agreed to commence intravenous fluid therapy and for the person to remain at North Shore. The less stressful intervention gave rise to significant improvement in their health. In the last year, this system resulted in only one unplanned hospital admission.

Staff used other tools to, for example, monitor pain and assess the proficiency of treatment. This measured the level of discomfort felt and helped staff to adapt people's pain therapy. It had a huge impact upon those who could not communicate because they received the best pain management possible. A bedrail system helped staff to assess the rationale for installing them and look at the benefits and any alternatives. Formulated from the NHS Greater Glasgow and Clyde Bedrails Algorithm, it assisted staff to utilise the least restrictive measures.

A visiting professional said staff used a proven traffic light tool to aid those with behaviours that challenged the service. This guided staff to apply different measures dependant on the level of agitation the person expressed. The tool was personalised to each individual's usual behaviour and known reactions to staff intervention. Different tactics were introduced and escalated if initial measures failed. The visiting professional said staff used this system to great effect because they understood what worked for each person. Staff were highly skilled at assessing people and to understand test outcomes. The fluidity of these systems came from up-to-the-minute oversight of people's mental health. This included regular review of anxiety symptoms with the Rating Anxiety in Dementia tool to measure the success of treatment to reduce agitation. Another technique used was the Cornell Scale for depression, which calculated depression levels in older people who lived with dementia. We observed multiple examples of staff utilising these tools to great effect for people who suddenly displayed low moods or high stress levels. A relative told us, "Staff understand how to support [my relative] in ways that help him to stay relaxed."

Care planning, risk assessment and support were so highly effective a number of incidents had significantly

reduced. For example, the occurrence of injuries and pressure ulcers had decreased to zero events over the last 12 months. The management team provided training for staff in each of these tools and models and followed this up with observation and competency testing. This was a highly supportive model to check staff expertise and learning in practice.

Care delivery centred on excellent communication systems and very detailed care records. The management team understood how treatment for one area of care was not a stand-alone process. Each care plan area was interlinked to ensure staff recognised one issue affected another, which then influenced how support was delivered. Nutrition was linked to behaviour, whilst cognition was connected to medication and personal care as a holistic approach to treatment. Communication systems included meetings with people and relatives, team meetings, supervision, handovers and electronic mails. We found these were used to continuously reflect on treatment effectiveness and improve people's lives. For instance, shift handovers lasted for a considerable time to include staff training and role-play on the latest best practice guidance. We saw evidence where this covered, for instance, activity provision, safeguarding and end of life care.

When the registered manager found long waiting lists affected access to healthcare services, they were proactive in resolving the issue. They developed a system with the Speech and Language Therapy (SALT) team called 'Teleswallowing.' Staff had computer equipment and training to set up video consultation. The advanced procedure aided staff and the SALT team to immediately assess people's swallowing difficulties. North Shore established a similar system with GPs and planned to develop videoconferencing between the home and Tissue Viability Nurses to improve wound-care. The pioneering techniques enriched people's lives because they helped staff implement treatment before problems deteriorated. Healthcare professionals were highly positive about the home and the transition of those with complex needs. They commented care was, 'Outstanding because [the person] was so settled, unlike any other placement.'

Staff recorded healthcare visits, appointments and videoconferences and immediately added any change to documentation. This created a live care plan because they were meticulous in ensuring information was updated by the minute. Staff worked in a multi-disciplinary approach with external services to assure people received optimum care. We saw one example where they engaged with a person's GP, dietician, community mental health team, tissue viability nurse and psychiatrist. This resulted in a huge improvement in mental health, reduction of sedative medication, increased weight and zero occurrences of pressure ulcers. A relative said staff regularly checked a person's medication to improve their welfare and added, "They got her reviewed by the GP, who stopped a lot of tablets. Since then, she's been much brighter. Again, that's because of those fantastic staff."

The innovative 'Teleswallowing' system protected the most vulnerable people from the risks of malnutrition before they deteriorated. Care records we checked contained current, in-depth and personalised information about risks and control measures to minimise them. The registered manager supplied staff with research and guidance to maximise positive treatment outcomes. For example, we saw they recorded in one care plan, 'evidence-based best practice suggests that rapid weight loss resulting from very low fat diet can actually cause gall stones to grow.' The management team underpinned nutritional support with close scrutiny of each person's health and effective communication between staff. This included recording of weight checks and fluid/food intake. We saw identified issues were quickly addressed to meet changing nutritional needs.

The chef prepared food and meals in an innovative way by using purpose made moulds. The specialist equipment was used for pureed diets, which shaped food to resemble, for instance, fish, different vegetables, chicken and sausages. The system improved people's nutrition and excelled at aiding them to

enjoy their meals because the attractive presentation was much more appetising. A relative said, "[My relative's] on a soft diet and it's not all mushed up. It's presented extremely well by separating the food and making it look much more like what it should. She's eating more and putting on weight." Another 'floating' chef quality checked food and nutritional support. Their duties included reviewing meal options, people's choice and the presentation and enjoyment of food. They evaluated the effectiveness of nutritional support by completing discreet observational assessment of meals. It was an outstanding model of maximising people's experiences and assistance to meet their needs. A relative told us, "The food is great." Another relative said, "It's really high quality food and my [relative] gets what he wants, not just what's on the menu that day."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us people who lived at North Shore benefited from a DoLS in order to safeguard them. Care records we reviewed demonstrated the registered manager worked openly with each person, their representatives and the local authority during decision-making processes. Where DoLS were legally authorised, documentation continued up to the current situation to show the person's changing capacity and support requirements. The method used by staff was adaptive to people's fluctuating memory, which they regularly reviewed to assess the effectiveness of care and treatment. Staff had separate, detailed MCA and DoLS training and guidance materials, which the registered manager assessed through role-play and competency testing. The review of staff skills assisted the home to provide remarkable support for people who lived with dementia.

Staff completed evidenced-based best practice assessments, including the Abbreviated Mental Test score tool, which helped them to rapidly assess people's mental health. Once they identified the smallest deterioration, they followed this up with decision-making practices, mental capacity assessments and best interest meetings. We saw for each area of people's care, such as mobility, activities and personal care, staff completed extra decision-specific, individual DoLS care plans. The emphasis of recorded decisions was placed on the benefits and burdens of each option. The systematic process was innovative because it was a holistic method of aiding people and focused on the least restrictive practice. Details gave staff very clear guidance about what they were and were not permitted to do. Care records evidenced people's decision-specific consent to their care. The person or their representative discussed and signed their agreement. The management team were very proactive in gaining this, especially when records and treatments changed.

The core of service delivery at North Shore centred on caring for people who lived with dementia. The management team worked hard to maximise each person's independence and enhanced the environment with pictorial displays of the date, weather and menus. Large frescos covering lounge walls depicted calming scenes, such as waterfalls, to distract and relax people. Each person's photograph was placed on their bedroom door to identify their own space.

The provider had initiated a new system to check and observe staff skills and competency. They deployed multiple approaches to evaluate how staff put their learning into practice. This included supervision,

capability testing, role-play, training, group discussion, handovers and team meetings. The new model focused on areas of the care certificate, such as observation of dignity, personal care, load management, nutrition and infection control. Staff had to complete regular reflective practice about their role as part of care delivery improvement. The management team checked when skill testing was due and monitored the effectiveness of action plans, further training and outcomes. They did this with a very supportive approach because they recognised how this helped to get the best out of their personnel. The registered manager told us, "Staff can be quite nervous when they are being observed and tested, so we do it in a really supportive way."

Potential staff completed rigorous recruitment, such as attending a half-day 'taster' session. It assisted them to understand the role and decide whether they wished to apply. Staff induction was intensive with a buddy system, shadow shifts and regular supervisions. This helped them to grasp their duties in a supportive and progressive way. The management team had an extensive training programme for all staff to assist them in their roles. This included the care certificate, health and safety, person-centred care, infection control, dementia and fire safety. After specialist training, such as end of life care and behaviour that challenges, staff were required to complete reflective practice and learning logs.

Staff were taught good practice in the workplace on a daily basis. The management team continuously used shift handovers, research materials, team meetings and other systems to augment staff development. A staff member told us, "I'm well supported by [the management team] and feel very confident." One example of the provider excelling in quality training related to staff whose first language was not English or whose communication skills were limited. They funded them to complete external courses in English Language. A visiting professional said staff were highly experienced, which resulted in an incredibly effective approach to care delivery.

The provider had an exceptional system to support nursing staff to maintain the requirements of their registration. The advanced preceptorship programme assisted them with their portfolios and practice hours. This involved a member of the management team working closely with the nurse over the course of the year. Together, they reviewed learning and development and built an action plan based on identified needs. The nurse was required to access training, complete case studies and self-reflect on their practice. The registered manager provided all staff with regular supervision and appraisal. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their progress. This gave staff time to reflect on their problem-solving skills, personal and professional development, training, creativity and teamwork abilities. Another example of outstanding staff support was paid study days and reflective time.

Outstanding ☆

Is the service caring?

Our findings

Without exception, people and their relatives told us staff provided outstanding care. A person who lived at the home said, "Nothing but praise for everything." A relative stated, "[My family member] has improved so much because of the love she is given by the staff. The best thing about this home is the care." Another relative added, "Oh, it's superb here. The care is second to none." A third relative said, "It's a lovely place with lovely people who work here." A visiting professional told us staff had a very empathic and caring approach.

Since our last inspection, the registered manager had implemented a 'Dignity Challenge Initiative.' The project focused on how staff should provide dignified support that improved people's self-confidence and independence. The core values centred on having 'dignity in our hearts, minds and action,' whilst making the environment as homely as possible. Aspects included enhanced goal-setting, focus on people's strengths, detailed life histories and one-to-one emotional support. We found this had a direct effect on people, such as better sleep routines, family relationships, general health, coping strategies and mood fluctuation. We noted two people's mental health had vastly improved and their quality of life was enriched by this initiative. A relative said, "Every single member of staff, and I mean all of them, is extremely compassionate, patient and loving towards all of the residents. That's amazing." We further saw evidence the initiative improved staff morale and pride in their work, which resulted in a drop in absenteeism to minimal levels.

The registered manager implemented other guidance and tools, which included the Department of Health's 'Your Care, Your Dignity, Our Promise.' This helped them to verify whether their dignity programme met its aim of delivering high quality care. They also supported staff to understand and apply the ten challenges of the 'Dignity Through Action' project (Health and Social Care Advisory Service 2010). Its purpose was to improve the delivery of respectful care and confront practices that contributed to indignity. The management team and staff held in high esteem people's dignity and privacy and saw this as essential to a meaningful life. They employed a dignity champion who circulated relevant best practice and held monthly meetings to explore related topics. This included nutrition, medication and care planning, which staff were required to reflect on. They received in-depth training, enhanced by role-play, question and answer sessions, observations and competency tests. The excellent approach meant staff were highly skilled to give personalised care that optimised people's privacy. A relative said they felt the highly experienced staff had a very positive impact on their family member's wellbeing. They added, "The attitude of the staff is amazing. I see them treating people with such respect, like they are their own family member."

We observed staff continuously engaged with people respectfully and productively by kneeling down, maintaining eye contact and appropriate use of touch. They were compassionate in their approach and highly demonstrative of affection and kindness. It was obvious the management team and staff valued people and treated them as their own family members. They consistently spoke in soft, tender tones and frequently held hands and hugged people. We saw staff displayed deep empathy, clearly understanding each person's feelings without demeaning them. A relative told us, "The attitude of the staff is amazing, they really do care."

The registered manager understood the importance of a dementia-friendly environment to enhance each person's independence and improve their memory skills. Well-used corridors were utilised as memory lanes with photographs, pictures and descriptions of past times focused on different decades. Stories spotlighted films, celebrities and music to help people reminisce. Great attention had been paid to create a bright, vibrant place to live. A relative explained the stimulatory environment had a very positive impact on their family member's welfare because it helped them to become much more engaged. They added, "This home is really geared up to provide care for people who have dementia. It's bright, there's signs to help people know where they're going and the staff are so knowledgeable."

Staff interaction demonstrated high levels of patience, empathy and compassion. A relative said, "Their patience is amazing." We noted a calm, quiet and loving ambiance during our inspection. Staff immediately comforted people when they became anxious and encouraged them to express their feelings. A visiting professional told us staff managed agitation extremely well. They added this was because staff saw such behaviours not as a limitation, but a part of who the person was. Very high staffing levels meant care was immediate and staff expertly de-escalated situations. A relative stated staff had an especially caring nature, which reassured them. They said, "They have a lot of foreign staff whose culture is to be caring, loving and giving lots of hugs, which they do."

Staff had a very good grasp of the Human Rights Act 1998 and implemented this in their work. We saw one example where they fully supported a person's right to article nine of the act, 'freedom of thought, conscience and religion.' A staff member said the individual had a strong religious belief and wished to be assisted to practice their faith. Consequently, they set up the person's bedroom to include a quiet reading area, which they frequently used and as part of their spirituality. The staff member added, "He likes to sit in his bedroom and read his bible. A staff member also supports him to go to church every Sunday." The provider additionally arranged a weekly church service at North Shore for those people with reduced mobility.

Staff received detailed equality and diversity training, which the registered manager underpinned with observation and testing of their skills. They were required to pass assignments to confirm they understood inclusion, discrimination, diversity and prejudice. The intention was to ensure staff demonstrated interactions that respected people's beliefs, values, culture and preferences. A relative told us, "Staff treat the residents with real respect. What I mean is everyone's different and behave in different ways, but I always see the staff respecting each person as an individual." We observed an example of celebrating diversity during our inspection visit. We saw staff, people and their relatives held a party for National Women's Day with music, afternoon tea and cakes.

The provider employed up to 23 highly qualified and skilled staff per shift who delivered care that flowed smoothly and effortlessly. We never saw people waiting to have their needs met and staff were very caring in their approach. One relative told us, "The staff, and there's a huge amount of them on duty, have lots of time just to sit with the residents, chatting and reassuring them." People and their relatives said the large workforce was very reassuring because it meant staff had time to provide compassionate, dignified care. A person who lived at North Shore stated, "Staff are very caring, they sort you out." We also saw care plans included information about the provision of one-to-one sessions between staff and those who lived at the home. Staff documented in one person's records, 'I want to be able to have 1 – 1 basis with staff in a quiet area so I can express my feelings and emotions.' This was an extremely important method of optimising people's wellbeing and we observed they had individual time with staff for activities and emotional support.

We found staff actively involved people and their representatives in all aspects of their care plans. They worked systematically and jointly with each person from before admission and every step beyond. They

were acutely aware of the need to gain detailed information about people. A relative confirmed, "They discuss [my relative's] care with me because they understand I know her best." This ensured care delivery maximised positive treatment outcomes and was highly personalised. Another relative said, "They talk to me about what [my relative] needs and we agree his care plan. I think that's brilliant because they are respecting me in how much I know my [relative]."

We saw information confirmed the registered manager frequently met with relatives or conversed via telephone or electronic channels. They did this to add to the person's support on an ongoing basis. This continuously kept people and their representatives fully informed and involved, which helped them to take ownership of their treatment. A staff member told us, "We are trying to get our care as personalised as possible. Care information sheets are for the residents and go in their rooms. That way, if there is anything they want to add or change they can just let us know." The registered manager provided details to people and their relatives related to advocacy services. This meant they could access advocacy if they required support to have an independent voice.

The registered manager and staff were very keen to ensure people felt they moved into a service that became their home. Part of this process included encouraging them and their relatives to bring in personal items familiar to them. For example, boxing gloves hung on one person's bedroom walls and a staff member told us, "[The person] used to be a boxer." Additionally, the registered manager went to great lengths to ensure people were fully involved in the decoration and design of their personal space. This person's bedroom had a large mural on one wall and the staff member added, "They chose the wallpaper, so we got it put up for him."

The registered manager displayed brief statements at discreet points throughout the home. They consisted of one or two sentences about what excellence in care meant. Statements included, 'Be patient,' 'Put yourself in people's shoes' and, 'Focus on what they can do.' To strengthen this ethos, the registered manager placed large words across walls and corridors, such as 'find joy in your own journey,' 'dignity' and 'everyone is special.' Relatives told us this was highly reassuring to them and staff said they were good reminders for the provision of consistently excellent care. We observed staff were very welcoming when relatives visited people who lived at the home. They made appropriate use of touch and humour, valuing the importance of their visit to the individual's social welfare. A relative told us, "The staff are so respectful and caring towards me as well. There's always a smile and greeting when I arrive. I can also have a drink or a meal if I want. I really like that because it shows they care about relatives just as much as the residents."

Outstanding ☆

Is the service responsive?

Our findings

When we spoke with people and their relatives, they told us staff were highly responsive to their needs. One relative said, "North Shore has made a massive difference to my [relative]." Another relative stated, "In the short time my [relative] has been here, he has improved dramatically. That's only because he is here and the amazing support he gets." A visiting professional told us about one person who had been transferred to North Shore. They added the individual had progressed extremely well as a direct result of how responsive and experienced staff were.

The registered manager undertook a detailed assessment of people before admitting them to the home. They thoroughly reviewed if they could meet their needs to reduce the potential for failed placements. This had a very positive impact upon people because we found there had been no such incidents since our last inspection. This continued throughout the person's journey at North Shore by having a highly in-depth awareness of each person's backgrounds and support needs. A consistent and adaptive approach to care planning and treatment evaluation meant people had the best possible care from the start and throughout.

The management team assessed multiple areas to identify needs, in joint discussions with people and their representatives. Each care planned area started with a detailed background to the identified issue, including past medical history and family details. This covered multiple areas, such as bathing, skincare, mobility, medication, interests, nutrition and mental health. Every time a change occurred in their health, staff recorded the smallest detail. This ensured care plans continued to reflect an up-to-the-minute picture. The exceptional system meant records were live and treatment was interchangeable to fluctuating needs. A relative said, "Sometimes another resident can get agitated. Rather than getting the person upset and being impatient, the staff are always calm and reassuring. The situation quickly settles down and shows how experienced these carers really are."

The registered manager's innovative dementia mapping system reinforced care delivery. They worked closely with a university to develop their own observational framework processes. The tool gave an extremely detailed and personalised understanding of each person's behaviour patterns, preferences and communication styles. Staff monitored expressions, interactions, body language and mannerisms to assess how responsive treatment, care planning and support actions were in meeting people's needs. The registered manager told us, "This helps us to support residents in a different way to help them become more settled." This shaped staff passion and dedication to gain the best possible awareness of each person. We observed multiple instances where staff acted in ways that demonstrated they understood people's different behaviours. It was clear from their interactions, tried and tested methods helped to give each person comfort and enjoyment. A visiting professional said they found staff knowledgeable and consistently followed their treatment advice. They stated staff were proactive and contacted them between visits if they had concerns.

All areas of care included agreed, expected outcomes. Staff assessed how treatment and support actions responded to the person's needs. For example, nurses completed regular audits to check the effectiveness of support. Care plans gave a number of options, 'If this does not work, then try this or this.' A relative told

us, "[My family member] has improved so much and that is because of the care given by the staff." The outstanding model meant if interventions were not successful then alternatives were readily available. It showed support was constantly adapted to give a smooth approach to people's care. A visiting professional told us staff were highly skilled and responded to people's needs, rather than simply reacting. They said situations de-escalated as a result and they found those who lived at North Shore improved directly because of this approach.

We found staff assessed and recorded the individual's strengths, abilities and understanding. This helped them maintain their independence as much as possible. The personalised system, developed from the initial assessment, flowed extremely well. Meaningful support plans gave staff meticulous instruction in the individual's care. They had laminated sheets for each person with details about their daily goals, independence levels and coping strategies. This covered their insight into their needs and relapse signs, strengths and measures to support them. This was very proactive because it assisted staff to respond to situations before they escalated. A member of the management team told us the sheets were, "For the staff to help them gain much better insight into the residents, what helps them, what they like and dislike and how they want to be supported."

We noted care planning was extremely detailed without overwhelming staff with information. The registered manager ensured they had accurate guidance to people's person-centred care. A relative told us, "The staff know and understand what good care is all about because they know and understand my [relative]." Staff carried a booklet that outlined each person, their life histories, preferences and guidance about how to assist them. The registered manager told us, "The booklets tell them about each resident to help the staff better understand them." This very good personalised model gave staff a story about each individual who lived at the home. A relative said, "They know [my family member] inside out because they are really experienced."

It was clear the management team and staff ethos was based on a strong desire to ensure care was highly personalised. They fully understood the principles of outstanding care centred upon the individual and the bigger picture of who they were. They reinforced staff awareness by displaying 'Get to Know Me Boards' in people's bedrooms. These contained the main points of the person's past and current life experiences, character traits and interests, as well as their support needs. We found this was consistent and up-to-date with details retained in their care records. This ensured staff, including newly recruited personnel unfamiliar with those who lived at the home, had relevant details to maximise person-centred care. A visiting professional told us staff had a very in-depth awareness of each person and their support plans. Further vital points documented on the boards covered people's resuscitation category, end of life coding and mental capacity status. This gave staff immediate access to information to assist them to better respond to emergencies.

The registered manager provided information in different formats for people and their relatives to enhance their communication. This included easy read posters about, for instance, images to identify bedrooms and communal areas, pictorial menus and good handwashing practice. We saw staff recorded in one person's records personalised information about different ways of improving their communication. For example, they had a diary and different memory aids to, 'keep my independence as much as possible.' The registered manager had leaflets and guidance to help relatives understand medical conditions, treatments and the purpose of care provision. This was an example of how they went above and beyond to respect the whole family's needs. One relative told us, "From talking with staff I understand dementia better, so I'm very grateful to them for that."

End of life care ethos at the home was one of exceptional dedication, compassion and empathy, reinforced

with technical expertise. The registered manager assisted people and their relatives to celebrate the lives of those who had reached the end of their lives. A lounge wall contained a large mural of a memory tree with its leaves holding photographs of those who lived at North Shore. The clouds above the tree showed those who passed away, whilst further pictures were placed on the grass for those who had returned home. A memory file contained detailed information following a person's death, including their photograph, life history and comments from staff and relatives.

When a person reached a certain level, following regular assessment of their end of life needs, the registered manager implemented 'comfort care guidelines.' This tool checked and reviewed the individual's care, observed signs and symptoms and measured the responsiveness of treatment. This impressive system indicated to staff when additional support actions were required and was adaptive to changes in people's health. The management team worked with the National Gold Standards Framework (GSF) in the provision of effective end of life care. This external agency supports providers to develop evidence-based approaches to optimise care for people. The rigorous accreditation process focuses on 20 key standards against which services are measured. This includes advance care planning, end of life support, training, collaborating with other healthcare organisations, communication systems and quality auditing. The GSF had awarded North Shore with 'Commend' status for gold standards of care for people nearing the end of life.

Care planning held detailed information about people's end of life needs, which were cross-referenced to all other areas of the person's records. It was a holistic model of care and was linked to the individual's preferred priorities of care and advanced life decisions. Accompanying information comprised of best interest decisions, regular review of their GSF coding and support levels. Staff recorded discussions with the person and their relatives, as well as their spiritual needs and funeral arrangements. They frequently evaluated care documents to ensure they were updated to people's changing wishes and health to optimise their end of life experiences. Staff also had training in end of life medication, such as the operation of syringe drivers.

The registered manager undertook an audit of each person following their death at North Shore. This enabled them to assess the responsiveness of, for example, symptom management and support planning in end of life care. Consequently, areas of improvement could be identified to maximise people's welfare and treatment. Thank you cards we looked at expressed gratitude for the high quality of care encountered at North Shore. For example, a relative commented, 'We cannot express enough how grateful we all are for you kindness and care…and felt [the person's] passing was made a little easier with all your genuine kindness and love.'

Staff utilised the Pool Activity Level (PAL) framework, which is an evidence-based tool to assess activity support for those who live with dementia. This highly effective assessment assisted staff to provide activities people enjoyed and develop personalised goals to enhance their social inclusion. The provider maintained very high staffing levels to enable staff to chat with people and provide activities for long periods throughout the day. An activities co-ordinator was employed from 08:00 to 20:00 every day, with an additional co-ordinator each morning. People and families we spoke with said they felt this was an outstanding part of care provision at North Shore. A relative told us, "The staffing levels are incredible. It means my [relative] is not sitting there like a vegetable. He's really active and enjoying being here because the staff make sure he has plenty to do."

Staff had training and role-play to assist them to better understand what worked for people. We observed they provided activities on a one-to-one or small group basis in the lounges. This included balloon exercises, large building blocks, reminiscence therapy and soft toys/sensation bags to stimulate people and help them to interact. Activity provision was highly fluid because staff stopped one exercise and started another when

it was clear participants were bored. They sat with each person, talking at length and reassuring anyone who became distressed. A relative said, "There's plenty going on. There's none of this sitting around in a circle asleep. There are different activities going on all day." A visiting professional stated care delivery at North Shore focused on social inclusion. They saw staff did everything possible to give people meaningful lives.

The registered manager had a very good system to manage and learn from complaints, although they had not received any over the last year. We saw associated forms reflected an outline of concerns raised, action taken, review of procedures and duty of candour requirements. Reflective practice from staff and the registered manager strengthened the process. We found this model assisted the management team to assess the need for further actions as part of their approach to lessons learnt. A relative told us, "I have no concerns but I am absolutely confident [the registered manager] would sort anything out immediately. She's very approachable."

Outstanding ☆

Is the service well-led?

Our findings

Everyone we spoke with commented North Shore had exceptional leadership. One relative told us, "The manager is very good, she cares and has a lovely manner about her. She runs a really well-organised home." Another relative stated, "The manager is fantastic. She's so warm and interacts really well with everyone." A visiting professional commented the registered manager was a brilliant leader because her communication was extremely good.

The management team approach at North Shore focused upon providing a high standard of evidence-based care delivery. This included proven systems to enhance people's wellbeing and ensure a service that continuously responded to their needs. The registered manager had staff, people and visitors at the heart of their continuous improvement drive. This meant developments were quickly embedded and more successful because everyone was involved. The core values of care delivery centred on systems to monitor and maintain people's safety and welfare. Exceptional leadership at North Shore was underpinned by a variety of communication systems to entrench innovative models into care practices. For example, the registered manager told us, "We have very long handovers, part of which is about looking at how we can improve." We saw multiple examples of how communication and highly effective procedures were successful in enriching people's lives, whilst mitigating risk. The management team underpinned outstanding training with checks of staff skills and implementation of learning in practice. This included supervision, team meetings, extensive handovers and real-time care provision as a basis for learning and guidance sharing.

Since our last inspection, the registered manager had implemented a new system called 'zonal care.' This followed a review of staff deployment to maximise people's safety and aimed to reduce the occurrence of incidents. The system allowed for the placement of an additional staff member in the home's different zones where a need had been identified. For example, where a person or persons in an area were at a falls risk a staff member was deployed there at all times. This was an excellent approach to managing and mitigating risk because the registered manager had reduced response times to incidents. They constantly monitored multiple risk areas and checked the success of interventions and control measures. We saw they were effective in reducing incidents and unnecessary hospital admissions. The number of injuries, urinary tract infections and pressure ulcers over the last year were very low or non-existent. This compared extremely well against similar services and was because staff were very experienced to provide successful treatments.

The registered manager outlined multiple innovations to demonstrate their leadership approach to providing excellence in care. This included the PAL framework for providing activity-based care for people with cognitive impairment, including dementia. Other methods utilised to enrich people's lives and provide an effective service comprised of models to reduce pain levels. Staff frequently updated additional tools to provide support that constantly matched the requirements of people who lived with dementia. Consequently, the registered manager's methodology ensured each person's continuity of care was very adaptive.

The registered manager employed and reviewed the success of ground-breaking programmes to support

each person's nutritional, medical and treatment requirements. For example, specialist moulds had improved the presentation of meals and people's appetites. The registered manager had reduced waiting times for access to specialist hospital services with innovative technology. The provider trained their nurses to safely administer intravenous fluid therapy, which was pioneering and reduced unnecessary hospital admissions at North Shore. Relatives said the management team lead a strong workforce to help people to enhance their independence.

We saw the provider involved families and those who lived at North Shore in all aspects of quality assurance. The management team belief centred on obtaining feedback from people to constantly improve their comfort and welfare. For example, they consulted with them about options for the lounge wall murals and went for the most popular choice. They further involved each person in the design and décor of their bedrooms. Likewise, the registered manager had multiple systems for visitors, healthcare professionals, relatives and people who lived at the home to give feedback. This included five different surveys to gain a holistic understanding of the quality of care.

One questionnaire sought the views of healthcare professionals the home worked with. We saw feedback was very positive about care delivery at North Shore. Comments seen included, 'Very impressed with [a person's] care and that she had improved significantly. The care [this person] was receiving was exceptional.' Another professional described care as, 'Outstanding.' A third individual wrote how knowledgeable staff were about mental health and commented they were impressed with, 'The level of staff and their compassionate and prompt interaction with all service users.' Furthermore, the management team asked visitors for their reactions when they came to look around the home. The comprehensive programme of quality assuring service delivery was strengthened by an analysis of outcomes and actions taken to improve. The management team worked transparently by displaying the results of surveys in a prominent position in North Shore.

Two further surveys checked people's experiences of living at the home and relatives' feedback. They asked for their views about, for example, meals, the environment, safety, quality of care and provision of information. We found very complementary responses from the last survey such as, 'As far as I'm concerned, it's brilliant,' and, 'I'm very pleased and thoroughly happy with the service.' The registered manager had a good system to analyse and act on concerns, such as in-depth reflection and lessons learnt. We saw one person had written, 'I didn't use to enjoy tea time meals, but now I have my own personal menu I am enjoying it much more.' Thank you cards we looked at expressed gratitude for the high quality of care encountered at North Shore. Comments seen included, 'Thank you all for your total commitment to caring for my [relative] in such a respectful way. Every member of staff is so kind and friendly and approachable.' Also, 'You are all stars for the kindness and care you gave to [our relative].'

The registered manager's final questionnaire sensitively asked for feedback based on family and friends' experiences of end of life and bereavement care. We saw comments included, 'The staff were like family to me,' 'All the staff were extremely helpful' and, 'We didn't expect the amount of emotional support we received and are so thankful to all the staff.' To excel at end of life care the registered manager audited the course of each person's death at North Shore. They reviewed, for instance, hospitalisation events, documentation, communication, pain and symptom management. The registered manager told us they also worked with a provider forum led by the local hospice to enhance end of life care. This gave even greater analysis of its effectiveness and the impact it had on people's experiences.

The registered manager engaged with the local Clinical Commissioning Group's infection control leads to augment their related practices. They introduced more robust monthly quality checks, six-monthly detailed audits and a twice-yearly 'hand hygiene quality improvement' system. They also worked with other agencies

to strengthen their care provision and advance people's quality of life. They engaged with a University to develop and monitor a pioneering system that optimised the care of people who lived with dementia. It involved observing their behaviours and measuring the success of different interventions. This showed the registered manager was astute at recognising models that enhanced people's lives and how partnership working can make them flourish.

Furthermore, the registered manager worked with health providers, including pharmacists, GPs and mental health services, in decreasing unnecessary use of antipsychotic medication. They reviewed each person, introduced best practice and closely monitored their mental health. The aim of this project centred on maximising people's opportunity to experience meaningful and purposeful lives. The registered manager and staff carefully audited each stage through evidence-based tools. The exceptional new programme, at the time of our inspection, had reduced antipsychotic drug use in three out nine people who lived at North Shore.

The management team evidenced they valued their workforce and invested in their skills and progress. They provided extensive training and a vast array of guidance booklets on every area of care. Staff told us the registered manager was very nurturing and recognised their abilities. One staff member said, "I cannot praise the support from management enough." Staff added they were strongly encouraged to engage in service development and the management team had a highly transparent and listening ethos. The provider held regular management meetings and we saw important information was passed on to staff. They underpinned this with a variety of other meetings, such as with nurses, care staff and night personnel. Records we saw evidenced areas covered included new interventions/procedures, incident reporting, falls management, best practice guidance, medication and training. Staff told us they felt confident about raising concerns and making suggestions about the development of North Shore. They added they always felt a sense of pride, valuing and ownership when their ideas were implemented.

The management team promoted an authentic culture of transparency at North Shore. They recognised incidents can occur, but their focus was consistently upon how to mitigate risk. The registered manager completed this through thorough investigation and implementation of more robust control measures. They completed an extensive range of audits on a vast array of areas to assess the home's quality assurance. These included checks of care planning, risk assessment, medication, skincare, personal care, clinical treatments, end of life care and activities. Other audits reviewed staff training and competency testing, nurse registration status, supervision, recruitment, environmental safety, injuries and incidents. We saw multiple examples of how the registered manager's oversight systems resulted in improved care delivery and quality assurance. This included reduced unplanned hospital admissions, improved activities and nutritional support. For instance, staff cut the time taken for one person's invasive techniques, such as dressing changes. They achieved this through monitoring of care provision, auditing of support techniques used and assessment of the person's reactions. Consequently, the individual was much more settled.

An example of outstanding monitoring and lessons learnt from identified concerns related to the management of safeguarding incidents. When concerns came in or were raised by the home, the registered manager commenced their alert system. We saw associated documentation outlined the safeguarding details, action taken at the time, evaluation and duty of candour. They followed this up with reflective practice from staff and the management team, lessons learnt and actions to prevent further incidents. One instance revolved around recruitment practices, whereby the team debriefed on what happened. They reviewed and strengthened related procedures and followed this up in team meetings. We found this excellent approach demonstrated their transparency in recognising failure, completing a root cause analysis and introducing change. This showed the registered manager had good oversight of people's welfare and safety.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.