

Morgan Care Limited

Bakewells Care Home

Inspection report

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Deane
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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Bakewells is a residential care home which provides high quality accommodation and personal care for up to 34 people. On the day of the inspection the home had full occupancy and an extensive waiting list.

The home has a purpose-built extension to the main part of the home providing care for eight people living with dementia. This part of the home is known as The Deane which had been designed to an excellent standard and in line with best practice guidelines.

People's experience of using this service:

The Bakewells provided people with an outstanding service. People, relatives and healthcare professionals continue to describe the service as exceptional and extremely responsive to people's needs.

The service was exceptional in placing people at the heart of the service and its values. It had a strong person-centred based ethos.

People were supported by an excellent staff team that knew them well and understood their needs and preferences.

Staff were exceptionally well trained both in essential training and in some specialist training. The service had ensured resources and skilled staff were available to support people and the provider has appointed a number of staff as champions in certain topics. For example, end of life care, infection control, health wellbeing and dementia care.

People spoke positively about feeling safe and secure, and felt able to tell someone within the home if they were worried or concerned.

There was a robust safeguarding system in place and staff were aware of the procedures and how to raise concerns.

The staff recruitment process was robust to ensure that the provider employed suitable staff to work with vulnerable people.

Positive risk assessments were in place which supported people to develop and maintain their independence whilst keeping them safe.

People's care and support plans were detailed and followed in practice.

People were supported to express their views and have choice over aspects of their daily lives.

There was a wide range of activities both indoors and outdoors. People had been introduced to new activities and friendships.

Consent was recorded where people had capacity to do so and for those people who lacked capacity best interests' decisions were also recorded.

The management of medicines was safe, and people received their medicines in a timely manner as prescribed.

People received a healthy, well balanced and nutritious diet. People had been consulted and involved in the planning of new menus.

Up to date policies and procedures were available and staff had access to these when needed.

Regular audits were carried out; people were asked their views in person and via satisfaction questionnaires and changes were quickly made if issues were identified. The service learned from incidents, concerns or accidents to help prevent any reoccurrence.

Systems were in place to monitor and respond to any complaints and concerns and actions taken appropriately.

The leadership and management team were praised by staff and people receiving a service for their commitment and passion for care.

The provider who is also the registered manager worked closely with other healthcare professionals and attending provider forums and was actively involved developing new care strategies.

Rating at last inspection:

At the last inspection 01 June 2016, the service had been rated as overall good with an outstanding rating in the effective domain. The report was published on 01 November 2016.

Why we inspected:

This was a scheduled inspection, based upon the last rating.

Follow up:

We will continue to monitor information and intelligence we receive about the service and will revisit the service in line with our inspection timescales. However, if any information of concern is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was 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.

Bakewells Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

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

Service and service type:

The Bakewells is a 'care home'. People in care homes receive accommodation and nursing care as a single package under one contractual agreement CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was registered manager in post at the time of our visit. The registered manager was also the provider and one of the owners of the Morgan Care Limited company who runs the home. The was 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.

Inspection site visit activity started on 03 April 2019 and was completed in one day.

What we did:

Our inspection was informed by evidence we already held about the service. This included the last inspection report, and notifications sent by the service. Notifications are information about important events the service is required to send us by law. The provider had completed a Provider Information Return (PIR). This is information we request the provider to complete to give us some key information about what the service does well and what improvements they plan to make.

We used a Short Observational Framework for Inspections (SOFI). SOFI is a way of observing care to help us understanding the experience of people who could not talk to us.

We also contacted the local authority quality monitoring team, the safeguarding team and Healthwatch Bolton. Healthwatch England is the national consumer champion in health and care. This was to gain their views on the care delivered by the service. No concerns were raised regarding this service.

We spoke with two visitors and five people who used the service in detail and several others during day. We spoke with the providers, the deputy manager, the enhanced care coordinator and three care staff on duty. We looked at three care records, four staff files, and other records about management of 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 standard was rated as good. At this inspection the service remained good. This meant that people were safe and protected from harm.

Systems and processes to safeguard people from the risk of abuse:

- People spoke positively about feeling safe and secure, and feeling able to tell staff within the home if they had any fears or worries. One person told us, "Yes I definitely feel safe, no doubt there at all." A relative spoken with said, "[Name] has settled really well. I can tell by their face that they feel safe."
- There was a robust safeguarding system in place. Safeguarding incidents were recorded in individual files and reported monthly via the Bolton Care Home Excellence Programme and to the local authority safeguarding team. The aim of the Care Home Excellence Programme is to improve the health, care and experience of those living in care homes.
- The home's safeguarding policy and procedures were up to date and staff had access to these as required.
- Staff were skilled in working with people in order to identify risk. All staff had received training in the protection of vulnerable adults and staff spoken with showed a good understanding of how to identify signs of abuse and knew how to report any worries or concerns. There had been no safeguarding incidents reported within the last 12 months.

Assessing risk, safety monitoring and management:

- People were supported by staff who empowered people to achieve a fulfilling life, by assessing any risks whilst ensuring people remained safe. Any change in a person's condition or baseline prompted a risk assessment to be carried out to ensure that the necessary support was put in place to allow them to continue to live fulfilling lives whilst staying safe. The home had an enhanced care coordinator and part of their role included monitoring falls or slips, trends and patterns and ways to prevent reoccurrences. For example, one person who was very independent and liked to mobilise without staff support. This person was aware of the risk of falling. Therefore, the registered manager had put in place physiotherapy support and the enhanced care coordinator ensured exercises were performed several times a day to improve this person's strength and mobility. Staff ensured safety regarding footwear, monitoring of the wear and tear of equipment and daily checks with this person to ensure they were still happy, and that no changes had occurred. This was done in consultation with health professionals and family support.
- The home took a person-centred approach to managing risks, based on individual needs and abilities and allowing people independence and choice. A recent example of this is the introduction of a formal partnership with a local school under the banner of 'schools in care homes' which resulted in nine people being guests at the school and being provided with afternoon tea (cooked and prepared by students) and a tour of the school, including its on-site farm. Full risk assessments were carried out and strategies put in place to facilitate this visit. People spoken with told us how much they had enjoyed the visit and how much it had greatly impacted on their wellbeing.
- The care records were detailed and instructed staff on how to safely manage any identified risks. Each person had comprehensive assessments of risks in their personal care plans. These were regularly reviewed,

to manage any risks, from inadequate diet, pressure sores and skin integrity.

- Protocols were in place for staff to support people in the event of an emergency. For example, people had a personal emergency evacuation plan (PEEPs) in place. In the event of fire, a PEEP informs staff and the emergency services of what assistance people required to move them to a safe place. We saw regular fire drills were completed and documented and fire equipment, for example, fire extinguishers, break glass points and alarms were tested as required and actions taken where necessary.

Staffing and recruitment:

- The registered manager continued to carry out robust recruitment procedures prior to new staff commencing work at the service.
- As part of the recruitment process the provider used a 'Care Quality Ecosystem' (CQE) scheme which profiled all staff with regard to stress, safety and wellbeing. This information was utilised in the formulation of staff rotas to ensure a balanced and safe staff mix across the caring disciplines for all shifts. The system also benchmarked staff morale and highlighted any areas of work and personal related stress to allow management to support staff wellbeing. The provider told us that by incorporating these new systems into the home's routines empowered them to drive cultural change within the care environment. The CQE survey is completed by all staff on a regular basis throughout the year. At first staff were wary on the use of CQE, however they now view this as being very positive and helpful because their skills were utilised to an optimum through this process.
- Sufficient staff numbers were available to meet people's needs. One person told us that they did not have to wait long for staff to assist them when they pressed their call bell. Another said, "There are enough staff, they are always there for you and they always have time for you. Whatever I want, any time of day there is always someone one to help you."
- The home continued to benefit from a long-serving dedicated staff team who worked flexibly to meet people's needs. The registered manager ensured the home was always adequately staffed. This meant that no staff from agencies were used. Staff told us, "We work well together as a team and cover for each other in the event of sickness and holidays." □

Using medicines safely:

- People's prescribed medicines continued to be managed safely. People spoken with confirmed they got their medication as required. One person said, "Breakfast and supper time I have my tablets, they [staff] never fail to give them."
- Medicines were stored and disposed of safely. Each person had a medicine administration record sheet (MARs). We found that that these had been accurately completed.
- Medication systems were organised. There was no over stocking of medicines.
- Procedures were in place for the use of 'when required' medicines. Protocols were in place and detailed in the persons care records.
- The treatment room was clean and tidy, and the temperature of the room and medicines fridge was recorded to ensure medicines were kept at the correct temperatures in line with the manufacturer's instructions.
- Staff who administered medicines had received appropriate training. Medicines were checked by staff at the handover of each shift confirming that medicines had been given and recorded correctly.
- Audits were carried out to check accurate records were maintained.

Preventing and controlling infection:

- The home was exceptionally clean and fresh. The Bakewells was an exemplar of ensuring the highest possible standards for the prevention and control of infection. A recent annual independent infection control audit had been completed and was rated 100% compliant in all standards. One person told us, "Everywhere is spotless - beautiful". One person invited us into their bedroom, which they were very proud

of. The bedroom and the en-suite bathroom were immaculately clean. This was achieved by a dedicated domestic team who felt empowered within the culture in the home to support quality outcomes in this area.

- There were effective systems in place to control and prevent the spread of infections.
- There was an infection control policy in place and staff had received training in infection control and food hygiene.
- Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons when providing personal care.
- The home was also recently inspected by environmental health officers and achieved 5 stars, which is the highest rating in food hygiene and safety.

Learning lessons when things go wrong:

- There was a 'no blame culture' within the organisation and when errors were made they were investigated, and lessons learned to achieve sustained improvements in safety and continual reductions in harm. For example, accidents and incidents were closely monitored with regular audits undertaken to capture any patterns or trends. Prompt and effective action was taken to reduce the likelihood of reoccurrences.
- Lessons learnt, and outcomes were cascaded throughout the team to promote shared learning.

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 our last inspection this key question was rated as outstanding. At the inspection the key question remained outstanding. This meant that people's outcome were consistently better than expected compared to similar services. People feedback described it as exceptional.

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

- Assessments of people's needs were holistic and comprehensive when planning and delivering care.
- The provider worked in partnership with other organisations such as the Care Home Excellence Programme, the local authority and the Clinic Commission Group (CCG) ensuring staff were up to date with the latest techniques and best practice to ensure people who used the service benefited from innovative care practices. For example, Safesteps digital App for assessing and managing falls risk (first in Greater Manchester); enhanced care coordinators in place to deliver therapeutic activity (first nationally).

Effectiveness of this initiative was based on reassessments of individuals; risk profiles, incidence of falls and hospital visits compared to previous years.

- The provider was an early adopter of the schools in care homes project linking the local high school with the home and volunteers in care homes enhanced care coordinators to deliver therapeutic activity (first nationally)
- Care records were electronically maintained and were tailored to meet individual needs and preferences. The care records were reviewed regularly, and any changes were recorded. People who used the service and senior staff were involved in the selection of the new system. People had exceptional access to their records via Tablets. These were mobile and could be taken into people's bedrooms for added privacy. People confirmed they had been involved in updating information and were actively encouraged to participate in their care. A planned update will allow nominated family members to add photographs and approve information when acting on behalf of the resident.

Staff support: induction, training, skills and experience:

- The registered manager had an exceptional approach to training and development. Staff spoken with confirmed that they were encouraged and supported by the registered manager with further development and training.
- Staff had undertaken essential training that equipped them with the skills and knowledge to carry out their role effectively. For example, moving people safely, fire safety, infection control, safeguarding and food hygiene. We saw this was covered in their induction programme on commencing work at the service.
- All staff had completed comprehensive training for caring for people living with dementia. We noted that the providers tailored training for dementia care meant that staff were exceptionally skilled in their approach to caring for people living with dementia and we saw excellent examples of practice support this. This comprehensive training enabled staff to have an exceptional understanding of the people they were caring for especially in The Deane where people were living with more advanced dementia. Further specialist training was provided as required. Without exception people spoken with told us that the staff

were well trained and very effective in meeting people's needs.

- One person told us, "The staff do lots of training. I have asked them about it. I am just interested in how and what they do." A relative told us, "I can see the staff are well trained and know what they are doing; I watch how they assist people, they are very good."

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

- Staff worked in partnership with people in exploring new and innovative ways to ensure a healthy diet
- The provider had recently consulted with people living at the home and relatives about changing the way meals were prepared and cooked. The providers had approached an outside service to come to the home and discuss their range of meals. Taster session had been offered to people who told us that the range of food they tried was lovely. One person said, "I can't wait for them to start with the new menus, the food is really good".
- Menus were nutritious and varied. Meals were available for people with allergies, mini meals for people with small appetites and a range of ethnic meals, that included kosher and halal options.
- On the day of the inspection we saw that people thoroughly enjoyed a cooked breakfast, there was a choice of lunch and evening dinner. Refreshments were served throughout the day. Staff were fully aware of the importance of ensuring that people were well hydrated.
- People told us they enjoyed the food. One person said, "The meals are lovely and there's plenty; no shortage of anything at all. They [staff] will say have you had enough, would you like anything else."
- We conducted a SOFI inspection in The Deane at lunchtime. We saw that tables were set appropriately, and the atmosphere was calm and relaxed; there was exceptional attention to detail. Staff asked people if they would like a clothes protector or a napkin.
- In line with best practice guidelines coloured crockery was used. This helped people living with a diagnosis of dementia identify where food was situated on their plate. People's support was individualised and people independence was encouraged. Staff assisted people with their meal when required.
- People's weight was monitored, and records were maintained. The registered manager told us if they had any concerns about excessive weight loss or gained advice would be sought from relevant professionals for example GPs and the dietician.

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

- The registered manager was passionate about the importance that people should have access to current information about their health and wellbeing. The registered manager demonstrated this through the use of resident's meetings, notice boards, newsletters and a service user guide.
- People's health needs were met by outstanding working relationships with the registered manager, staff and other healthcare professionals. For example, in line with Care Home Excellence Programme people had access to a GP practice linked to the care home. This meant that people's care and well-being was monitored very regularly by a monthly Gold Standard Framework meeting was attended by the registered manager and the enhanced care coordinator at the GPs surgery where people's health needs were discussed.
- The care coordinator had worked specifically with the community nursing team, physiotherapists, occupational therapist and the falls teams and seek guidance and advice in ways of minimising falls and identify any trends or patterns to prevent reoccurrences happening. We noted that this had been extremely beneficial for one person living at the home in reducing their risk of falls.
- The provider supported the "Red Bag" scheme initiative. This meant that in the event of a person being transferred to hospital from the home communication was improved between both hospital and home so reducing the length of the admission.

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

- The Deane was an exceptional environment in its design for people living with dementia. Dementia friendly signage enabled people to locate areas within the unit without becoming disorientated. Light switches were

prominent being framed with a bright colour to ensure people were able to see them clearly. The lounge had been specially designed with doors opening directly on to an extensive garden that allowed people to safely come and go as they wished.

- All people living at the home could access the exceptional garden area that was equipped with a potting shed, a green house and rabbits. The garden had appropriate seating areas and an area of herbs and highly scented plants which meant that this was a multi-sensory experience for all people living at the home. The garden was extremely safe and well maintained. This meant all people living at the home could equally enjoy the sensory experience of this delightful space.
- The premises were exceptionally clean and maintained to a high standard. The home was well lit with both natural and electric lighting.
- People's rooms were personalised and were reflective of people's choices and preferences.
- People's health care needs were met by the excellent partnership the registered manager and staff had established with health and social care professionals. People spoken with told us, "If I am not well they [staff] would get the doctor out straight away".

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the importance of gaining consent from people prior to completing care tasks and it was evident throughout the inspection that people were offered choice and remained in control.
- The registered manager continued to work within the principles of the MCA, so people rights were protected. Information was available in the care records to guide staff with regards to capacity and consent. Staff confirmed they had received training in MCA.
- Where people had difficulties in engaging in the decisions about their care and giving their consent, clear procedures for assessing their decision-making capacities were in place. We saw applications for authorisation under the Deprivation of Liberty Safeguards had been made appropriately and renewed as required.

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 the service remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Prior to being admitted to the home a full assessment by the registered manager or the deputy manager was carried out to ensure that the home could meet and exceed the needs of the person and their families. When a person was subsequently admitted to the home staff spent time with them and their relatives, where appropriate getting to know them. They tried to find as much information as possible about them as an individual including their background, current lifestyle, likes and dislikes, including dietary, cultural and religious needs, interests and their preferred choice of name.
- The staff upheld the rights of people they supported and ensured they determined their care needs and how these were met. Staff spoken with took great pride about the people they supported. It was clear people were highly motivated to provide care and support that was kind and compassionate. One member of staff said, "It's a lovely place to work, we are one big happy family."
- The registered manager and all the staff to go the extra mile to make sure people were happy and comfortable living at the Bakewells. We were told some staff came into work in their own time to take people shopping, to the pub, the cinema and to the local garden centre for tea and cakes.
- Staff engaged and interacted with people. It was clear staff knew people very well and had developed a close professional bond with them.

When we asked people about the care they received everyone was positive about the attitude and approach of the staff. One person told us, "They [staff] are wonderful, so caring and nothing is too much trouble. I have never come across anything nasty." A relative said, "The carers are brilliant, they love [my relative] to bits "

- The open, inclusive and supportive nature of the home meant that promoting equality and diversity and respecting people's human rights ran through every aspect of the service delivery. For example, people who may identify as lesbian, gay, bisexual or transgender; people of non-white heritage, those who practiced faith and those with no faith would not be discriminated against. People living at the home were registered to vote and encouraged to take part in the democratic process.

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

- Care was seen to be person centred and delivered to a high standard and was responsive to individual needs. Staff had time to talk to people and engage in meaningful conversations. Staff were heard asking people how they were, and could they help with anything.
- People told us they were very involved in the planning and delivering of their care and support. One relative told us, the care provided was individual to each person and that they were consulted as required and where appropriate. Comments included, "They [staff] keep me up to date with everything that's goes on with [name], communication is very good."
- The home had regular meetings with people and with their relatives and legal representatives acting on

people's behalf to get their views on the care provided and to address any concerns that they might have.

- Staff were patient with people, particularly with those living with dementia who at times struggled to communicate with staff and convey their wishes. Staff were seen to take their time with people and to reassure them with a gentle touch and smile.

Respecting and promoting people's privacy, dignity and independence:

- Staff were kind, friendly and respect in their approach to people. As staff went about their daily tasks, there was a constant repartee between people and the staff, creating a sense of community.
- The registered manager told us, " We emphasise the importance of treating people with compassion, kindness, dignity and respect in carrying out every aspect of personal care. We encourage and train staff to be always communicating with the people in meaningful and respectful ways when carrying out personal care and to avoid being just routine and task-centred. Staff are asked to explain everything they are doing with and for a person before they do it, so that they are fully aware and consenting". Staffing levels enabled staff to spend time with each person in line with their needs and to work at their pace.
- Staff were conscious of maintaining people's dignity when helping them mobilise around the home, staff knocked on people' doors and paused before entering. Staff spoke quietly and privately to people when offering support. People were asked if they wanted a clothes protector at mealtimes to prevent spillages on their clothes.
- We observed people were well groomed and nicely presented in appropriate clothing and footwear. People had access to the hairdresser who attended weekly.
- Aids and adaptations were provided where people who needed assistance to help keep them safe as well as enabling to maintain some independence. These included a variety of walking aids, assisted bathing facilities and grab rails.

Is the service responsive?

Our findings

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

At the last inspection the service was rated as good. At this inspection the service had remained good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Prior to deciding to move into the home every potential new person was able to visit the home and was offered a trial period before deciding to live there permanently.
- On admission to the Bakewells people were provided with a copy of a comprehensive service user guide. This provided information of the service and care people would receive.
- People received a high standard of personalised care that was specifically responsive to them and respected their individuality. Each person had a 'Who Am I Book' completed by them and with assistance (where appropriate) from family. This ensured all staff adapt the care provided to meet the aspirations and requirements of the individual. People told us that the staff went out of their way to assist the with any problems or worries they may have. One member of staff told us, "This could just be as simple as a five-minute chat offering reassurance."
- People and their relatives told us that staff were very responsive to people's needs and preferences. One relative told us, "Staff respond quickly to people when they require assistance. There is always a member of staff close by."
- The primary role of the Bakewells was to meet each individual person's needs. These were clearly recorded in the care plan to ensure the service was responsive to each person. Care records highlighted individual needs and preferences. For example, times of rising and retiring and day and night routines.
- The service had recently implemented an electronic care records system. Staff told us this was working well, and they had transferred all the relevant information over from paper records. The use of the electronic system made it easier and quicker for staff to input any changes and respond to these immediately.
- Each person had detailed care plan based on a comprehensive assessment of their needs, which included assessments of risks. The care plans were drawn up with the full involvement of the person concerned and their representatives so that everyone involved felt consulted, empowered and valued. These care plans are reviewed and changed as people's needs change to encourage independence.
- Responsiveness extended to making sure that each person can be as fully occupied as they wish to be during the day and if need be through the night. The home employed an activity co-ordinator who helped each person express and follow their individual interests and to organise and run leisure and social activities based on people's stated interest
- People in both parts of the home were calm and content, not bored or unstimulated. Some people had books or magazines, and some were knitting. We observed two people in The Deane were playing dominoes, with evident enjoyment and concentration. One person was seen to be having great fun playing with the 'magic table. The "Tovertafel (Magic Table)" provided numerous activities consisting of interactive light animations and sound that reacted to hand and arm movements. These were projected on to the magic table. The activities provided a vivid and positive experience, which not only invited the person to interact independently, but also provide invaluable interaction with their families, friends and carers. The

registered manager told us they found that people living with dementia can become incredibly passive during the day and often have little or no interaction. We were told that for one person, who does not normally take part in communal games started to sing and chat and had fully enjoyed the experience. The "Magic Table" was partly funded by a grant from the Care Home Excellence Transformation Fund.

- On the day of the inspection people were enjoying a visit from the 'Zoo Lab' where we saw people enjoying looking and holding some of the animals.
- People were aware of the range of activities available to them in the home and spoke positively about them. One said, "There's always somebody about doing things. There's a good selection of books. There's an all-round interest in people's lives."
- People told us that monthly resident meetings were held, and the minutes were on the board in the hallway.

Improving care quality in response to complaints or concerns:

- There was a robust complaints procedure in place in a suitable format for people to read. This was also detailed in the Service User Guide. All the people spoken with told us they felt confident that if they had any concerns the registered manager or other senior staff would deal with them quickly and efficiently to resolve the issue.
- The home had received several compliments from relatives. One said, "Thank you all so much for the loving care you gave to [name] whilst living at the Bakewells."
- Complaints and compliments were recorded a monthly basis and figures sent to Care Home Excellence programme.

Meeting people's communication needs:

- Since 2016 onwards all organisations that provide publicly funded adult social care are legal required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure that people are given information in a way they can understand, with a disability, impairment or sensory loss. The highly person-centred way in the care and support was provided, meant people's information and communication needs were identified and acted upon in a timely manner. Examples included, clear signage with Braille included and adaptations being in place to promote independence and documentation provided in alternative formats.

End of life care and support

- The registered manager had recently taken part in an end of life programme and had worked closely with the palliative care and end of life expert from Bolton Hospice. The registered manager had cascaded information and learning to the staff team to give them the confidence to talk to people who are nearing the end of life with ease as for some people it may be a difficult topic to discuss.
- The home worked closely with other healthcare professionals such as GPs, district nurses and the Dementia Outreach team to ensure that people were provided with the best end of life care possible whilst respecting the choices made by individual service users to ensure a comfortable, dignified and pain free death.
- As far as reasonably practical, staff always sought to ensure people could remain at the home when nearing the end of life, to be cared for by staff who knew them well and in the comfort of familiar surroundings.
- All care staff received awareness in end-of-life care to make sure that they continued to treat a dying person with dignity and respect and do everything possible to relieve any distress and suffering. We were told by the registered manager "All staff treat every person with the same level of dignity and respect and not to discriminate between those with mental or physical disabilities." People had end life discussions mentioned in the care plans.

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 had improved and was outstanding. This meant the service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The service was exceptionally well led. The service was led by a strongly motivated and committed registered manager, who was actively involved in innovation in the local area and more widely which was central to the continued success of the service. The registered manager's values of continuous improvement were evident for staff and people to see. These were reflected by an extremely well-trained, enthusiastic committed staff team. This impacted on the culture within the home and reflected current best practice. For example, the introduction of the new food system allows accurate nutritional tracking. This was introduced following a comment received about person's weight and a request from the dietician for further information.
- People we spoke with knew the registered manager very well they as they were always at the home. One person told, "I can go and speak with [manager name] about anything. She's a nice kind lady, soft spoken and very patient." Another said, "It's a nice, happy home this is down to the people living and working here." People told us the leadership of the home was open and transparent. Staff spoken with were positive about the leadership of the home. One person told us, "They [registered manager and managing director] are always at the home, they are very much involved. I find them both very approachable and supportive." Relatives spoken were also complimentary with regard to the high standards of care provided at the Bakewells.

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

- The provider, as a company worked extremely closely together to ensure an excellent delivery of care at the home. The provider was very clear on their roles and understood quality performance, risk and regulatory requirements and the accountability afforded them. A healthcare professional told us, "The service and level of care provided at this home is excellent. There is good communication between all the staff".
- The registered manager welcomed ideas and opinions for staff and where possible these were actioned. Staff confirmed things could be discussed during supervision meetings or a group discussion in staff meetings. The managing director told us, "We motivate our staff with positive reinforcement and ask them to take ownership of the roles they undertake in the home by empowering them to challenge the way we currently do things and voice their opinions to ensure continued improvement in all that we do."
- We saw staff understood the regulatory context of the care they provided as they were empowered by the manager and provider to think about their responsibilities at this level.
- The provider invested in their staff development and training, encouraging initiatives and innovation to

help improve the quality of the care delivered. All management team members were appropriately qualified or were working towards a recognised qualification in line with their roles and responsibilities

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

- The provider sought regular feedback about the care from people living at the home, relatives or advocates and other stakeholders through informal discussions, regular meetings and annual surveys. Feedback from surveys was used to improve the care and the environment to ensure the best possible person-centred care available.
- The home based its approach on continuous self-assessment and regular monitoring, reviewing and auditing of its practices and procedures. The leadership embedded a culture in the service that was responsive to all forms of external professional feedback. This meant they were able to measure achievements against the required standards and make changes and embed improvements in service delivery. We saw evidence of excellent organisational skills that promoted collaboration and sharing of best practice with other professionals. For example, the registered manager was an active member of the Bolton Training Partnership Group and more widely the Manchester University Research Group - Health and Social Care Support to Care Homes. The registered manager cascaded information from these groups to staff at the Bakewells and to other registered manager in the locality.
- The registered manager had established excellent links with the local community including visits from local schools and churches. The home had developed and maintained an "information bank" about community and other resources that people might be able to use in the pursuit of their interests.
- People who had relatives living at the Bakewells still visited the home regularly to see people they had got to know. People told us of the visit from the 'chocolate lady' who brought treats for everyone at the home.

Continuous learning and improving care:

- The provider had an overarching schedule of audits that continually monitored and reviewed of the different areas of the service. For example, care files, accidents and incidents, falls, complaints, medicine audits, health and safety checks, fire safety audits, fridge temperature checks. Any trends and patterns found during the audits were discussed and appropriate actions taken
- The registered manager kept up to date with her own continuous learning and had maintained her professional qualification as a registered nurse and although she was not able to practice at the Bakewells, her skills and experience could be utilised effectively. The registered manager was extremely committed to being an active participant in meetings with senior nurses at the hospital to look at ways of improving information sharing, discharges and admissions. As a result of this the registered manager felt communication with the matrons had greatly improved.
- The registered manager worked well with other healthcare professionals and worked with them to achieve the best outcomes for people.

Working in partnership with others:

- The registered manager worked with other organisations to encourage innovation. They worked at a strategic level within the Care Home Excellence Programme to encourage best practice across the sector and were known locally as a leader who encouraged all staff to strive to be the best they can be and encouraged excellence within the locality.
- It was acknowledged that the home provided a beacon for good practice in developing and pioneering new approaches to promoting people's health and wellbeing. The registered manager was an excellent role model for other services. They were a member of several groups which contributed to the development of best practice that was shared across other providers of care Local Authorities and healthcare professionals. For example, they often took the lead role when working with the Care Home Excellence Strategy Group, Greater Manchester Independent Care sector Network, Bolton Palliative Care and End of Life Care Education

Alliance and Hospital Discharge to Care Homes Improvement Group. This developed the knowledge and skills of the wider professional teams, supporting improved health outcomes for people in the local area as well as the service,

- The home was accredited as an Investor in People, which expires this year. It is the intention of the home to seek reaccreditation at a higher level.