

Willow Homes-Lincs Limited

The Old Hall

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

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

The Old Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide accommodation for up to 20 older people and people living with dementia. There were 20 people living in the home at the time of our inspection. The registered provider also offers day care support in the same building as the care home although this type of service is not regulated by CQC.

We inspected the home in the period 29 January to 5 February 2019. The first day of our inspection was unannounced.

At our last inspection we rated the home as Outstanding in four of the five key questions and overall. At this inspection we were pleased to find the registered provider had made many further improvements in pursuit of an ever more safe, effective, caring, responsive and well-led service. As a result, the home is now rated Outstanding in all five key questions and overall.

People were at the very heart of the service and everyone with we spoke with told us of the exceptional kindness they had experienced at The Old Hall, and how good this made them feel. One person said, "I have been here for four years now and have never regretted it. You feel as though you are not only cared for but really loved. I want to spend the rest of my days here as I couldn't wish for anything more." Staff promoted people's right to make choices in every aspect of their lives and actively supported them to maintain their independence for as long as possible. People were treated with the utmost dignity and respect and end of life care was provided in an exceptionally person-centred and compassionate way.

There was a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. Like registered providers (the 'provider') they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was deeply involved in all aspects of the running of the home and provided her team with principled, person-centred leadership. She had created an exceptionally open and positive organisational culture and staff worked closely together, internally and externally, to provide people with highly personalised care and support. The registered manager gave a very high priority to the learning and development of both herself and her team. As a result, staff had all the skills and knowledge necessary to meet people's individual needs and expectations. The provider had a highly selective approach to recruitment to ensure new staff were suitable to work in the home.

Under the registered manager's research-led leadership a number of innovative changes had been made, all of which had proved extremely effective in maintaining and improving people's physical and mental health. These included establishing a new team of well-being therapists; the introduction of Lady – an affectionate

Cavalier King James Spaniel; the ongoing development of an internal 'token economy' and the creation of the Welcome Bar.

The provider had a meticulous and exceptionally person-centred approach to assessing and reviewing people's individual needs and preferences. Staff had a deep and holistic understanding of each person living in the home, derived in part from the strong relationships they had forged with people's relatives. People were actively involved in many aspects of the running of the home and had the opportunity to participate in a rich variety of one-to-one and communal activities and to maintain personal interests and hobbies.

The provider placed a very high emphasis on ensuring people were properly nourished and hydrated. People were completely satisfied with every aspect of the catering provision in the home and told us they could have anything they wanted to eat or drink, at any time of day or night. Staff worked in very close liaison with local health and social care services to ensure people had access to any specialist support they required. Systems were in place to ensure effective infection prevention and control and the management of people's medicines was safe.

Staff knew how to recognise and report any concerns to keep people safe from harm and a sophisticated system was used to promote organisational learning from any significant incidents. Individual risk assessments were regularly reviewed and updated personally by the registered manager. Staff supported people in the least restrictive way possible and policies and systems supported this practice.

A range of audits was in place to monitor the quality and safety of service provision. Formal complaints were rare and any informal concerns were handled effectively. Since our last inspection, significant investment had been made to ensure the physical environment and facilities in the home remained suitable for people's needs, in particular people living with dementia.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was very safe.

The provider's significant investment in additional staffing resources meant people's physical and emotional needs were met in a truly holistic way.

Individual risk assessments were regularly reviewed and updated personally by the registered manager.

A highly selective approach to recruitment ensured new staff were suitable to work in the home.

A sophisticated system was used to promote organisational learning from any significant incidents.

Systems were in place to ensure the effective prevention and control of infection.

People's medicines were managed safely.

Outstanding 

Is the service effective?

The service remains very effective.

Outstanding 

Is the service caring?

The service remains very caring.

Outstanding 

Is the service responsive?

The service remains very responsive.

Outstanding 

Is the service well-led?

The service remains very well-led.

Outstanding 

The Old Hall

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. The inspection was planned to check whether the provider was 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.

We inspected The Old Hall in the period 29 January to 5 February 2019. On 29 January 2019 we conducted an unannounced visit with an inspection team consisting of an 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. On 4 February 2019 our inspector returned to the home and on 5 February 2019 they telephoned relatives of people living in the home to seek their feedback on the quality of the service.

In preparation for our inspection we reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

As part of the inspection process we also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spent time observing how staff provided care for people living in the home to help us better understand their experiences of the care they received. We spoke with four people who lived in the home, four relatives, the registered manager, the business manager, three members of the care and support team and the kitchen manager.

We looked at a range of documents and written records including people's care files and staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Is the service safe?

Our findings

Since our last inspection, the provider had undertaken a major reorganisation and expansion of the care and support staffing resources in the home. The provider had increased the size of the activities team by more than 300%, from 35 weekly hours to 107. With a new job description and title, there were now five 'well-being therapists' employed in the home, working seven days a week focused solely on providing people with emotional and psychological support to promote and maintain their well-being and happiness. Describing the thinking behind this very significant investment in the welfare of the people living in the home, the registered manager told us, "I [realised I had] to put another team on to look after the psychological side. People need time. They need someone to say, 'let's go out'; 'let's talk about this' and 'let's learn about this'. I know everyone is going to get [excellent] physical care [and] now psychological care is provided in the same way." One of the well-being therapists told us, "We focus on body and mind [together]."

Reflecting these comments, we saw that the team of well-being therapists worked closely alongside care staff to support people in a holistic way, reflecting their individual needs and preferences. For example, on the first day of our inspection there were three well-being therapists on shift and, over the course of just one morning, we watched them support individuals to pursue an extensive variety of personal hobbies and interests including using a table top exercise machine; threading jewellery; reading through a personal scrap book; painting; reading and doing puzzles on an iPad. Others enjoyed a communal game of cards. As we were arriving to start our inspection, one person was heading out to the village shop with one-to-one support from a well-being therapist.

Everyone we spoke with told us that the introduction of the team of well-being therapists and the move to a truly holistic model of care and support had made a very positive impact on their lives. For example, one person said, "The staff are so interested in me and what is good for me and that makes me so happy." Reflecting on the principled and imaginative changes she had introduced, the registered manager commented, "I just knew it could be better [and it is]. People are more stimulated and have better health. Their well-being has increased. They are happy." A local healthcare professional who was visiting the home on the first day of our inspection told us, "In some of the care homes [I visit] people are just sitting in the lounge. Here, they are stimulated in every way. It's outstanding." A staff member said, "What makes it different is that people [now] have the opportunity to do what they want."

Additionally, when the team of well-being therapists was introduced there had been no reduction in the size of the care team. This meant care staff had significantly more time to focus on meeting people's physical care needs and keeping them safe. Talking about the exceptionally prompt response of the care staff to any request for assistance, one person told us, "If I need someone, there seems to be someone right there. It really is amazing." Another person said, "When I am in my room which is sometimes where I prefer to be, I just press the buzzer that I wear and the staff come straightaway which is very good." In confirmation of this feedback, throughout our inspection we saw care staff had time to provide people with any support and supervision they required in an extremely patient and attentive way. Commenting on staffing resources in the home and the positive impact this had on their loved one's safety, a relative said, "In his previous home

... he was having falls every day. He hasn't had a single fall [at The Old Hall]."

The registered manager prepared the staffing rotas personally on a four-weekly basis. In a further innovation since our last inspection she had introduced a 'red/amber/green' rating for each member of the care team, to reflect their differing levels of experience and knowledge. For example, a new recruit was likely to be rated as red with a longer-serving, more experienced colleague rated as green. The registered manager said she used this information as part of a "constant tweaking" of the rota to make sure there was a correctly balanced staff skill mix on every shift.

Despite the many pressures on her time, the registered manager also continued to put herself on the care rota on a regular basis. Describing her determination to maintain this hands-on approach, she told us, "I still do two week-day shifts each week and one weekend shift every fortnight. [Through caring for the residents] I get to know everything about them. And if a member of staff comes to me, I can give the best possible advice. That's important." Commenting positively on the registered manager's approach, one staff member said, "She is very knowledgeable. She knows the residents. Any question you've got, she's got the answer. She knows what she's doing."

Since our last inspection, the registered manager had also made further enhancements to the staff recruitment system. Describing her extremely careful and selective approach, she told us, "I would rather do the shift myself than have someone I don't think is right. We [now] have an extended two-part process. Before the [first] interview, we sit them [in one of the communal areas of the home] and get the staff to observe them. I like to know how they are with the residents. If they look uncomfortable, they may not be suitable for here." Candidates who made it to the second stage of the interview process then spent a 'taster hour' shadowing a senior member of staff, again to determine their suitability to join the team. The registered manager told us she had also created opportunities for people who lived in the home to participate in the recruitment process if this was something that interested them. Describing a recent interview which involved a person who lived in the home, she told us, "[Name] was on the panel. [Some of the applicants] ignored him. So, I knew they weren't right." We reviewed some recent recruitment decisions and saw that Disclosure and Barring Service (DBS) checks had been carried out and references obtained to ensure that the staff who had been employed were suitable to work with the people who lived in the home.

Without exception, the people we spoke with told us they felt safe living in the home. For example, one person said, "I feel safe and secure here because I know the staff are always keeping an eye on me and protecting me." A relative commented, "I always visit unannounced and there is never anything awry. I can sleep at night knowing [name] is so well-looked after. If I needed to be in a care home I would be in The Old Hall. It is most definitely Outstanding. If there was a higher mark to give, I would." Staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or CQC, should this ever be necessary. Information on how to raise a safeguarding alert was included on an information sheet in each person's bedroom.

The provider had an extremely systematic approach to ensuring potential risks to people's safety and wellbeing had been considered and assessed, for example risks relating to skin care and mobility. Each care record we looked at outlined the measures put in place to address any risks that had been identified. For example, one person had been assessed as being at risk of choking when eating. Specialist advice had been sought and a range of measures put in place to address the risk. To make them easier for staff to use, risk assessments had been prepared in a flow diagram format and were colour coded to reflect the degree of risk.

Reflecting her detailed knowledge of each person gained through her own hands-on care, the registered

manager personally reviewed and updated people's risk assessments on a monthly basis to take account of changes in their needs. As an additional means of identifying and mitigating potential risks to people's safety and welfare, the registered manager used an audit tool supplied by the local authority to record the incidence of any urinary tract infections, falls and pressure ulcers. Describing the value of this approach, the registered manager told us, "With falls especially it helps me see any patterns – late shifts, early shifts. I can then reflect this in the [staffing] skill mix [on the rota]."

Since our last inspection, the provider had developed a sophisticated approach to reviewing any accidents and incidents which occurred in the home. As part of this process of organisational learning, the registered manager wrote up 'case studies' to describe specific incidents in an anonymised way. These were sent to all staff who were required to read them and respond. The registered manager then reviewed the responses and met with staff members as required to ensure the necessary learning was embedded in their practice. Talking positively of this approach one staff member said, "If they have concerns after you hand your sheet in they will follow it up. You are not in trouble. They just explain [what you need to do in future]." Staff meetings were also used as a forum to discuss any incidents and agree changes to policies and practice to reduce the risk of something similar happening again. For instance, in response to a recent incident, two staff members were now required to check the temperature of hot water bottles before they were given to people to use.

The home was clean and odour free and the provider had effective systems of infection prevention and control. One person told us, "The home is lovely and clean and I enjoy sitting and relaxing in the lounge as it is so nice." Another person said, "I prefer to stay in my room most of the time and my room could not be any better. Things just don't get dirty but if something does it is cleaned straightaway." Senior staff attended information sharing events organised by the local authority to ensure the provider was up to date with best practice in this area. Protective aprons and gloves were stored in various locations around the home to make it easy for staff to access them as required. There was strong emphasis on good hand hygiene which was epitomised by a notice for staff which stated, 'Infection control is in your hands'.

We reviewed the arrangements for the storage, administration and disposal of people's medicines we found these continued to be managed in line with good practice and national guidance. Talking of the support they received from staff in this area, one person said, "I am on a pile of tablets and the staff always bring them to me on time ... I have no worries there." Since our last inspection, the provider had made a number of changes to the management of people's medicines to make the system more person-centred and less-institutionalised. For example, several 'homely remedies' were now available that staff could administer to people without the need for a prescription. Describing this innovation, one staff member said to our inspector, "We've got [things like] senna and paracetamol that people can have, as you or I would have [at home]." A 'self-medication' assessment sheet had also been introduced to identify people who were capable of continuing to administer their own medicines. The provider had also enhanced the medicines management system to help mitigate potential risks to people's safety. For example, medicine administration record sheets (MARs) now came pre-printed from the pharmacy which reduced the risk of transposition and recording errors. Additionally, the pre-printed MARs include a picture of each medicine as a further pre-administration safety check for staff.

Is the service effective?

Our findings

Since our last inspection, the people living in the home had requested, and acquired, a dog. In her first year of life, 'Lady' (an affectionate and well-trained Cavalier King James spaniel) had had a profoundly positive impact on the health and well-being of the people living in the home. Commenting on this exceptionally effective initiative, the registered manager told us, "It is the best thing we have ever done. [She came here] as a puppy so is really adapted [to life in the home]. The residents picked the name. I can't believe the difference she has made to people. She is 100% better than medicine. For instance, [name of one person] chooses to eat in her room and eats more with Lady by her side. And [name of another person] doesn't settle well at night. Lady goes in and [name] settles." Similarly, a visiting healthcare professional told us, "Having the dog has had a huge benefit. It's a stimulus. They cuddle her, they love her to bits. She's part of their family." Reflecting these comments, throughout our inspection as Lady roamed freely round the building, we witnessed the loving interaction between the people living in the home and their dog. We also noted the positive impact that stroking, patting and speaking to Lady had on people's mental well-being. Describing her feelings for Lady, one person said, "We have a lovely dog here. She brings a smile to our faces whenever we see her. She makes me feel better." A relative said, "[My relative] absolutely loves Lady. She is most definitely therapeutic. I was amazed they had a dog [living in the home] and I was so pleased."

In addition to the introduction of Lady, the registered manager had continued to prioritise her own learning and development and to use the knowledge gained as a catalyst for further improvement in the effectiveness of the care provided to the people living in the home. Under her research-led leadership, a variety of innovative changes had been made, all of which had been extremely effective in maintaining and improving the physical and mental health of the people living in the home.

For example, shortly before our last inspection, reflecting knowledge gained whilst studying for her undergraduate degree in dementia care, the registered manager had introduced a 'token economy' to the home, working in close consultation with people and their relatives. Staff had drawn up a list of over 20 jobs that people were encouraged to undertake in return for tokens they could spend in 'Daisy's Shop' which had been designed and installed in a corner of the dining room, again with the direct involvement of the people living in the home. The jobs included laying tables in the dining room, folding towels, making beds, baking and running errands to the village shop and post office. Relatives and keyworkers could earn tokens for people who were physically unable to take on jobs themselves. Tokens were used to avoid the anxiety about dealing with real money experienced by many people living with dementia.

In the three years since that inspection, the token economy and Daisy's Shop had flourished and become an integral part of life in the home, with direct therapeutic benefit to the people living there. Throughout our inspection we saw people willingly undertaking tasks such as setting tables for lunch and folding laundry to earn tokens to spend in the shop. Talking to us with pride, a person who had just returned from the village shop told us, "The cook will often ask me to pick something up for her [from the shop]. If that helps her, that's not a problem for me. I enjoy that." A staff member commented, "We get residents involved in [a wide variety] of daily tasks. [Name] really loves hanging washing out in the summer. We lower the line to wheelchair height." Similarly, the kitchen manager told us, "[Name] came into [the kitchen recently] and

helped make a pineapple upside down cake. She's always been quite a baker." Unprompted by staff, some people also did things for others. For example, pointing with delight at a gleaming copper kettle in their bedroom, one person said, "[Name] took my kettle and polished it for me. Wasn't that a nice thing to do!"

Describing the positive impact of the token economy on the health of the people living in the home, one staff member told us, "People don't need to be asked to [do jobs] anymore. They come to us. Their general well-being has improved. They are not coming to the home to sit back and be fully looked after. They are coming to be part of the running of the home." Talking of one person in particular, a staff member said, "[Name] really struggles with Parkinson's but he never gives up folding towels. It's exercise without him realising it's exercise." Commenting on one of the therapeutic benefits of Daisy's Shop, the registered manager told us, "People use their tokens and pick out presents [for family members]. Giving a present back is something you very rarely see in care homes as people have nowhere to get them. Giving makes you feel good. It increases well-being." Describing the transformation in their relative following their move to The Old Hall, a family member said, "At the home he was in before, he was left alone for long periods of time. He was deteriorating mentally. But [here] at The Old Hall it is as if someone has given him an injection. It's unbelievable. They make sure he is ... occupied [which has had] a positive effect on his well-being. He is much more attentive. [Through my work] I have [visited] 50 or 60 care homes and in all my years of experience I haven't seen a home that beats The Old Hall."

The registered manager was now studying for a Masters degree in Frailty. Again, she had used the knowledge gained to further enhance the effectiveness of the care and support provided to the people living in the home, particularly those living with dementia. For example, the 'Welcome Bar' had been installed in the dining room with a range of alcoholic drinks that people could enjoy whenever they wished. Describing this initiative, a senior member of staff told us, "We had an influx of new residents who all enjoyed a drink with their main meal. We hadn't come across this before. Some [of the new residents] bought their own wine which prompted others to ask if they could have a drink as well. We installed the bar [to ensure the drinks] are on display as a prompt for those who have forgotten [they used to enjoy a drink]. It's a reminder for them." On our inspection we observed several people enjoying a pre-lunch aperitif or a glass of wine with their meal – a simple pleasure that clearly brought back pleasant memories and enhanced well-being.

Reflecting her research into sensory stimulation, the registered manager had also introduced portable electronic scent diffusers and wi-fi enabled 'smart' speakers to the home. Describing some of the benefits people living with dementia derived from this initiative, the registered manager told us, "One lady gets very anxious. We put a lavender scent diffuser outside her room and play classical piano through [one of the smart speakers]. It really calms her down." A relative told us, "The essential oils and soothing music definitely relaxes people. They have so many clever ideas!" Similarly, a 'dressing room' had been created just outside the bedroom of a person for whom the sense of touch was extremely important. Describing this innovation, a staff member said, "We noticed [name] was constantly putting on [other people's] scarves and carrying [other items of clothing] about. We had some hats we had bought for an activity so we put some coat hooks up just outside her room. Now she can grab the hats and take them away whenever she wants. We find the hats all around the home!"

Everyone we spoke with us told that they thought staff were exceptionally well-trained and had all the skills and knowledge needed to care for people effectively. For example, one person said, "Some days my legs just swell up but the staff are always on the lookout for this. They will have a nice chat with me about it and we discuss if I should sit in my chair with legs up or rest in bed, which is nice." A relative commented, "[At the home he was living in previously] I thought [my father] was going to pass away. Now he looks so much better. The difference ... in the way he is cared for ... was almost instant [following his move to The Old Hall]."

Describing her commitment to disseminating the knowledge she had gained from her university degrees, the registered manager told us, "I have learned a lot [from my studies] and I share my learning [with staff]. Embedding my knowledge [in the policies and practices of the home]." This approach was clearly beneficial to staff. For example, talking of a recent training event on dementia which had been led by the registered manager, one staff member said, "It was incredibly informative. I thought I knew a lot [about dementia] but I learned a lot [more]. For instance, how vision can be affected which means some people can't gauge how far it is to the floor [which can cause distress]. Now, when I am [re-positioning] someone in bed, I use my body to shield them from the floor."

New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues. Reflecting positively on their own induction, a newly recruited member of the care team told us, "When I started ... I had moving and handling, food safety and fire training. The trainer was very patient and everything was explained. I [then] had about a week and a half shadowing staff. I was not allowed to be on my own. And then when they felt ready and I felt ready [I started to work as a full member of the team]. I definitely felt safe [at that point]." The provider had embraced the national Care Certificate which sets out common induction standards for social care staff and incorporated it into the induction process for newly recruited staff.

The provider maintained a record of each staff member's mandatory annual training requirements and organised a range of face-to-face courses to meet their needs. Explaining why there was no on-line 'e-learning' available, a senior member of staff told us, "Some new staff bring in a sack load of certificates [from online training courses] and on the first day we find they don't know how to wash their hands properly." This approach was clearly valued by staff, one of whom told us, "It's all face-to-face. It's good to have that interaction, all of us together." Another staff member said, "We are training all the time. Fire, food hygiene, dementia, palliative care. They make it really fun."

Describing the very high priority she placed on training and personal development, the registered manager said, "Everybody has to have an NVQ Level 2 and most are doing Level 3, 4 or 5. It's better for the residents to be cared for by people with the right knowledge and skills." Reflecting this ethos, staff at all levels were encouraged to study for advanced qualifications in a wide variety of areas. The knowledge staff gained from their studies had a direct and positive impact on the effectiveness of the care provided to the people living in the home. For example, some of the well-being therapists had gained an Activity Worker Level 2 award from the National Activities Providers Association (NAPA). Talking about the learning she had taken from the course, one of the well-being therapists told us, "It gave us the idea of [supporting people] to make a scrap book. We do a lot of craft and other activities here and it gave us somewhere to put the photos. Now, some of the residents with dementia can look through their scrapbook and reminisce. It's also good for families to know what their relatives are doing."

The provider had well-developed systems to ensure staff had the supervision and support they required to provide people with effective care. Staff received regular one-to-one supervision from senior colleagues, including direct observation of their care practice. Staff told us how beneficial this was in helping to maintain a consistent quality of care provision. For example, one staff member said, "We got observed [recently] on moving and handling and dignity. It's nice to know how you are doing and how you can improve. If you are doing it right you have nothing to worry about!" Describing the role regular staff supervision played in the continuous improvement of the service, the registered manager told us, "Once I have done [one-to-one] supervision with everyone, I always find a trace of things that need to be resolved."

In addition to their training and supervision, staff had access to a wide range of publications and other information sources to ensure they were aware of any changes in good practice guidance and legislative

requirements. For example, as described in the Safe section of this report, infection control procedures in the home were reviewed regularly and updated in line with the local authority's requirements. One staff member told us, "We recently had a person-centred care worksheet to [complete]. Just to refresh our knowledge." The registered manager had a wide professional network and used this as a further source of helpful information and guidance for her team. For example, following our last inspection, she had become involved in a network of service providers rated as Outstanding by CQC which met regularly to discuss innovation and improvement in social care.

Staff in all departments of the home worked extremely closely together to ensure the delivery of effective, personalised care and support. For example, one member of the care team said, "Every day people's needs change and we have to do things differently. We have handover at every shift change and are always kept up to date with changes. We go through every single resident so we know how they were on the previous shift so we know how we can be the most person-centred on our shift." Another staff member said, "We are quite outspoken with each other. If we see something that is not quite right we are quite open in challenging each other." A local healthcare professional commented, "From my point of view, communication is second to none. They all know exactly what's going on. It doesn't matter what grade [of staff]."

To further promote effective communication and the delivery of a more personalised service, since our last inspection the registered manager had set up encrypted 'chat rooms' on an online messaging service – one for the care team shift leaders and another for the well-being therapy team. Staff accessed the chat room via their mobile phones and used it to keep each other and the registered manager informed 'in real time' of any important issues relating to the care and welfare of the people living in the home. Describing the benefits of this innovative new approach, the registered manager told us, "It provides additional continuity of care. For instance, if someone has decided they don't want to eat in the dining room anymore, all the shift leaders are [immediately] aware. It provides a platform to ensure something is carried out all the way through."

Reflecting the provider's continued investment in comprehensive training, supervision and communication systems, staff worked together with skill and dedication to meet people's healthcare needs in exceptionally person-centred and effective ways. For example, describing one person who lived in the home, the registered manager told us, "[Name] came back from hospital. She was really dehydrated. She had not passed urine for two days and was [being treated in hospital] as end of life. We hydrated and hydrated her and her kidneys started working again. Now she's eating and even gets up now and again. It's [clearly] not her time to go." In another compelling illustration of the expertise and knowledge of the staff team, a family member told us of the remarkable transformation she had seen in her relative since he moved to The Old Hall. She said, "His physical health has improved. In his previous home he was deteriorating and having a lot of falls. Here, they gave him a walking stick then gently convinced him, very tactfully, to use a walker with a seat on it. He can now get around a lot more and his legs are stronger than they were two years ago. He can now get outside with his walker. It's lovely, he will now walk across the garden to greet us."

From talking to people and looking at their care records, we could also see that staff worked closely on their behalf with a wide range of health and social professionals including GPs, district nurses, the community dental service and therapists. A local healthcare professional commented via the provider's annual satisfaction survey, "I find this home stands out from any I visit. [There are] excellent standards throughout. All the residents are seen as individuals. All the staff work as a team [and] report any concerns as they arise." In confirmation of this proactive approach, one person told us, "The doctor's surgery is nearby and we all know the doctor well. I had pneumonia recently and the staff asked the doctor to see me quickly. That was really reassuring." Another person said, "If there is any doubt about my health the staff get the doctor in straightaway." A relative told us, "[Name] developed [a particular health problem]. They immediately made

an appointment with a specialist at Grantham hospital. They met us there at the hospital."

Since our last inspection, the provider had installed a number of 'sepsis kits' around the home to enable staff to make an immediate and potentially life-saving intervention, should the need ever arise. Commenting on this innovation, the registered manager told us, "We installed them after I attended a sepsis conference. They contain oxygen and blood pressure monitors. All staff are trained to use them if they detect any increase in a person's temperature."

Everyone we spoke with told us they were completely satisfied with the food and drink provision in the home. For example, one person said, "The food is wonderful. It really is very good. Today I have ordered sausages and we always have nice vegetables." At lunchtime on the first day of our inspection another person told us, "I am really enjoying this lunch and would give it 10 out of 10." Another person added, "This rice pudding is lovely. You can tell it is homemade". People also told us they could have anything they wanted to eat or drink, at any time of day. For example, one person said, "At breakfast time you can have whatever you would like. Such as a full cooked breakfast. Or eggs on toast, fruit or cereal. There is a lovely choice." Another person told us, "If I am hungry in the night, the staff will bring me a snack and a warm drink."

Kitchen staff had access to a 'food preference file' which specified people's individual likes and dislikes to a very high level of detail. Talking approvingly of the kitchen team's dedication to meeting their particular preferences, one person said, "The staff all know what we like. I always have two yoghurts and a cup of coffee for breakfast and the staff make sure I have that every morning." The kitchen manager told us that she had recently taken her homemade Cornish pasties off the menu in response to people's feedback that they were "too dense". With a twinkle in her eye, she said, "I never take it personally."

Staff took also exceptional care to ensure people who had been identified as being at risk of dehydration or malnutrition were provided with effective support. To reduce the risk of malnutrition, the registered manager told us some people were offered four meals a day rather than the normal three. Explaining that these meals were also called "snacks", the registered manager said, "Some people get overwhelmed [at mealtimes]. Sometimes 'snacks' sounds more appealing." As an important part of their role, the well-being therapists (rather than care staff) provided one-to-one support to anyone who was unable to eat unaided. Talking about the impact of this initiative, the registered manager told us, "[The well-being therapists have the time to support people] without rushing. And it helps to be socially stimulated [whilst eating]. [Name] was being assisted with food. Now [one-to-one support is not required] as she is eating and drinking independently." Food and fluid charts were completed each day and reviewed personally by the registered manager on a weekly basis. Commenting approvingly on the effectiveness of the provider's approach in this area, a relative told us, "Dad was getting a lot of urinary tract infections at [his last home]. He hasn't had any since he came to The Old Hall. He is getting more fluids given to him. If his glass is empty the staff are onto it straightaway. [At his last home] his glass was always empty."

Staff had received training in the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing care or support. The 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. Describing their approach in this area, one staff member said, "I think everyone can convey their wishes [in some way]. We never force people [to do something they don't want to do]."

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). As part of our inspection we checked whether the provider was working within the principles of the MCA. Although no one living in the care home at the time of our inspection was the subject of a DoLS, the registered manager demonstrated a detailed understanding of this aspect of the MCA and confirmed she would not hesitate to submit an application should this be required in future. Senior staff made use of best interests decision-making processes to support people who had lost capacity to make some significant decisions for themselves and these were documented in people's care records.

Since our last inspection, the provider had made significant improvements to the physical environment and equipment in the home. For example, wi-fi was now available throughout the home, including people's bedrooms. As described in the Safe section of this report, one person made particular use of this resource to download jigsaws to complete on her iPad. A new cordless phone system had also been installed, enabling people living in the home to make or receive phone calls more easily.

In refurbishing the home, particular attention had been paid to the needs of people living with dementia. Toilet doors had been painted in 'dementia friendly' colours and each corridor had been decorated in a distinct theme, to make it easier for people to orientate themselves within the home and to stimulate memory. For example, one corridor had been decorated with a wedding theme, featuring blown up photographs of the weddings of some of the people living in the home. In another area of the home which had been decorated in a beach theme, sand had been mixed into the paint to help people feel their way along the corridor. The people who lived in the home had been involved in every aspect of the refurbishment. For example, the registered manager told us that she had suggested one area should be decorated with black and white images of Marilyn Monroe but she had been over-ruled by people who wanted Laurel and Hardy as well.

Is the service caring?

Our findings

There was a sign in the dining room of the home with a quote from the American author Maya Angelou. It stated, 'People will forget what you said and forget what you did. But people will never forget how you made them feel.' Reflecting this ethos, every person we spoke with as part of our inspection told us of the exceptional kindness they had experienced at The Old Hall and how good this made them feel. For example, one person said, "I have been here for four years now and have never regretted it. You feel as though you are not only cared for but really loved. I want to spend the rest of my days here as I couldn't wish for anything more." Another person said, "They are not just staff, they are like friends to me. That means I can tell them anything and have a chat about something that is worrying me. That is important." One person's relative told us, "The residents are so happy and the staff are so happy. They laugh and giggle [together] but [are] so professional." A local healthcare professional commented, "I often find in [homes that care for people living with dementia], there is not much laughter. There is plenty of laughter here."

Describing her personal philosophy of care, the registered manager told us, "[Care] is a job that has to be a way of life. I believe everybody should be treated fairly and have the right to do what they want to, when they want to do it. And be happy, whatever that means [for them]. Love is at the heart of us all." Endorsing this ethos, one member of staff said, "It's not just a job here. It's all about the residents. Whatever they want they are listened to. It doesn't matter if it's 3pm or 3am. Everyone always goes the extra mile. I came in on Christmas Eve to play my guitar [even though] it was my day off." Similarly, staff told us that they visited people who were in hospital, again in their own time. A relative commented, "[Name] loves popcorn. Some girls will bring her a bag. They will never, ever take the money [for it]. I have tried giving it back to them but they say it's their treat."

Reflecting this commitment to supporting people with kindness and compassion in a completely person-centred way, during our inspection we identified many examples of the provider's exceptionally caring approach. For example, on their birthday people received a card, a present and a homemade cake of their choice. The registered manager told us that people were presented with their cake in the dining room at lunchtime so they could cut it themselves at their table and serve it to others as they would have done at home. A relative told us, "The day [my parents] moved in there were flowers and a card from all the staff [in my mother's room] and a card and chocolates [in my father's]. I have ended up in tears [at times] as the care they are giving [my parents] is so fantastic." Telling us of the plans that were being made to celebrate Valentine's Day, a staff member said, "I contacted a spa in Sleaford. They donated a £40 voucher which we are going to use to put a flower and a chocolate on each person's tray at breakfast time." To help promote a homely atmosphere, the main lounge was decorated with canvas mounted photographs of each of the people who lived in the home. When a person passed away, the registered manager told us their photograph was offered to their family as a memory of their loved one.

In her youth, one person who lived in the home had sung with Vera Lynn. Staff had contacted the singer and obtained an autographed photograph which gave the person enormous pleasure. Talking of another person, the registered manager told us, "I assessed her in a care home in Lincoln. She was sitting in a chair rocking constantly. She came here and we got her to lift her head up. She got mobile and started talking."

[We found] out she had been a farmer's wife and we took her to feed a horse. Her face lit up for the first time." Of another person, the registered manager said, "She didn't like the food [and] wanted the ready meals she had been used to at home. I went to [her favourite] supermarket and photographed lots of meals – Cumberland pie, cauliflower cheese, cottage pie. She told me what she wanted and we ordered them in. We kept them on a separate shelf in the freezer for her."

At all times during our inspection we observed staff interacting with people with patience, kindness and care. For example, we overheard the following conversation between a staff member and a person who was sitting in the lounge. The staff member said, "Would you like this soft cushion [for] your back. There, how does that feel?" With gratitude the person replied, "Oh that is lovely. You [were] absolutely right, thank you." Another member of staff asked someone, "Would you like a coffee? Nice and milky, just how you like it?" In the kitchen too, we witnessed one small but compelling example which indicated how deeply embedded the staff team's total focus on the people in their care had become. Our inspector was interviewing the kitchen manager when a member of staff came in and said, "Can [name] have coffee and a slice of toast for breakfast please?" Politely but firmly, the kitchen manager immediately adjourned the interview with our inspector telling him, "Who's more important? They are I am afraid." We agreed.

The provider's kindness and compassion was also extended to family members and friends. For example, one relative told us, "It's not just the residents they are looking after. I go up at least once a week and every time I have had lunch and tea [with my relative]. There is no charge. I [occasionally] take my dog with me [and] one of the girls will bring him a biscuit. [It's] absolutely magic." Another relative told us, "I am always made welcome. [My father] has always had wine with his lunch. They allow that here, which is lovely. [In the summer] we will sit in the garden and have lunch together [with] Lady playing at our feet. He loves it."

Everyone we spoke with told us that staff promoted their right to make choices in every aspect of their lives. For example, one person said, "I can have a bath when I want to. The staff offer or I just ask." This person added, "I like to go bed after my tea. Quite early in fact, at 6pm. The staff take me on time, they are very prompt." Describing the guidance her team received in this area, the registered manager said, "We do a lot of training about empowerment and the need to constantly give choices. So when a new starter asks where does someone sit [their colleagues] all say 'wherever they want!'"

People told us that staff supported them to maintain their independence for as long as possible. For example, one person commented, "[I am] quite independent and active and that doesn't phase the staff. They just help and encourage me to do everything that I can for myself." Describing their approach in this area, one staff member said, "I encourage people to retain their skills for as long as possible. We don't want them to lose them. For instance, offering people towels to fold is really good for coordination." One of the well-being therapists told us, "We do a lot of peeling and chopping vegetables. One lady only has the use of one hand. I hold the vegetables to enable her to peel. I really have to trust her! Or I peel an apple so she can slice it. We always find a way." On the morning of the first day of our inspection we saw one person threading beads onto a string. The registered manager told us, "It helps maintain his dexterity. He likes to keep his eyes closed and [with this activity] he can use feel."

People also told us staff supported them in ways that helped maintain their privacy and dignity. For example, one person said, "The staff are very aware of my privacy. They knock before they come into my room and they are very conscious of protecting me. You know, covering me up when helping me to wash so that I don't feel embarrassed." On the first day of our inspection, staff were preparing for Dignity Action Day – an annual event organised by a national charity to promote dignity in the provision of social care. To stimulate thought and discussion on this topic, two 'dignity trees' had been created – one for staff and one for the people living in the home. Staff were required to hang a 'leaf' on the tree with a short description of

what dignity meant to them. We looked at some of the leaves and noted words like respect, kindness, consideration and choice. People living in the home had the option to add a leaf to their tree if they wished. One leaf stated, 'Dignity means being able to make my own choices'. Another read, 'Dignity means to be treated fair'. The well-being therapy team had also supported people to make a personal sign to put up in their room to help staff understand what was particularly important to them. We saw one person had placed a sign on their door which stated, 'Respect my privacy. Close my door'. The registered manager confirmed that the person enjoyed reading and watching television in private and also did not like Lady going into her room.

The provider was aware of the need to maintain confidentiality in relation to people's personal information. People's care plans were stored securely and computers were password protected. Reflecting feedback from our inspector, the registered manager took immediate action to ensure people's daily care notes were also stored appropriately when not in use. The registered manager told us that she had recently applied for, and obtained, an NHS email address for the home, to enable people's confidential medical information to be shared securely with other healthcare providers, if required.

The registered manager was aware of local lay advocacy services. She told us that she had secured lay advocacy support for people in the past and would not hesitate to do so if this was required in the future. Lay advocacy services are independent of the service and the local authority and can support people to make decisions and communicate their wishes.

Is the service responsive?

Our findings

If someone was thinking of moving into the home, the registered manager visited them personally to carry out a pre-admission assessment. Talking about the importance of managing this process with great care, the registered manager said, "I go out wherever [the person is], whether at home, hospital or another care home. It can take two or three hours. I have to think if I can, hand on heart, meet 100% of [the person's] needs. And will [the person] fit with all of my other residents. I also assess ethically. I assessed one person [who] was ... nowhere near ready for a care home. It was wrong in so many ways."

If it was agreed that a person would be moving in, the registered manager told us it was "really important" that relatives had the opportunity to personalise their loved one's room in advance, so they would be surrounded by things that were familiar to them when they did move in. One relative told us, "[The registered manager suggested] I go in beforehand. I took in some personal things so it was all set up." Reflecting this feedback, the bedrooms we visited as part of our inspection were full of people's personal furniture, ornaments and souvenirs, making them feel more like a person's lounge, rather a bedroom in a care home. A senior staff member commented, "That's what we go for."

As part of the admissions process, the registered manager used the information gathered during her assessment visit to create an initial care plan. This was written up before the person moved in and the registered manager told us, "All staff [are required] to read the care plan for new residents [before they move in]. This means that [when] the person moves in staff already know the little things [that are important to the person]." Following admission, this initial plan was developed into a full individual care plan. In creating the plan, staff used an extremely comprehensive 'resident checklist' to ensure every aspect of a person's needs and wishes had been considered and documented as required. This checklist had 46 separate items and the registered manager told us, "It sits [at the care desk] until everything is signed."

At the admission stage, staff also worked with the person and their relatives to create an 'All About Me' folder which contained a very detailed account of the person's life history and their individual preferences. Commenting on the positive benefits of this approach, a relative told us, "They make up a book of that person and their life. If they deteriorate they can work with the information they have. To refer back to [the person's] life experience and ask 'Remember when?', to keep the person engaged." Key information from the 'All About Me' folder was also included on a laminated poster each person had in their bedroom. Telling us how the posters had helped her get to know people individually, a relatively new staff member said, "There is a card on the [bedroom wall] with likes and dislikes, pet names etc. When I first started I read them as I went round. They were really helpful. I found out I could call one lady 'darling' as [it stated on the poster] that she likes it."

Reflecting this meticulous and exceptionally person-centred approach, the care plans we reviewed described, often in people's own words, their life history and individual needs and preferences in a very high level of detail. For instance, one person's plan stated that he liked to be called 'sweetheart, ducky, love or darling'. Another person's plan stated that she used to enjoy regular trips to the bingo and liked to be called 'sugar', 'babe' and 'chic'. As described above, staff were fully aware of the content of each person's plan and

reflected this in their practice. For example, we noted one person's plan stated that it was important for them, 'To have all my photos in my room'. We looked in this person's room and were pleased to find it full of framed photographs.

The registered manager personally reviewed and updated each care plan on a monthly basis. Once she had completed her review, she contacted relatives with a summary of any changes or other information she was aware the relative would appreciate. Commenting positively on this proactive approach, one relative told us, "[The registered manager] keeps me very, very well-informed. She sends me a monthly email with his weight. It's just amazing."

Describing her commitment to providing people with a completely responsive and personalised service, the registered manager told us, "From the start, I say to [families], you know [name] better than us. If you can give everything you know to us and we give everything we know to you [this will enable us to provide] the best care, which is what we all want." Reflecting this ethos, throughout our inspection we observed every aspect of staff practice was guided and led by the wishes of the people in their care. For example, at lunchtime on the first day of our inspection, as staff were assisting various people in the dining room we heard them ask, "Are you sitting close enough to the table? Would you like a glass of wine with your lunch? Shall I move your plate a little closer to you? Have you had enough or would you like anymore?"

Staff had a deep and holistic understanding of each person living in the home. As a result, everyone we spoke with told us they received exceptionally responsive and person-centred care. For example, one person said, "The staff ... listen very closely to us. They seem to know just exactly how to look after me. They do everything to make sure I am okay." Describing her bath-time preferences another person said, "They staff know that I don't like to soak in the bath like some people. I like to be straight in and out. They understand that." One person told us, "They know that I like a glass of water by my bed every night and make sure there is one there." Another person said, "It is really important for me to have regular contact with my family, so they bring the phone to me regularly to use." A relative commented, "Whenever I visit [my parents] always have a bowl of fruit on the table in their room. They love fruit."

The provider's extremely responsive, person-centred approach was also reflected in the way staff supported people at the end of their life. Describing their practice in this area, one staff member told us, "We prepare an end of life care plan to [make sure the person has any] favourite flowers, books and music. One lady had her [favourite] Elvis album playing [in her final hours]. With the [smart speakers] we can move them wherever we need them. We [also] have something called 'angel watch' when staff volunteer to come and sit with someone [as they near the end]. Last year, I sat with one lady for a few hours until her son could get here. She liked to have her nails done so I gave her a manicure and made sure her hair was tidy."

Since our last inspection, the provider had introduced a variety of new initiatives to further enhance the support people received at the end of their life. For example, senior staff participated in fortnightly practice development sessions organised by a local hospice. Additionally, a new nationally developed tool had been introduced to the assessment process, to help identify any unmet palliative care needs. Describing another recent innovation, the registered manager showed us a publication she had purchased which described the approach of different faiths and cultures to death and bereavement. The registered manager commented, "I now feel [much more] confident. For example, in how to support a Jewish person at the end of their life."

As described in the Safe section of this report, since our last inspection the provider had invested heavily in a new team of well-being therapists. As a result, people living in the home were able to participate in a rich variety of one-to-one and communal activities and to maintain personal interests and hobbies, inside and outside the home. Commenting positively on the many opportunities for physical and mental stimulation

that were available to her, one person told us, "They is always something gone on. We all also like a bit of downtime and the staff understand that. They seem to have got it just right." Another person said, "We have a pamper day every Monday and I really enjoy that." Commenting on the support she received to pursue her particular interests, one person told us, "If I want to go out for some fresh air or pop to the shop I will just ask [the well-being therapists] and one of them will walk with me. In the summer I like to garden and spend time outside and the staff make will make sure that happens." One relative said, "They do lots of activities, they are always doing something. Dad never used to join in [at his previous care home]. But here he joins in with everything. It's brilliant." Describing the positive impact of the well-being therapy team, one staff member commented, "[There has been] a boost to self-esteem and well-being [from the increased opportunities] to reminisce and [engage with others] in group activities."

The well-being therapists also took great care to offer one-to-one stimulation to people who chose not to get involved in group events or who were being cared for in bed. Talking about how she engaged with people in this situation, one of the well-being therapists told us, "Why should they be left out? Even if they can't hold the paintbrush anymore, they can still choose the colour. I just need to adapt the activity a bit." Talking of another person who had been reluctant to get involved in any of the activities available to him, the same staff member said, "We approached [name's] son and asked if there was anything he used to enjoy doing. His son said he used to enjoy bowling and brought his bowls in. He now plays bowls at least three times a week in the garden [when the weather permits]. When it's not so good he polishes them [or] plays indoor bowls." Describing the support provided to their relative, a family member told us, "They have got him interested ... in activities. They are making a dignity tree but Dad can't write. They asked him what he wanted to say and they put it on a leaf on the tree for him."

The registered manager was aware of the national Accessible Information Standard and the importance of communicating with people in ways that met their needs and preferences. For example, the home's brochure was available in both a braille and audio translation. Staff had also received training in the importance of body language and gestures in communicating with people who found it difficult to communicate verbally. Additionally, staff used a 'communication board' to help people who lacked verbal communication skills to express their needs, such as hunger, thirst and pain.

Information on how to raise a concern or complaint was included on an information sheet in each person's bedroom. However, the people we spoke with told us they rarely had any reason to complain. Anyone who had raised a concern was completely satisfied with the provider's response. For example, one person told us, "If I have been concerned about anything, which is hardly ever, the manager listens carefully. Once one of my jackets went missing. I think someone got a bit confused about it. The manager was on to it straightaway and sorted it."

The registered manager said the very low level of formal complaints reflected her high visibility within the home which made it easy for people and their relatives to alert her to issues or concerns. Describing the registered manager one person said, "The manager ... is always around with a ready ear for us." Similarly, a relative commented, "[The registered manager] keeps me very, very informed. She rang me last night to say [name] had got a urinary tract infection. This is what they do and it's lovely." The registered manager kept a record of any formal complaints that were received and ensured these were managed correctly in accordance with the provider's policy.

Is the service well-led?

Our findings

Without exception, the people we spoke with us told us how highly they thought of the home and the way it was managed. For example, one person said, "It's wonderful here. I have lived here for three years and it just seems to get better all of the time." Another person told us, "The staff go above and beyond to make sure we are alright." A relative commented, "I am absolutely over the moon. It has been an absolute blessing to know [name] is being looked after the way she is. It's outstanding. It's what we have wished for." One staff member who had worked in other care homes before coming to The Old Hall told us, "It's the only care home I have worked in that I would be happy for my own family to be in."

At the time of our inspection the home had a rating of 9.9 out of 10 on a national care home comparison site. This was based on 45 reviews, all of which were extremely positive. For example, one reviewer had stated, 'The love and care shown to every resident is obvious as soon as one walks through the door. It is dedication at its highest level - these people don't just 'do a job', they give total commitment. I cannot speak more highly of this wonderful place'. A staff member told us, "I do think you got it right with the Outstanding rating [at the last inspection]. Everyone is treated so well here. Residents and staff."

As described throughout this report, the registered manager was deeply involved in all aspects of the running of the home. Her principled, person-centred leadership style set the cultural tone in the home and was clearly valued and respected by everyone connected to it. For example, one staff member said, "[The registered manager] works shifts like we do [and] is supportive, helpful and approachable. I feel listened to by her. But if she needs to something she will say it. But it is never done in an unfair way." Another staff member told us, "[The registered manager] is firm but fair. That's how you get an Outstanding care home. She likes to know everything we are doing, as much information as we can give her. But she also knows we are the ones doing the job and listens to our views. She's very empathetic. It's not hierarchical." A relative commented, "I had my own business and if I thought I'd handled my staff like [she handles hers], I'd be very proud." A person living in the home said, "The manager is very good. She does anything for me to keep me happy and to keep me going."

The registered manager had a deep interest in the welfare and happiness of her team and went to considerable lengths to promote this. For example, she told us, "I do regular treats [for the staff] such as bringing in boxes of sweets. And [the business manager] often brings a cream cake. We do little bits like that. For staff who were working New Year I brought in some champagne so they could celebrate." At Christmas, the provider had paid for the whole staff team to go to the cinema. Following our last inspection, the registered manager told us she took all staff out for a meal to celebrate the Outstanding rating. Looking ahead she said, "If we get it again, it's 100% [certain we will go out as a team]." Since our last inspection, each staff member had been asked to complete a one-page profile to describe their personality and personal preferences. Describing this initiative, the registered manager told us, "It helps me to be more person-centred with my staff. To see them as individuals with different skills and abilities. For example, I had to speak to [name] the other day and her one-page profile helped me [approach the conversation in the right way]."

As a further innovation to create a strong and cohesive team spirit the registered manager had divided the staff into two teams – the 'holistic heroes' and the 'dignity divas'. Competitions between the two teams were organised on a regular basis with an overall winner declared at the end of each year. For example, to reinforce the importance of fire safety, one recent competition had required the teams to find every fire extinguisher in the home. Staff also had the chance to individually earn 'stars' for their team, for instance by picking up a shift at short notice or going 'the extra mile' in their care practice. Talking with enthusiasm about this initiative, one staff member told us, "I like it. It's a good idea. The games encourage team-building and are also good for skills like patience and time-keeping." Talking with pride about being a member of the 2018 winning team, another member of staff said, "I am a dignity diva – the winning team! We are going to the pub [to celebrate]. It's all booked. It brings you all closer together [and] encourages friendship at work [which] is really important." The registered manager commented, "The staff don't know it yet but I have a trophy which is being engraved. I will present it to the dignity divas when they have their victorious meal."

The registered manager had also introduced a monthly 'incentive' award for any staff member she considered to have "stepped outside the box" in caring for people that month. Discussing this initiative, the registered manager told us, "I use the [staff member's] one-page profile to identify what they would really like as a prize, rather than just buying a box of chocolates. One person had put they really like jigsaws and I got another person a fleecy blanket." Reflecting the caring approach of the registered manager and the exceptionally open and positive organisational culture she had created, staff told us they enjoyed their work and could think of no ways in which the running of the home could be improved. For example, one staff member said, "I tell [others] to come and work here. It's brilliant. There is nothing I'd change. I love it." Another member of staff said, "I wouldn't want to be anywhere else [and] I wouldn't change anything."

Led by the registered manager, there was also a culture of continuous innovation and improvement. As detailed elsewhere in this report, since our last inspection, many successful initiatives had been introduced in pursuit of an ever more safe, effective and person-centred service. For example, the creation of the new well-being therapist team to care for people in a truly holistic way; the arrival of Lady who had done so much to boost people's well-being and happiness; the new sepsis kits to help reduce the risk of serious illness; the new online chat rooms to promote enhanced communication; the introduction of new tools to enhance end-of-life care and the initiatives to promote staff morale and team-building. Describing the registered manager, one staff member said, "[The home] is as good as it is because of her. She is never complacent. She is always saying there is room for improvement."

Reflecting this comment, the registered manager was committed to further service development and improvement in the future. For example, plans were being developed to host 'dementia awareness' sessions for relatives. Additionally, reflecting her academic research, the registered manager had ambitious plans to redesign the communal dining arrangements in the home. Describing this initiative, the registered manager told us, "I want to redesign mealtimes ... to concentrate on it as a social event. To make it more than just a time to eat. And if it's more sociable, people will eat more." In preparing for this major change, the registered manager had consulted with the people who lived in the home, seeking their views and encouraging them to make some of the initial decisions.

As described elsewhere in this report, the people who lived in the home were involved in many other aspects of its running. For example, people had the opportunity to sit on staff recruitment panels and were directly involved in all refurbishment and decoration projects. The registered manager kept a scrap book with photographs and other souvenirs of events in the home. Looking through her scrap book we saw that as part of the refurbishment of one wing of the home, people had chosen stone lions to stand outside the entrance door. Touchingly, the registered manager had noted that one person had said, 'The lions will keep us safe!'

As an important component of the process of continuous service improvement, the provider conducted an annual survey of people, their relatives, staff and local health and social care professionals. We reviewed the results of the most recent survey and saw that satisfaction levels were extremely high. For example, one healthcare professional had commented, '[The home] is outstandingly led. The service offered [to people] is of the highest quality possible.' People's satisfaction with the quality of the service provided was also reflected in the many letters and cards received by the registered manager. For example, one person had written to say, 'Thank you so very much for looking after [name] and [name] so wonderfully. I promised them the best and you certainly gave them that. You have all been so kind and caring towards me also.'

In addition to the annual customer survey, the provider undertook a range of audits to monitor the quality of the service. These included monthly care plan reviews and regular medication, water temperature and cleaning checks. The provider was aware of the need to notify CQC and other agencies of any untoward incidents or events within the service. Any incidents that had occurred had been reported correctly and managed carefully and sensitively. As required by the law, the rating from our last inspection of the service was on display in the home and on the provider's website.

The registered manager and her team were committed to playing an active role in the local community and to sharing the provider's expertise and resources with other organisations, to the benefit of the people who used these services. For example, following our last inspection and the rating of Outstanding, the registered manager had set up a regular networking event with local care homes which were interested in improving their own CQC rating. Commenting on this initiative, the registered manager told us, "They have taken a lot [of learning] from us. [Which is good] if it helps their residents have a better quality of life." The provider also took every opportunity to participate in pilots and projects that aimed to identify and disseminate best practice. For example, the registered manager had recently signed up to a new project launched by the local ambulance service designed to reduce hospital admissions for older people.