

The Knoll Care Partnership Limited

Bowfell House

Inspection report

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Ratings

Overall rating for this service	Outstanding 
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Is the service safe?	Good 
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Is the service effective?	Outstanding 
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Is the service caring?	Outstanding 
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Is the service responsive?	Outstanding 
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Is the service well-led?	Outstanding 
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Summary of findings

Overall summary

About the service

Bowfell House is a residential care home providing personal and nursing care for up to 40 people aged 65 and over. At the time of this inspection the service was supporting 40 people.

In October 2019 the provider closed two older homes and people moved to Bowfell House, a purpose-built residential care home serving a close-knit community. The new home has 40 en-suite bedrooms over two floors, quiet lounges, a library, hairdressing salon and a balcony area to the first floor. A landscaped garden area is purposefully designed and planted with flowers and shrubs that appeal to the senses.

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

People were at the heart of the service; receiving outstanding care that was personalised to them, taking account of their individual needs and wishes. Without exception people, relatives and professionals were full of praise about Bowfell House and the whole staff team. Bowfell House was exceptionally well led and this was consistently echoed by people and staff we spoke with. There was dynamic and effective leadership within the service. The family-run service was well-organised with an open and transparent culture at the fore. Morale in the service was extremely high; with staff proud to work at Bowfell House and remarkably motivated and enthusiastic about delivering high quality care.

Distinctive leadership at location and provider level had achieved a service that was outstandingly effective, caring and responsive. The registered manager led by example and was passionate and committed to ensuring people received tailored care to meet their diverse needs. The registered manager and nominated individual were visible and hands on in the home, supported by a strong management and staff team. Along with other senior team members they effectively demonstrated how the robust quality assurance systems in place contributed to continual development and improvement at the new home.

There was a culture of listening to people and positively learning from events so similar incidents were not repeated. As a result, the quality of the service had continued to grow and develop. Both the registered manager and nominated individual demonstrated an open leadership style, working in partnership with other stakeholders to drive continuous improvement within the service. Strong links previously established with the local community prior to the COVID-19 pandemic were being re-established at the time of this inspection. Relationships with family members had flourished due to the time and effort spent by management in communicating and keeping people fully informed. Feedback about the service from people and those close to them was remarkably consistent and exceptionally positive, whilst feedback from other professionals indicated collaborative and highly effective working relationships were established.

All staff demonstrated extremely compassionate, attentive and caring approaches in their interactions with people. They consistently promoted and encouraged people's independence and treated them with the utmost dignity and respect. People and their relatives were extremely complimentary about the approach of the staff and the management team. People and relatives shared numerous examples of how

compassionate and dedicated staff repeatedly went the extra mile to ensure they were satisfied with all aspects of their care and achieved positive outcomes. This had not wavered during the COVID-19 pandemic. Everybody we spoke with said they would highly recommend the service.

People were encouraged and supported to pursue hobbies and interests and participate in a wide range of meaningful activities to enable them to live as full a life as possible. The service had fully reviewed meal-time routines, recognising they were a social highlight of the day for many. People enjoyed an extremely positive meal-time experience and were supported to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and access healthcare services.

The service continued to provide a safe service to people. Effective systems were in place intended to minimise the risks to people, including from abuse, falls and with their medicines. Safely recruited staff fully understood their roles and responsibilities in keeping people safe and were well trained in meeting people's needs.

Staff understood the importance of obtaining consent when providing care. Ensuring people received care and support tailored to meet their individual needs to enhance their quality of life was integral to the ethos of the home. Staff demonstrated an enhanced understanding about people's choices, views and preferences and acted on what they said.

The design and layout of the building was hazard free, clean and in a good state of repair with equipment maintained. People's individual needs including those living with dementia were met by the design and decoration of the home. Consideration had been given to providing points of interest and stimulation along with more tranquil areas in the building. The result was a safe and homely environment that local people could identify with.

People and those close to them were fully involved in the delivery and design of the service. They contributed towards plans of care, which were regularly reviewed and adapted to meet changing needs and were involved in the planning of menus and specially themed dining events. People knew how to complain and share their experiences. Their views and opinions were actively sought, valued and listened to. Concerns and complaints were thoroughly investigated, responded to and used to improve the quality of the service.

Monthly newsletters were produced to promote everyone's involvement in the service which included ongoing communication about the large variety of activities on offer and updated national guidance for the COVID-19 pandemic. There was a distinctive focus on creating a service for the community that welcomed and embraced diversity and promoted equality. The service was dedicated to ensuring continuous quality improvement to make a real difference for 'Bowfellians', people living at Bowfell House, their friends and family members.

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.

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

Rating at last inspection

This service was registered with us on 13/10/2019 and this is the first inspection.

Why we inspected

This was a planned inspection to rate the service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bowfell House on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Bowfell House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector and an expert by experience. An expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bowfell House 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. Inspection activity started on 28 July and ended on 17 August 2021. We visited the service on 28 July and returned on 5 August 2021 to speak with the registered manager and other staff.

What we did before the inspection

We reviewed information we had received about the service since it was first registered. 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 12 people who used the service and six relatives about their experience of the care provided. We spoke with members of the management team including the registered manager, the nominated individual and the quality assurance manager. We also spoke with five care workers, domestic, activities, catering and maintenance staff. We observed interactions between people and the staff.

We reviewed a range of records. To help us assess how people's care needs were being met we reviewed five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including policies and procedures and systems for monitoring the quality of the home.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We arranged for the provision of electronic documents and evidence to support our findings on site. We spoke with a professional who visits the service. We received two statements from senior members of staff whom we were not able to speak with during the inspection.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff and the management team demonstrated a thorough understanding of how to keep people safe and protect them from harm; they were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- Staff were aware of safeguarding responsibilities and had confidence in managers to address any concerns.
- When concerns were raised, the management team notified the local safeguarding authority in line with their policies and procedures and these were fully investigated.
- Appropriate safeguarding investigations had been carried out. The registered manager and provider analysed such events, as well as incidents and accidents. They identified actions to take to prevent reoccurrence.

Assessing risk, safety monitoring and management

- Risks were effectively managed. People told us they felt safe in the service and comfortable with the staff who supported them. One person told us, "The staff make me feel safe and give me reassurance. If I am worried about anything, they are very easy to talk to. I enjoy being around them."
- Risks to people's health and safety had been assessed on an individual basis, showing regular review and learning.
- People who were vulnerable because of specific medical conditions such as diabetes, Parkinson's disease, and dementia had clear plans in place to manage these conditions. These guided staff as to the appropriate actions to take to help keep people safe.
- Regular checks of the premises and equipment were completed to help ensure the safety of the environment and people's care.

Staffing and recruitment

- Effective measures were in place to ensure there were sufficient staff consistently available to meet people's assessed needs.
- People received continuity of care and support through an established workforce that knew people well and understood their needs.
- The provider had introduced a new support role to assist with meal-time service. Care staff told us this meant morning routines were not rushed and they were able to spend quality time with people.
- Staff continued to be recruited using appropriate checks to ensure they were safe to work with vulnerable people.

Using medicines safely

- People were safely supported to take their medicines at the right time, by staff whose competency was regularly assessed with observations and knowledge checks.
- People's preferences about how they liked to take their medicines were documented in care plans and in medicine files.
- People were supported to be as independent as possible with taking their medicines, which was underpinned by appropriate risk assessments.
- Storage of medicines was secure and stock balances were well managed. Regular audits of medicines were carried out by senior staff, the service's pharmacy and the clinical commissioning group, to identify and address any issues.

Preventing and controlling infection

- The service was very clean and hygienic. Two-tone flooring fitted in the laundry area assisted with this.
- People, relatives and professionals told us there were never any unpleasant smells.
- Hand-sanitizing stations and personal protective equipment, such as gloves and aprons, were available throughout the service.
- The provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured the provider was preventing visitors from catching and spreading infections.

Learning lessons when things go wrong

- Incidents and events were shared and discussed at daily senior leader meetings so that future practice could be improved. The nurse call system had been fully reviewed and checked following an incident.
- Lessons learned were discussed and disseminated to staff through team meetings and internal communications.
- Prevention strategies were formulated to prevent reduce the risk of repeat incidents or similar events.

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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet;

- Staff played an essential role in helping people to live healthier lives, which included eating well again and stabilising weight, following moving into Bowfell House or after a stay in hospital. Staff ensured people's everyday health needs were met effectively.
- Family members we spoke with praised the exceptional difference staff had made to their loved one's lives since moving into Bowfell House. One relative told us about the increased confidence staff had instilled in their family member and said, "Most importantly our [relative] has settled well and is thriving in the fabulous environment that is Bowfell [House]."
- Ensuring people had a positive dining experience had been a real focus for the team. We observed a very positive lunchtime atmosphere, in a light and airy dining room. Table settings had been changed to enable social distancing was maintained during the pandemic.
- The service recognised the importance of good nutrition and were exceptionally creative at supporting people to eat and drink well. Breakfast choices included lower fat options such as fruit and yoghurts, cereals and continental-style breakfast items. These were displayed so people could easily see and make choices.
- The arrangement of a restaurant-like experience enriched people's dining experience. Those who were able to could peruse the food on offer and make choices at the point of service. Staff employed in the new hospitality role were on hand to assist and inform people about the meals on offer.

Staff support: induction, training, skills and experience

- Every member of staff we spoke with without exception praised the provider's robust approach to the training and up-skilling of staff.
- Staff felt well supported, received a robust induction, regular supervision and training to guide them in their role. One member of staff told us, "I'm new to care. Management have made the learning curve easy for me. The training I received is second to none." People and relatives recognised that staff were highly competent in their caring roles.
- A culture of developing staff to reach their potential had been established. Staff felt invested in, given the opportunities for self-development available to them.
- The champion roles extended to staff were not nominal titles. Staff showed genuine interest in their 'champion' subjects, for example end of life and nutrition, and were passionate about cascading information down to colleagues in order to improve the lives of people living at Bowfell House.

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

working with other agencies to provide consistent, effective, timely care

- The service significantly improved people's quality of life and self-esteem. This was through exceptional care and best practice approaches.
- The service was dedicated in supporting people's rehabilitation, mental wellbeing and physical health. This had especially been apparent through the COVID-19 pandemic and the level of positive feedback we received from people and their relatives supported this.
- Staff demonstrated their ability to carry out tasks to maintain people's health competently, while also ensuring information provided to other health professionals was detailed and relevant.
- There was excellent collaborative working with external health professionals, and this had not suffered during the pandemic. Conversations with people, staff and records all demonstrated that advice and support was sought from health professionals when concerns about a person's well-being were identified.
- The service ensured that people received input and any required treatment from other services. Referrals were made in a timely manner.
- People's health had improved since living at Bowfell House. Relatives we spoke with told us about the progress people had made, for example with improved mobility and independence. This was attributed to the attitude and knowledge of staff and the teamwork approach from everyone in the service.

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

- The home had been specifically designed to meet the needs of people living with specific health needs, including dementia. During the building phase the provider had involved various professionals to meet the needs of people and ensure best practice was reflected.
- For example, a small hand washing facility was situated in an alcove in the main corridor near to the dining room. This was extensively used by visiting professionals and staff and had proved invaluable during the COVID-19 pandemic. It had encouraged people to wash their hands prior to dining.
- The dining room was open plan and in the style of a bistro café. There was a small library and a bar area on site. The bar area had doubled up as a visitor's pod during the pandemic, was accessible from the garden and was kitted out accordingly with floor-to-ceiling glass panels. This meant family members had enjoyed visiting loved ones safely and in comfort when national guidance allowed.
- The provider had set out to create a home for people from the local community. Artwork and canvasses around the home were of local landmarks that people identified with, such as the church, old library and local park.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care records accurately reflected their capacity to make decisions.
- Staff had received training in MCA and DoLS and demonstrated how they applied this legislation in the care and support they delivered to people.
- Throughout the inspection staff consistently sought people's consent before offering and providing care,

for example prior to giving people medication.

- Appropriate applications to the local authority to deprive people of their liberty had been made and any conditions attached to authorisations were adhered to.

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.

This is the first inspection for this newly registered service. This key question has been 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

- There was a strong ethos for the development of positive and caring relationships at Bowfell House. This was evident in how all staff communicated with people and these reflected the values the service instilled in staff from the outset.
- Interactions between people and staff were warm, kind and showed they knew each other well. People had the highest regard for the whole staff team at Bowfell House, including management. All of the people we spoke with could not praise the staff highly enough and some people wrote little messages of appreciation for the staff and gave them to the registered manager.
- Care managers carried out regular observations of staff practice, to ensure a kind and respectful approach throughout the service. We saw a testimonial left on-line by a relative which said, "Whatever your recruitment policy is, it is working. You have the cream of the crop and I thank them all for their commitment."
- The friendship between staff and people was evident and the lunch time atmosphere was chatty, busy and fun. Staff sat with people for chats, or to read things that were important to them. One person said, "The care here is amazing. Staff are very kind; I want for nothing."
- Relatives and friends were equally complimentary in their feedback. They used words such as "second to none", "superb" and "exemplary" when describing the care provided by the whole staff team.

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

- Staff were highly skilled in engaging with people. They consistently treated people with compassion and took every opportunity to involve and motivate people, so they received the best care and support for them.
- People and their relatives were involved in decisions around the planning, delivery and review of care. The provider had ensured this good practice continued during the pandemic and emails we saw supported this.
- The service signposted people to independent advocacy services when required. Independent advocates are those who speak up on people's behalf when needed, for example if they have no family members to do so.

Respecting and promoting people's privacy, dignity and independence

- Respect and dignity were values upheld by all who worked at Bowfell House. All staff demonstrated mutual respect for both people and colleagues and messages of appreciation and thanks were penned and left by staff on a gratitude tree. One tag left by a new member of staff read, "Thank you so much for helping me settle [in]; you're all angels."

- Staff respected people's privacy and people were supported to be as independent as possible.
- A care worker offered reassurance and words of encouragement to someone who wanted to stand and walk. They were on hand if help was needed but recognised the person wanted to do it independently. The care worker displayed patience and empathy with their actions and in their interactions, and we saw this mirrored in the culture of the whole staff team.
- The improvements made to the dining room and hotel-style service meant people could make independent choices. People were able to see food on offer. They were also able to serve themselves independently at breakfast if they were able to do so safely. Alternatively, they were able to make their meal choices known to specific hospitality staff who could assist with this.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been 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

- The service truly enriched people's lives, as well as making a significant difference to those of their family members. People were supported to achieve both large and small life goals or take on personal challenges.
- During the pandemic it had not been possible to connect with community and multi- faith groups with whom the home had established special relationships. Management had recognised the increased need for activities in the home to ensure good physical and mental health was maintained. People told us about activities on offer at Bowfell House and how all staff were dedicated with lifting people's spirits. This had been extremely valuable and most appreciated during the pandemic.
- Additional activities staff had been appointed and there was a large variety of stimulating and engaging activities on offer at the home. Activity staff were able to devote more time to support and encourage people and the home had purchased new equipment to help engage people. A motitech bike was extremely popular and this fun, physical activity had allowed people to improve their mobility and strength and keep active even during times of lockdown.
- People benefitted from the activities held at the home with both physical and well-being improvements noted. One person had written about how the bike had changed their life. They no longer relied on a wheelchair to get around the home as the bike activity had improved their strength and had given them the confidence to walk. They were also able to choose to cycle around an area where they grew up and this evoked positive childhood memories.
- Care staff had ensured that relationships important to people living at Bowfell House continued to be nurtured during the periods of local and national lockdown. All went the extra mile to make sure arranged visits happened so no one was disappointed. Relatives were grateful for this and we saw numerous examples of their appreciation following visits during the COVID-19 pandemic. One comment sent via email said, "Please can you pass on my gratitude to the staff and tell them how they helped to make a special memory in these difficult times." Positive feedback received into CQC stated, "They have kept families informed and reassured and however busy they have always had a kind word when helping with contact calls to our loved ones."
- A trolley shop offered a large variety of snacks and essential items. This had been very popular during the pandemic and generated lots of comments and conversation as the trolley shop toured the home.

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.

- Staff supported people to use equipment and technology, such as mobile phones and tablets, to stay in touch with those important to them. These methods of communication had proved invaluable during periods of local lockdown.
- A large interactive tablet had been purchased by the provider, to help engage and involve people in both group and one-to-one activities. The touch-screen equipment was easy to use, aided communication for people with a diagnosis of dementia and boosted morale. People benefitted as they remained positive during periods of isolation and their well-being was maintained.
- The service had gone to great lengths to ensure everyone was included. Every main meal served by the home had been photographed and was presented in laminated pictures. People with hearing or verbal difficulties were able to see what meals looked like and indicate their preferences.
- People's care plans included information of how to best support their communication and understanding.

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

- People and relatives highly commended staff's ability to respond with patience and knowledge especially when people were down or upset. People and those close to them praised staff's highly person-centred care and understanding, which put people at ease and truly enriched their lives.
- The service ensured that a robust assessment of needs was undertaken prior to people coming into the home. When this could not be done face to face, information was sought from health professionals and family members. The service strived to best understand people's needs to help support their quality of life and inform the planning of their care.
- Weekly resident reflection sessions were used to focus on one person, review their care, gather their opinions and change practice if suggestions were made. Relatives were involved in these sessions according to a person's wishes.
- The service regularly reviewed people's needs and worked in close partnership with people and relatives to make changes. Family members found this involvement extremely reassuring, particularly as face to face contact with relatives had been limited. This appreciation was apparent in the extremely complimentary feedback we saw.

End of life care and support

- Feedback from professionals and families about how staff cared for people at the end of their life, with professionalism, dignity and respect for people's wishes, was extremely positive.
- This was further supported by the vast number of cards, compliments and emails the service had received from family members after supporting a person with end of life care.
- People's care plans were continuously being reviewed to ensure wishes and preferences in relation to care at the end of life were still relevant.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint but generally told us they had no reason to. One relative we spoke with described the service as being 'very proactive' and their approach to resolving small problems as 'refreshing.'
- Systems were established to ensure any complaints were logged, responded to appropriately and actions identified and implemented to improve the quality of service.
- Where a complaint had been made this was informal and had been resolved to the satisfaction of the complainant.
- The service shared with the inspection team the abundance of compliments they had received in 2020 and 2021 via emails, letters and in the form of thank you cards. These mirrored the highly positive feedback we received from people, their relatives, staff and professionals we spoke with as well as comments made

on an independent website.

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.

This is the first inspection for this newly registered service. This key question has been 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

- Managers and the staff team were dedicated to providing the highest quality care and to improving the well-being of all those in their care. The service's outstanding effectiveness, care delivery and responsiveness were a credit to the organisation and indicated excellent leadership both at location and provider level.
- The service put people first with strongly embedded values at the heart. Staff were fully familiar with the I.C.E. values, and outlined how 'Integrity, Compassion and Excellence' helped them contribute towards the excellent practice and the delivery of dignified care. Bowfell House had developed with a strong, clear values base, recognised throughout the team.
- The highly dedicated culture of the staff team was evident in all aspects of the home. Senior staff we had not been able to talk with individually sent in testimonies about how empowering it was to work at Bowfell House and told us, "The embedded values and culture at Bowfell House are filtered through the team from senior management. Senior Managers are an inspiration to the team."
- People described the exceptional quality of the service provided by management and staff of Bowfell House. Comments and feedback to the home included, "Care is exemplary from every member of the team", "The staff know the residents well and take great pride in their roles" and "Nothing is too much trouble."
- The role of the quality and compliance officer was integral to the provider's commitment for continuous improvements and making a difference for people. The suite of tools available to the service to help achieve this included ongoing audits, mock inspections, spot checks and resident and relative suggestions.
- There were a multitude of examples that showed exceptionally personalised commitment and attention to people. This ranged from providing high-quality personalised care to making sure people had access to things important to them when moving into Bowfell House. These helped reassure people and their relatives during very unsettling times due to the COVID-19 pandemic.
- The exceptional culture of the service was led by a highly respected registered manager. Staff told us managers and leaders were highly visible and accessible. The service was passionate about creating a culture of greater understanding and support and welcomed and embraced diversity.

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

- Residents were fully engaged and involved and placed at the heart of the service. People and their relatives were given numerous opportunities to voice their opinions about the service and how this might be

improved.

- Any improvements adopted were shared in the form of "You Said; We Did" feedback. For example, the home had recently bought cups with bigger handles after this was suggested and people found them easier and safer to use.
- People continued to show their heartfelt appreciation with both formal and informal feedback. One person had penned a note of thanks to the registered manager which said, "I hope that you are really proud of yourself and your staff for the amazing way you have dealt with the pandemic."
- Satisfaction surveys sought the opinion of people, relatives, professionals, stakeholder and staff about the service. These had not waned during the pandemic.
- Regular meetings, group emails, as well as daily and monthly newsletters kept everyone well-informed and involved. This communication had been invaluable throughout the pandemic and relatives were extremely thankful for it, particularly those living overseas. A family member commented, "There are regular family and friend's meetings to keep us all in touch with the latest developments and also the opportunity to ask questions and make suggestions."
- The strong staff team felt supported and respected; morale was extremely high, and all this contributed towards the delivery of high levels of compassionate care. Staff were eager to tell us how empowered they felt working at Bowfell House. Self-nominated champions ensured the team worked to their strengths and passions.

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

- An effectively robust system of quality assurance checks both at service and provider level helped ensure continuous development and improvement of people's care.
- Bowfell House was managed by a team of family members and the ethos of wanting to create a 'family feel' in the home was apparent in the approach by all management and staff. People we spoke to commented on this.
- Information relating to the running of the home was openly discussed and shared amongst management and cascaded down to staff. This information provided effective governance, accountability and oversight of what was happening in the home and contributed towards future development plans of the service.
- Notifications about specific events had been sent in line with legal obligations. The registered manager was aware of their legal responsibilities under the duty of candour.

Continuous learning and improving care

- The provider recognised the COVID-19 pandemic had impacted on some elements of their practice. For example, strong links forged with the community had suffered, shared dining experiences with friends and family members had ceased.
- The service demonstrated creativity, flexibility and innovation in the new approaches adopted during the pandemic.
- These new or revised approaches resulted in safe care, motivation, stimulation and enjoyment for those living at Bowfell House.
- Managers and staff updated their learning through various sources to continuously develop best practice and make a difference to people's lives.

Working in partnership with others

- The service had a proven track record of working collaboratively with the community, other professionals, families and stakeholders prior to the COVID-19 pandemic.
- Whilst some links had been paused these had not stopped. The provider continued to forge and grow

these relationships, albeit virtually rather than face to face. This ensured people received a consistent service.

- The registered manager and nominated individual were involved in a variety of local networks. The Quality and Compliance Manager represented the home at the Greater Manchester Ageing Hub. This gave them an insight into the issues affecting the older population both locally and nationally and was an opportunity to influence positive change.