

St Andrews Care Homes Ltd

Danecroft

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Danecroft is a care home which provides care and support for up to 33 people living with various health conditions. Some of the people were living with dementia. The service is spread over two floors, providing single bedrooms and communal areas for people on the ground floor. 30 people were being supported by the service at the time of the inspection.

People's experience of using this service:

People and relatives' feedback was extremely positive and complimentary about the care people received. They all commented positively about the safety, effectiveness and responsiveness of the support people received. There was evidence people achieved excellent care outcomes and relative's comments about the service supported this.

Everyone said the staff were very caring and passionate about creating a homely, inclusive and happy atmosphere for people living at the service. Staff told us there was a 'family atmosphere' which promoted mutual compassion and care. Care was provided in a compassionate way. Staff had respectful, caring and friendly relationships with people they supported. Staff always upheld people's dignity and privacy, and they promoted their independence.

Relatives said the service was exceptional at promoting a caring environment for everyone, including staff. One relative beautifully summed this up when they said, "This is an excellent service and I can give them five stars. They're absolutely brilliant."

The provider had introduced many innovative ways to ensure people received the best possible care outcomes. People's safety, wellbeing and happiness were at the top of the provider's priorities.

The service met the characteristics of Outstanding rating in four key questions of effective, caring, responsive and well-led. Safe was rated Good.

There were well planned and effective processes to ensure people were safe. People were protected from harm by staff who were trained to identify and report concerns. People were safe because potential risks to their health and wellbeing had been managed extremely well. There were enough staff to support people safely. People were supported well to take their medicines. Lessons were learnt from incidents to prevent recurrence. Staff followed effective processes to prevent the spread of infections.

The provider worked extremely hard to ensure people received effective care to meet their needs. People were supported by very skilled and knowledgeable staff. The provider ensured staff practice was supported by good practice guidance so that people achieved good care outcomes. Collaborative working with other care agencies was central to the good care provided to people.

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.

People received exceptionally personalised care and support which met their needs, reflected their preferences and promoted their wellbeing. People felt they mattered and the service valued relatives' contributions to discussions about people's care. The provider was listened to suggestions, concerns and complaints. They used this information to continually improve the service.

There was a positive, open and inclusive culture within the service. Staff roles and responsibilities were clear, and staff were supported and encouraged to use creative and individualised methods to support people to achieve their personal goals. The provider's values were reflected in the way staff interacted with everyone and how they supported people. The provider's quality monitoring processes were robust and they evidenced what they did to continually improve the service.

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

Rating at last inspection:

The last rating for this service was good (published 03 March 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Danecroft

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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

Most people were living with dementia and they were not able to tell us about their experience of the care and support provided by staff. We observed how staff interacted with and supported people in communal

areas of the service. This was to help us understand the experience of people who could not talk with us.

We spoke with two people, four relatives, six staff including the provider, the registered manager, deputy manager, and three care staff.

We reviewed a range of records. This included three people's care records and the provider's medicines management systems. We looked at a variety of records relating to the management of the service, including policies and procedures, audits, and surveys. The registered manager showed us evidence of improvements they had made since the previous inspection, including innovations they had put in place to improve people's safety and quality of life.

After the inspection

We continued to seek clarification from the provider to validate evidence we found. We looked at further quality assurance records and records of feedback from various professionals who worked closely with the service. We received positive feedback from the local authority that commissioned the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The service's approach to managing risks and people's safety was person-centred. The provider had a consistent approach to managing risks to promote people's safety and wellbeing. There were robust records to help staff understand how to support people safely and staff took positive steps to ensure people were safe. Staff showed good knowledge about people's safety needs and all staff, regardless of their roles, worked positively with people to reduce risks in a meaningful way.
- People were involved in discussions about risk and where possible, they contributed to the development of risk assessments and care plans.
- Relatives told us risks were managed well. A relative of a person who presented with behaviours that challenge when they moved to the service told us the staff's positive approach meant their relative was much more settled at this service. They also said, "[Person] can be [distressed] sometimes, but the way they deal with [person] here is quite superb." Further information showed staff were very good at diverting the person's attention by encouraging them to do something they enjoyed. The relative told us because of this, the person has had less of this type of incidents than they had in their previous care home. They were optimistic this service was best suited at meeting their family member's needs.
- The number of falls and related injuries had reduced following the introduction of an innovative way of ensuring people always used their own walking frames. Staff helped people to decorate their walking frames so that they could easily recognise them. Staff also checked regularly to ensure people remembered which one was theirs. We observed one person telling staff that their walking frame was the one with the red ribbon. The registered manager told us people also walked a lot more now because they were confident they were using the right walking frame for them. They said this had further increased people's physical activity and in turn, promoted their wellbeing.
- People were enabled to take risks in a positive way. People could move freely around the home so that they remained active and staff provided support when needed. One relative told us some people were annoyed by a person who was constantly walking around the home, but staff acted appropriately to support the person with this. They said, "They (staff) take steps to stop behavioural issues from developing. They now take [person] walking to help them with this."
- Staff carried out regular health and safety checks to ensure the premises were always safe and there were no hazards to people's health and wellbeing. The provider carried out any repairs required to the premises quickly.

Systems and processes to safeguard people from the risk of abuse

- The practice at the service truly reflected the ethos, 'safeguarding is everyone's responsibility'. All staff, including housekeeping and catering staff had been trained on how to safeguard people. The registered manager regularly checked staff's knowledge to ensure they clearly knew what to do if they suspected

people were at risk of harm.

- Additionally, staff had been given a pocket card with contact details of the safeguarding teams within two neighbouring local authorities. This meant staff could easily report concerns when necessary, and quick actions could be taken to safeguard people.
- People said they were safe living at the service and relatives' comments were equally positive. They told us staff were very good at recognising when people were at risk of harm, and they took quick action to protect them. Everyone said staff were very careful and caring towards people, and they had never been concerned about abuse. One relative said, "When I leave that door, I leave knowing [person] will be well looked after and is in safe hands." Another relative said, "I haven't been concerned about anything at all." While another relative told us, "I can sleep well at home knowing [person] is safe, cared for and loved."

Staffing and recruitment

- Staffing numbers were very good, which allowed staff to be flexible and responsive to people's individual needs. There were very few changes of staff, with some staff having worked at the service for many years. This meant people were cared for by staff who knew them very well. This resulted in people receiving consistently good care and there was continuity in care.
- Additionally, these staffing levels meant staff had time to spend talking with individual people in a meaningful way. Also, people regularly went out to pursue their hobbies and interests.
- People and relatives were very positive about the staffing levels at the service. They said people always received support they needed quickly, and they always had someone to talk to. One relative said, "There are staff to interact with [people] all the time, they are always doing something with them."
- Staff told us enough staff numbers also meant they could support people without rushing, which resulted in them providing very good care. One staff member said this was also good for their own wellbeing because they felt good when they supported people well.
- The registered manager said they had no issues with staff recruitment. Although they went to job fairs and advertised in local social media platforms, most of the staff who applied to work at the service knew about the vacancies through recommendations from existing staff. This reflected how happy staff were about working at the service and they were happy to recommend this to their friends and family members. Also, the provision of flexible working for parents allowed them to work around school hours. Staff told us this enabled them to achieve a good balance between their work and home life.
- There were robust checks to ensure all staff were suitable to work at the service.

Using medicines safely

- There were safe medicine management systems to ensure that medicines were received, stored, administered and disposed of safely. The provider was looking into further improving their medicine management systems by using an electronic system. They were currently exploring different systems to see which one would best meet the needs of the service.
- Staff were well trained, and they had guidance that helped them to manage medicines safely. They also had competency assessments completed to check they followed best practice guidance when giving people their medicines.
- Staff knew about people's preference of how they took their medicines. They had information about any known allergies, as well as, how medicines prescribed to be taken 'as required' should be given to people. The service worked closely with GPs to review people's medicines so that these continued to provide effective treatment to manage people's health and wellbeing. One relative said, "Staff keep talking with doctors about [person]'s medicines to see whether some can be stopped."
- People and relatives were happy with how people were supported to take their medicines.

Preventing and controlling infection

- The provider had systems to ensure the service was clean and well maintained. People told us they were happy with their living environment and they found it pleasant and comfortable.
- There were systems to prevent the spread of infection including guidance for staff on how to keep different areas of the home clean. Staff had been trained in infection control. Where required, they used personal protective equipment such as disposable aprons and gloves when supporting people. This minimised the risk of cross contamination.
- Good food hygiene standards were maintained and there had been no concerns about the safety of the food at the service.

Learning lessons when things go wrong

- The provider had a system for recording incidents and accidents, and these were reviewed to improve practice. There was evidence of proactive action being taken to learn from incidents to prevent the risk of recurrence. For example, as well as other ways to reduce a person's distress, padding was added to a wall they used to hit while distressed in bed. This reduced the risk of bruising. Also, following a hoist battery box causing a skin tear to a person, staff now placed a cushion between the box and people's legs to prevent this.
- The provider acted quickly to make the required improvements. The provider's involvement with local and national care forums meant they could learn from others and they could quickly act on the latest evidence and good practice guidance.
- There was a strong ethos of continually learning and improving, and the registered manager promoted this. The many innovations introduced at the service in the last two years were a result of the managers consistently exploring what they could do more to make people's lives safer, healthier and happier. They were absolutely driven by using proven methods to improve people's experiences. Good practice guidance was shared with staff through regular team meetings and during individual staff supervision.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People received exceptionally good care and support because staff knew their needs very well. Staff had access to detailed information about people's holistic needs. The registered manager completed comprehensive assessments before people moved to the service and ongoing reviews ensured staff knew people's current needs.
- Everyone told us people received very good care that met their individual needs. One relative said, "They are very, very good. They more than meet [person]'s needs. [Person] has improved so much since being here. Their focus and priority are people's health and wellbeing." Another relative said, "I'm so happy with the care that [person] gets here, it is exceptional." While another relative said, "It's all about the care. [Person] has a bath every day, personal care is provided to a high standard." One professional's feedback to the provider said, "I think this is a wonderful home and I would be happy to have one of my family members here when the time comes. Everyone is kind and lovely to the residents and I think you do a fantastic job."
- The service placed high importance in how they involved people and their relatives in the initial assessments and planning of care. This helped people and relatives feel listened to and involved in every stage of people's stay at the service. People and their relatives were given opportunities to state what people's preferred care outcomes were, ensure these were reflected in people's care plans, and they also contributed in making these a reality. One relative told us, "They keep me informed and involved as much as possible. That is very good for [person]'s care."
- We reviewed a significant number of compliments received by the provider from relatives. They were expressing their heartfelt thanks to staff for the excellent care their loved ones had received. This mirrored the positive feedback we received about the excellent care at the service.
- The provider was very much involved with local and national care forums because they had an interest in achieving good care outcomes for people using care services. They used the best practice guidance they learned from these to guide staff practice. For example, they used recognised assessment tools to effectively assess people's needs in relation to their skin care, risk of falls, nutrition and oral care. Evidence we saw showed this had resulted in great care for people. No one had pressure ulcers, the number of falls had reduced, people ate well and good oral health was being promoted by staff.
- The managers fully embraced new initiatives. They always explored best practice guidance they could use to help people achieve good care outcomes. This included working closely with health and social care professionals, and training staff to better understand what the desired effects of their care and support were.
- Taking part in the 'hydration project' had increased staff's awareness of the importance of people drinking enough and eating the right foods to increase fluid intake. There was a hydration station in a prominent

place and staff told us people drank more often because of a choice of drinks being accessible. This was a good reminder for people who would not normally remember to ask for a drink. Relatives told us this was a very good way of getting people to drink more often. One relative said, "I'm impressed by the hydration station so that people can drink regularly. It is an excellent idea."

- The provider had invested in a repositioning system that allowed for one staff to safely support a person to turn while in bed. This ensured more staff were available to support other people. The registered manager said this had enabled them to continue to care for people who would have had to be transferred to hospital. They also told us this system was more comfortable for people being repositioned. The provider had also bought a chair that helped staff to support people off the floor in a safer and more dignified manner following a fall. The registered manager told us this equipment was particularly good for people who found being hoisted distressing and they said people were much calmer as a result.

Staff support: induction, training, skills and experience

- Staff had the right skills, experience and knowledge for their roles and they received very good training. Staff told us they received excellent training, support and guidance. One staff member said, "Training is really good and useful. We can learn new skills like how to look after people with dementia better."
- Relatives were extremely complimentary about the quality of staff training and their skills. One relative told us, "They must have a very good induction because new staff seem to take on the same caring ethos quickly."
- Staff took part in 'Virtual Dementia Tour' training. This is a scientifically proven method of giving a person an experience of what it might be like to live with dementia. Staff's feedback following this was extremely positive in how this had given them better understanding of what people may be experiencing in their day to day life. Staff said they were now more likely to adapt their communication and approach to care to suit people's diverse needs. For example, staff learnt that people living with dementia only saw part of their plate and only ate from that part. Staff now always checked and turned peoples' plates around so that they could eat the rest of their food. The managers told us because of this action, people now ate most of their food. Also, they always played relaxing music during mealtimes because it had been proven to encourage people to eat more.
- Staff had also learnt that people living with dementia were more sensitive to noise and they found this distressing. As a result, staff reduced noise levels. They were more aware of the volume levels of the TV and music, spoke more quietly and avoided making sudden noises, such as when cleaning. This, as well as calming music and the use of aromatherapy diffusers helped people to be more relaxed. One professional who was a dementia specialist said, "Lovely atmosphere, calm and lots of smiles. Excellent!"
- Staff said they were supported particularly well by the registered manager and other senior staff. They had regular individual supervision, as well as, team meetings. They said the managers often worked alongside staff to support them and to show them how to support people well. One staff member said, "We have great support from managers. It is a good place to work in and I have no concerns at all."

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

- People were supported to eat well to maintain their health and wellbeing. Everyone said there was plenty and variety of food to meet people's nutritional needs and choices. Food given to people looked nutritious and appetising. One person said they enjoyed the food given to them and they always had enough to eat. One relative said, "Food is good. [Person] didn't want to eat chicken today and they gave [person] sausage rolls instead. Nothing is a problem. I've eaten here before and their roast dinners are superb."
- The provider had put a lot of effort in making people's mealtime experience a positive one. They promoted a social atmosphere during mealtimes, with nicely laid tables. Most people sat at the dining tables during meals and there was a lot of chatter between people and staff. Everyone appeared to be relaxed and enjoying their meals. When required, staff supported people to eat in a respectful manner and

at a pace people were comfortable with.

- People had opportunities to give feedback and contribute to the development of the menus. People's preferences were always considered when planning menu. It was never a problem to prepare individual meals for people when they asked for this. One relative said, "They take extra little steps to make sure everyone has what they need. [Person] chose to be vegetarian and has fresh meals cooked daily."
- People's weight was monitored so that staff acted quickly if there were concerns about whether people were eating enough. Recommendations made by healthcare professionals in the type and amount of food people should eat were followed. Where people required their food pureed, this was presented nicely to make it look appetising for people to eat.

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

- The service worked extremely well with other agencies to ensure people received the support and treatment they required. Records showed various health and social care professionals were involved in people's care and treatment. Staff ensured people had periodical checks such as eye and dental ones to promote their health and wellbeing.
- People told us they received timely care and treatment. One relative said their family member suffered from recurring infections and they received quick treatment when this was identified. Another relative said, "They are quick at getting medical help when people are unwell. They're right on top of it."
- The service was part of the Whzan project, an initiative run by the local clinical commission group to regularly monitor people's physical observations so that changes could be identified quickly and appropriate treatment started. The registered manager told us because of this monitoring, a person with a raised blood pressure avoided hospital admission because their GP started them effective treatment. A professional who worked closely with the service on this project said, "Well done with your continued Whzan use, keep going."
- The provider had recently started an oral health project called 'Trial a smile'. They supplied five people with a toiletry bag containing an electric toothbrush and toothpaste to encourage them to regularly clean their teeth. The registered manager said the initial outcomes were promising as people trialling this were now more motivated to look after their teeth. They wanted to promote people's oral health as there was now more awareness that poor oral health had a negative impact on people's overall health and wellbeing. Additionally, staff had been reminded of the importance of good oral health.

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

- People and relatives were happy with the quality of the premises. There had been a lot of improvements to the décor within the service since our last inspection. For example, many areas had been repainted, and the dining room had been extended to ensure there was enough room for people at the tables for their meals. The provider also had planning permission to extend the lounge to give people more space to socialise.
- The environment was planned to maximise people's privacy and independence. People had their own private spaces and enough communal areas to allow them to spend time with other people if they chose to do so.
- All areas of the home were well maintained. Equipment and appliances were in good working order, and any required repairs were carried out quickly.

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. We found these were met.

- Staff understood the principles of the MCA and DoLS. Where people lacked mental capacity to make some decisions, assessments and best interest decisions had been made on their behalf with the involvement of significant people such as relatives and social workers. The registered manager told us how important it was to ensure a balance between upholding people's rights and ensure they received care they needed.
- Relatives told us they were fully involved in helping people make decisions about their care and treatment and that their contributions were valued. We observed staff supporting people to make choices about their day-to-day care and it was evident that they respected and acted upon people's decisions.
- Where people had an authorisation that restricted their freedom and liberty to keep them safe, this was documented and understood by staff. The registered manager acted on their responsibility to send referrals to the local authorities in a timely way. This ensured people's rights were promoted.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to 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

- People and relatives were extremely positive about the care and the approach of the staff. They said staff were kind, caring and they treated everyone with respect. One person said, "They're very friendly staff, I have no hassle with any of them." One relative said, "The staff are lovely. They really get to know the individual and their wider family." Another relative said, "The difference here is that they still see residents as human beings, that makes a huge difference."
- We observed lovely interactions between staff and people living at the service. Staff chatted with people all the time and they tried to involve everyone so that they did not feel isolated. Everyone described the atmosphere at the service as 'being like a family'. Social touch in the form of hugs and kisses was encouraged and we observed this was a normal part of how staff interacted with people. It was clear that people and staff had developed mutually caring and respectful relationships.
- Staff were extremely positive about their work, and they spoke about people with great empathy and kindness. They also showed an interest in people's wellbeing. Staff described looking forward to coming to work because it felt like just spending the day with family. One staff member said, "I like it here, it's like a family. It feels homely and it doesn't feel like coming to work at all."
- A relative told us how the staff's care, attention and encouragement had helped their family member to settle well at the service when they had struggled to do so at another service. They said they visited the service regularly and they were very impressed with how well staff supported and cared for everyone. They also said, "I am more than happy with the care here. One of the staff had their [relative] here. It shows you how good the service is if they can trust it to look after their parent." Another relative said, "The staff are happy here too, no wonder they look after people so well."
- A person used to get distressed when their relative left after each visit. They settled a lot more when a life-size cardboard figure of their relative was made and kept in their bedroom. Looking at it relaxed them. Their relative also said the person benefitted from visits from their dog. They also said, "I wouldn't have [person] anywhere they wouldn't have the dog." People also had a lot of pleasure from spending time with the registered manager's dog named Bentley which visited regularly. We were told that one person who did not always accept personal care or medicines normally did so happily when they had spent time with the dog. There was also a cat that people liked.
- People and staff's diversity were celebrated at the service and used as an opportunity to learn about everyone's culture. Bollycise was a beautiful example where Asian staff ran a music and movement session using Indian music to encourage people, staff and visitors to join in. This was a fun way to promote equality and diversity, be more accepting of cultural differences, while at the same time, encouraging people to be more active.

- A relative told us how people's birthdays were hugely celebrated, with decorations put up and a fuss made over the person whose birthday it was. They also said, "The staff are wonderful here. They celebrated [person]'s 90th birthday when they had only been here for six weeks. They went over and beyond to make this really good, they cater for everyone's needs." People always get a birthday and Christmas present from the provider. One relative's comment showed that Christmas time was always planned to help people to have a good time during this festive period. They said, "Christmas here was very good, I've never seen anything like that before."

- The caring approach at the service extended to staff too. People were involved in arranging a baby shower for a staff member who was expecting a baby. They also arranged a hen party for a staff member who was getting married. This encouraged mutual care between people and staff and supported the development of healthy relationships.

Respecting and promoting people's privacy, dignity and independence

- People and relatives spoke highly of the staff's polite and respectful manner. One relative said, "I do rate this home highly because of everyone's approach. Staff are respectful. They were also good support for us when we lost our [other parent] and [person] is here."

- Staff said they always promoted people's privacy and dignity by providing personal care and in private. There were 'privacy curtains' that staff put around people when using hoists in communal areas to protect their dignity. People used these to cover their legs too while sitting on armchairs. Some of these were decorated with tactile materials that some people found comforting to touch. One professional said, "I really like the dignity curtain, I've never seen it before. Fantastic!"

- Protecting people's confidentiality was an important part of the service and there were policies to guide staff on this. People's care records were stored securely within the service. The managers had developed an innovative and discreet way of sharing information about people's care needs. For example, laminated pictures of different flowers were put on people's bedroom doors to tell staff about specific care needs. This meant only staff knew what additional support that person needed at that time. The registered manager said this was more respectful than putting a 'caution sign' when there was an outbreak of an infection.

- Most people needed support with various activities of daily living. Staff told us it was important to help people do as much as they could for themselves to maintain their independence. Some people liked to help with some domestic chores. One person was clearing tables after breakfast and they also helped with washing up when they felt up to it. This was a meaningful way of encouraging people to remain more active and get fulfilment from doing some chores around the home.

- The service encouraged people to maintain close links and relationships with their family members and friends. Relatives told us they could visit any time and they always felt welcome and included. One relative said, "I always feel very welcomed here, it is a lovely place."

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

- People were involved in discussions about how they wanted to be supported with their care needs. As much as possible, people contributed to planning and reviewing their care plans. Relatives were always involved in these processes if it was necessary for them to help people express their views and choices. Relatives confirmed that they had always been included in discussions about their family members' care.

- There was information about an independent advocacy service should people choose to contact them for support to understand their care options.

- People told us staff always had time to talk and listen to them. Staff told us they always supported people to make choices.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People and relatives were very complimentary about how the service provided exceptionally individualised and responsive care. One person said, "They are a lovely crowd here. I'm happy with how they support me." A relative said, "It's very individualised care, not just about tasks. It wasn't about money when [person] moved here. They sorted the care first before talking about fees." Another relative told us, "My sister and I are very impressed about the quality of the care, we couldn't recommend this home highly enough. I recommended it to a friend and their parent is here now."
- Relatives said meeting people's needs was the service's highest priority. They said people were supported quickly by staff who were responsive and very concerned about people's welfare. One relative said, "Everything is dealt with immediately. The girls (staff) are very good with everyone here." Another relative said, "Without a doubt, they will contact the GP quickly if needed." The relative further told us the registered manager ordered a tilt chair quickly when their relative needed it." Another relative told us their family member who normally preferred to spend time in their bedroom was never lonely. They said, "They (staff) pop in to see them and take them some ice cream."
- Care plans provided staff with detailed information to enable them to deliver person-centred care. Information in these was regularly reviewed to ensure this always reflected people's current needs. There was a very comprehensive 'My life story' section in every person's care records. The registered manager said this was important information about people's ongoing life, rather than just their history. Staff used information about people's experiences and interests to talk to people and reminisce about their lives.
- Staff's profiles containing five facts about them helped people to get to know staff well too. People were normally allocated staff who shared common interests to be their keyworkers and this encouraged lively conversations between them.
- People's religious and spiritual needs had been considered and pastoral care was arranged with local religious and faith leaders if people wanted this.
- There is an information sharing club about living with dementia to help people understand others' needs.
- A light projector had been used effectively to help a person who would not settle at night sleep better. This helped the person to be more alert during the day and more engaged with others.
- The service provided slipper socks for people who struggled to walk while wearing slippers because they were heavy. The registered manager told us they found this relieved pressure areas too.
- A person who loved birds but was unable to look after living ones, was provided with a bird table with two wooden birds perched on it. The managers told us the person loved having them in their bedroom. The managers were looking for mechanical birds that could tweet as this would give the person more pleasure.
- There was a 'wellness coordinator' who checked daily with people how they were feeling and what they

wanted to do. Managers provided practical training to staff to help them understand the impact of their mood and behaviour on people they supported. For example, they walked staff to the toilet without talking to them to make them experience how this felt. Staff told us these role plays were effective at making them always thoughtful about how they supported people.

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

- Supporting people to enjoy their time at the service was everyone's business, not just for care staff or an activity coordinator. All staff were encouraged to always engage people to ensure they felt important and not bored. The service used innovative ways to encourage staff to have lively and interesting conversations with people. There was a 'conversation tree' in the sitting area, with topic cards to prompt people and staff to have something to talk about. The topic of the week was 'best friends' and some of the people had written who their best friends were on a chalkboard. In the lounge, we observed staff using topic cards to start conversations with people. The service also used 'butterfly moments' to ensure each person experienced as many positive interactions with staff as possible. Butterflies were given to different people each day, which prompted staff to spend individual moments with those people, before giving the butterfly to someone else. This continued throughout the day to ensure everyone had time to spend with staff how they wanted.
- People and relatives told us about the various opportunities people had to pursue their hobbies and interests, and where possible, learn new skills if they chose to take part. One person said, "There are activities if I want to do them, but sometimes I like to be on my own." One relative said, "They think about activities and invest in things that people's lives. They take people out for picnics and links with a local school."
- There was a working jukebox that people enjoyed using to listen to music. There was a vintage ice cream cart and a sweet trolley where people could get snacks whenever they wanted.
- There was a book club run by a volunteer who visited the service every month and some people really enjoyed this. Entertainers were booked to provide various activities, including singing. One relative provided regular yoga exercises. People enjoyed a seaside day at the service and an animal charity brings small animals for people to see and pet.
- The service encouraged inclusion within the local community. They took part in an 'age infusion session' where school children visited the service to spend time with people. Some people visited the school too, to have afternoon tea with the children. Since then, the children and some people they have formed relationships with write letters regularly to each other. Some of the staff's children visit the service regularly too. This has created a truly family atmosphere at the service.

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.

- People using the service could communicate verbally in English. However, most people were living with dementia and therefore needed more time and patience to help them understand information given to them.
- People's communication needs had been assessed when they first moved to the service. This was reviewed regularly to ensure managers arranged appropriate support where communication barriers had been identified.
- Some signage was also written in Italian to help one person understand them. One member of staff who could speak the language communicated with the person in their language. Other staff used online

translation services to ensure the person understood what they were saying. This had helped the person to settle well at the service. One professional said, "I was impressed to see that areas of the home were also written in Italian, as well in English. This would be of particular value to Italian residents and staff."

- Managers also created flash cards in another language so that a person who spoke that language knew where things they needed and valued were.

Improving care quality in response to complaints or concerns

- There was a system to manage complaints and concerns raised by people. Records showed that complaints were appropriately investigated, and positive steps are taken by managers to use this information to continually improve the service.

- People had many opportunities to talk about any concerns they had about their care and support. These included talking daily with staff and the managers, regular keyworker meetings, and during care reviews.

- Everyone told us they were happy with their care and they did not have much to complain about. People and relatives who had complained said the managers usually acted quickly to resolve the issues they raised.

End of life care and support

- The service supported people at the end of their lives and the care they required was reflected in their care plans.

- Staff had received training so that they supported respectfully at the end of their lives. Staff spoke fondly about people and the care they took to protect people's dignity when they passed away.

- The service had worked hard at ensuring that everyone at the service knew when people passed away and they had opportunities to pay their respects. Among other ways to honour the person's life, the managers placed a framed photograph and lit an electronic candle by the entrance so that everyone knew about the event. As part of the service's 'memories last a lifetime' project, they sent electronic photographs and videos of people to their relatives when they pass away. This was a kind and caring gesture that relatives told us they would really appreciate.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to 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 staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear set of values that supported the vision and culture of the service. This included delivering consistently high-quality and person-centred care. They supported ongoing learning and innovation. People were at the heart of the service and the provider and staff continually strived to provide the very best care they could. The attention to detail to ensure people were comfortable and led active and fulfilling lives was exceptional. For example, the environment had been further developed, making it more comfortable, stimulating and appropriate to meet people's needs.
- Activities and opportunities available for people to pursue their hobbies and interests were interesting, stimulating and based on what was important to people. This resulted in positive outcomes for people in both their physical health and wellbeing.
- Various innovations introduced in the service in the last two years had extremely positive impact on the outcomes for people living at the service. Care was much safer and people a lot happier because relationships between people and staff had greatly improved. One professional's feedback to the provider said, "I visited [person] today for his first review. He appeared very happy and he was chatty, happy with the staff, food and his care. His communication has also improved."
- People, relatives and staff were exceptionally positive and complimentary about how the service was managed, as well as the staff support to provide excellent care. One staff member said, "This is an extremely good service for residents. I've stayed around because I really like it here. I honestly think we do a lot of things that makes this service outstanding." One relative said, "Leadership is really good. Managers are in at weekends, evenings and bank holidays too. It is lovely to see that they provide care and support too, with personal care and eating and drinking." The relative further told us that the provider was receptive to suggestions for innovations that could make people's lives better. They found the caravan in the driveway was a good place for people to reminisce about caravan holidays they had taken in the past. One professional said, "As usual [managers] are very helpful. Polite and happy staff, it's always a pleasure to visit."
- Staff were happy in their role and without exception, they all said they felt valued and respected as essential part of the 'Danecroft family'. We observed staff showed positive attributes and they worked hard to apply the provider's values in their work. They had a calm and caring approach towards people in their care. Staff worked well together, they were organised and understood their role and responsibilities. Staff confirmed there was good communication within their teams and this enabled them to do their jobs well. The provider had an incentive system that motivated staff to always support people the best way they could.

- The provider had robust quality monitoring systems to assess and monitor the quality of the service. They were highly driven to provide the best care they could be, and they used their monitoring systems to ensure they continually improved the service. They had made quite a lot of improvements since our previous inspections and had plans to do more to further enhance people's experiences. The managers told us they planned to create a memorial garden to always remember people who had passed away while at the service.

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; Continuous learning and improving care

- The provider met their regulatory requirements by notifying CQC of certain information in a timely way. It is also a legal requirement that they displayed their inspection rating so that people and those seeking information about the service can be informed of our judgments. They complied with this requirement.
- The provider understood their responsibility to be open and honest when things go wrong. We saw evidence of learning from the findings of their audits and improvements had been made.
- The provider was committed to continuous learning and improvement. They regularly engaged with various professionals so that people received safe, effective and good quality care. The provider and managers attended both local and national provider forums, health and social care fairs and conferences in their aim to get information to help them to be the best care provider they could be. This had resulted in excellent care outcomes for people because we found the service was providing exceptionally safe, effective, compassionate, responsive, and good quality care.
- Feedback from people, relatives and staff described the provider and registered manager as being, "approachable, responsive and supportive".

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

- People could speak to staff about their care whenever they wanted.
- Regular newsletters shared information with people and their relatives about the service. This included a wide range of social activities and celebrations, internally and externally people could participate in.
- Surveys were used frequently and offered people, relatives and staff the opportunity to share their experience about the service and to make any suggestions for improvement.
- Residents and relatives' meetings, and open days were also organised. These gave opportunities for everyone to enjoy time together and give feedback about the service. These promoted a positive and inclusive approach, whereby people who used the service, relatives and staff were equal partners.

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care to ensure people received appropriate care to meet their needs. One professional said, "I wanted to thank you for your time during the visit and wish you and your team well in the future as you all have so much passion."
- The local authority that commissioned the service also checked regularly that the service was providing good care. This ensured people consistently received the support they required and expected. The service was rated good when the local authority last inspected it in April 2019. The report also showed several areas of excellent care. The feedback from the local authority was extremely positive about the quality of care at the service.