

## Anchor Hanover Group

# St Anne's - Saltash

### 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:

St Anne's provides accommodation with personal care for up to 33 people. There were 33 predominantly older people using the service at the time of our inspection.

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

St Anne's provided outstanding dementia care and support in an extremely dementia friendly environment. Bathrooms were warm, cosy and decorated making it look more like a domestic bathroom. A great deal of co-production had taken place between staff and people, working together to enhance the environment. Each corridor was themed. The registered manager told us, "I want the corridors to have some use, I don't want them just to be corridors."

The entrance of the service was designed as a village square, complete with sweet shop, post office, bank and book shop. All were accessible for people to visit and purchase items or receive help with their finances and queries.

The registered manager had focused on further improving people's dining experience. A tea service delivered on a tray to each person had been added since the last inspection. At lunch time one staff member told us, "We make sure there is space between the tables. Everything is laid up, so they have what they need, we set it in the same way, so it's familiar, even make sure we put the table cloth the right way or it could cause confusion. One man didn't like green, so we waited to see where he wanted to sit and then put a cream table cloth on."

Staff provided a visual choice of meal as well. 'Show plates' of each meal option were brought to people to help them choose what they would like to eat.

To further increase their knowledge staff had recently received training on the International Dysphagia Diet Standardisation Initiative (IDDSI) Dysphagia is a term used to describe swallowing difficulties. IDDSI is a global standard with terminology and definitions to describe the texture of food and thickness of liquids provided to people with dysphagia.

Staff were recruited safely in sufficient numbers to ensure people's needs were met. The registered manager encouraged new people to join the staff team by becoming apprentices. The apprentice role meant people without care worker experience could work for 30 hours a week alongside and in addition to existing care staff, providing personalised activities and meal support.

People living at the service helped the registered manager with the interview process. Prospective staff were shown around the service and spent time with people. Later the registered manager would seek the views of the people who had met the candidate.

People told us they felt safe being supported by staff. Staff understood risks to people and how to help reduce them. Systems were in place to safeguard people. People received their medicines on time from staff who had received training in medicines administration.

Infection control measures were in place to prevent cross infection. A member of staff, who was the appointed link person to the project, had been acknowledged in a Plymouth university hygiene study paper having supported the research into how the robotic pets, used at the service, could be kept hygienically clean and not pose an infection risk.

St Anne's continued to support an intergenerational dementia awareness initiative, The Archie Project. The aim of this project was to engage children at a young age, dispel any fear of dementia, and develop caring attitudes towards others. Staff told us, "Some people don't have younger children in their family anymore and they really enjoy the contact. [Person's name] is 100 years old and his face was a picture listening to the children read. You can see on their faces, the impact it has on them."

The service continued to receive exceptional feedback. Relatives told us, "It's a wonderful place. I cannot imagine it's a care home it's more like a hotel. So friendly and kind, Mum has really settled well and look at her with the children she is very sociable, so this is perfect for her." "This place is outstanding, we have seen others and they don't even come close."

There were activities provided for people in the morning and the afternoons, seven days a week. Five staff 'Champions' had been given additional training and responsibility for providing arts, crafts, activities and exercise and supported the whole staff team in delivering the planned programme.

The service continued to be a certificated member of the National Activity Providers Association, upholding the values of the uniqueness of everyone and providing person centred and meaningful activities.

The provider was keen on the use of technology to bring new experiences to people. They funded Virtual Reality (VR) headsets which had enabled people to have experiences that they would not usually be able to have in reality.

St Anne's had been chosen as the first research site for a trial of the use of robotic pets', by Plymouth university. Feedback from the university was that St Anne's, 'really are the best home I have worked with, totally pro-research with a really engaged team'.

St Anne's were also involved in the 'Smart Speakers Scheme'. A research project which provides devices to care homes. These can be tailored to meet individual's needs. For example, hearing the latest games scores for the keen sports fan and cooking along with the device which works at the user's pace. People could also be supported to use the device to contact relatives, often abroad.

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. Any restrictive practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.

The registered manager continued to be passionate about, 'bringing the outside in'. The Macular Degeneration Society continued to hold their local meetings at the service once a month. The local library visited to bring large print books, talking books and advertise their events and resources to people living at the service. Volunteers were welcomed. St Anne's supported the recent 'My Saltash' weekend, opening their doors to the public when over 40 people visited, chatted with people and staff over tea.

The registered manager involved people living at the service and their families with the local 'Dementia Voice PL12'. Through involvement with this organisation people at the service had access to 'singing for the brain' sessions at the local church, a dementia café in Saltash held each Tuesday, walking groups and a Veterans group.

The registered manager sat on the monthly End of Life care forum linked to the Daffodil standards, at the local GP practice. The Daffodil Standards help spot areas for improvement and build on the good care already provided to people.

Staff had completed the 'Six Steps to Success' in end of life care. Covering discussions with people as end of life approaches, assessment, care planning and review, co-ordination of high-quality care in the last days of life and after death.

Audits were carried out regularly to monitor the service provided. Actions from these audits were being acted upon to further improve the service. Records were stored appropriately and were accessible and up to date.

Many compliments had been received from people, relatives and healthcare professionals. Comments included, "I cannot praise the care my mother has had at St Anne's enough. I have over 40 years of nursing experience and the care and emotional support I have seen since my mother was admitted here is exemplary. Simply superb," "You also looked after us, anything we needed was your concern. I don't think there are many people who could say that as they lose a loved one," "I can only say that I think people are extremely lucky to live there. The environment really is wonderful" and "The surroundings are really very good indeed. So much to look at and occupy people," "It is a very special home" and "We are all very proud of the home. We have a wonderful boss."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

At the last inspection the service was rated as outstanding (report published 24 August 2017)

Why we inspected:

This was a planned inspection based on the previous rating.

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.

# St Anne's - Saltash

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

This inspection was carried out by two inspectors.

#### Service and service type:

St Anne's 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. The registered manager 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 reviewed the last inspection report, information we had received from other agencies and feedback we had received from other interested parties. We used all of this information to plan our inspection.

#### During the inspection:

We spoke with 11 people who used the service, two relatives, two visitors, 10 staff members including the registered manager, the deputy manager and the administrator. We reviewed the care records of two people

and medication records for five people who used the service. We reviewed records of accidents, incidents, compliments and complaints, staff recruitment, training and support as well as audits and quality assurance reports.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We spoke with two healthcare professionals.

# 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 now remained the same. This meant people were safe and protected from avoidable harm

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

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. Information about how to report safeguarding concerns externally was displayed in the service.
- The provider had effective safeguarding systems in place. Safeguarding processes and concerns were discussed at regular staff meetings.
- The service supported people to manage some aspects of their finances and there were appropriate procedures and systems in place to protect these individuals from financial abuse.

Assessing risk, safety monitoring and management

- Risks were identified, assessed monitored and regularly reviewed. These assessments contained guidance for staff on how to protect people from known risks while maintaining their independence.
- One person's partner wished to continue to care for their loved one as they did when they were together at home. The registered manager carried out a risk assessment to ensure the partners health was not put at risk if they were involved in doing some care and support tasks. This enabled the person to continue caring for their partner as they wished.
- When people presented with behaviour that challenged staff and other people there was guidance and direction for staff in care plans, on how to help reduce the risk of this behaviour.
- Fire doors and systems were regularly checked to ensure they were in good working order. Regular fire drills took place. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Utilities and equipment were regularly checked and serviced to make sure they were safe to use.

Staffing and recruitment

- The registered manager encouraged new people to join the staff team by becoming apprentices. The apprentice role meant people without care worker experience could work for 30 hours a week alongside and in addition to existing care staff, providing personalised activities and meal support. They were supported to complete training before working alone with people. Apprentices had gone on to become permanent members of the care worker team. One apprentice told us, "The level of care and quality is high. A friend had volunteered here through the church and told me it was a good place. I do enjoy it. I enjoy making a difference."
- People were supported by suitable staff. All pre-employment checks had been carried out before staff started work, such as criminal record checks and references. People living at the service helped the registered manager with the interview process. Prospective staff were shown around the service and spent



time with people. Later the registered manager would seek the views of the people who had met the candidate.

- Staff told us they had enough time to support each person. Records showed action was taken when people's needs changed, to help ensure they had the right support to meet their needs. Additional staff were provided between the hours of 6am and 1pm to support the morning shift with supporting people to get up and ready for the day.
- There were no staff vacancies at the time of this inspection. Bank staff were used to cover annual leave and sickness absences. No agency staff were used at St Anne's. The staff team were stable, with many having worked for the service for several years.
- People told us staff responded quickly to them when they called. We observed call bells were responded to efficiently during this inspection.

#### Using medicines safely

- Medicines were managed safely. People received their medicines safely and on time. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- Some people were prescribed 'as required' medicines for pain relief or to help them to manage anxiety. Care plans included protocols detailing the circumstances in which these medicines should be used.
- Some people self-administered some of their own medicines. Risk assessments were in place to help ensure they remained able to do this.
- There were systems in place for the storage, ordering, administering, and disposal of medicines. Storage temperatures were monitored to make sure medicines were stored correctly and would be safe and effective.
- The records of medicines that required stricter controls tallied with the balance of medicines held at the service. All medicines were counted at each medicine round to help ensure an accurate balance was held.

#### Preventing and controlling infection

- The service appeared clean and was free from malodours. There were cleaning schedules in place which were regularly completed.
- A member of the care worker team had been given the role of infection control 'champion' and supported staff to observe good infection control processes.
- Infection control audit processes were in place at the time of this inspection.
- Staff had access to aprons and gloves to use when supporting people with personal care. Staff were seen wearing person protective equipment (PPE) appropriately throughout this inspection. This helped prevent the spread of infections.

#### Learning lessons when things go wrong

- Staff knew how to report accidents or incidents. Records showed appropriate action had been taken following any event to help ensure the risk of a similar incident occurring was reduced.
- People were regularly asked for their views and experiences of living at St Anne's. Issues raised at meetings with the registered manager regarding meals, and the development of outside space had been listened to and acted upon.

# 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 changed 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.

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

- The registered manager had focused on further improving people's dining experience. A tea service delivered by tray to each person, had been added since the last inspection. This new tea service was provided, by care workers in the afternoons, when the service was busy with visitors and activities. Additional staff had been provided to cover this period. At lunch time one staff member told us, "We make sure there is space between the tables. Everything is laid up, so they have what they need, we set it in the same way, so it's familiar, even make sure we put the table cloth the right way or it could cause confusion. One man didn't like green so we waited to see where he wanted to sit and then put a cream table cloth on ."
- Staff were aware of people's dietary needs and preferences. Care plans contained details of any support that people required at meal times, as well as any risks associated with eating and drinking. A choking protocol was clearly in place.
- To further increase their knowledge staff had recently received training on the International Dysphagia Diet Standardisation Initiative (IDDSI) Dysphagia is a term used to describe swallowing difficulties. IDDSI is a global standard with terminology and definitions to describe the texture of food and thickness of liquids provided to people with dysphagia. The aim was for the staff to provide improved nutrition and safety for people with dysphagia and use standardised records. This had improved how the staff provided food and drink for people and reduced risks
- Staff recorded some people's food and drink intake, where concerns had been identified. People were regularly weighed to help ensure people had adequate intake. A nutrition audit took place weekly, which detailed each person's nutritional risk, preferences and Malnutrition Universal Screening Tool (MUST). This helped ensure staff were well informed on people's nutritional needs.
- Three choices of meal were offered at lunch time. Menus were displayed in the dining room to help people with meal choices. Staff provided a visual choice of meal as well. 'Show plates' of each meal option were brought to people to help them choose what they would like to eat. Three different jugs of drinks were brought in front of people, to support them making a choice of drink. Comments included, "The food is extremely good here. The queen would be lucky to be fed here." Staff told us, "It's their time to be together and socialise and some will spend time in their room apart from meals. We do show plates, so we can show people what is available. They can see what is available. They love it. One person can point and nod if they can't verbally communicate. If they change their mind and we will get them it "

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

- The service was extremely dementia friendly and decorated to a high standard. Pictorial signage was displayed on all bathrooms, toilets and communal areas. Bathrooms were warm, cosy and decorated to

look more like a domestic bathroom. This helped relax people and encourage them to enjoy bathing. The passenger lift, which people used to access different floors, showed pictorially which floors had beds on and which floors had communal areas, to help orientate people to their surroundings and increase their independence .

- A great deal of co-production had taken place between staff and people, working together to enhance the environment. Each corridor was themed. The themes were chosen by the people living in each corridor. The service is situated close to the Brunel bridge and people visited regularly to spend time in the café and feed the swans. So, photographs had been taken of the bridge and transferred onto wallpaper to display on walls at the service. The registered manager told us, "I want the corridors to have some use, I don't want them just to be corridors."
- People's bedroom doors had recently been transformed in to individual traditional front door designs with 'wraps' put over their original door. Each door was a different colour and design, complete with door knocker and key lock. A door bell had been provided for staff to use to announce their wish to enter. One person told us, "I like the new door, I am very pleased with it. It's got your number on it and helps me recognise it."
- The registered manager had looked at how new technology could increase independence. Rather than provide floor pressure mats which could pose a risk to the person, 'magic eye' Passive Infra-red sensors (PIR) were fitted across the side of people's beds which alerted staff when the beam was broken by the person leaving their bed. This supported the person to get in and out of bed independently, but staff were alerted to this. If the person had been assessed as being at risk of falls, staff could provide timely assistance.
- The entrance of the service was designed as a village square. Complete with sweet shop, post office, bank and book shop. All were accessible for people to visit and purchase items or receive help with their finances and queries. Visiting healthcare professionals told us, "I can only say that I think people are extremely lucky to live there. The environment really is wonderful" and "The surroundings are really very good indeed. So much to look at and occupy people."
- Secure outside space was available to people. People were encouraged to spend time outside. A heated summerhouse had been added since the last inspection at the request of people, to use for drinks and socialising and enjoy being in a different environment. People told us they greatly enjoyed socialising outside.

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

- The registered manager and staff worked has invited healthcare professionals in to the service to improve the health support provided to people at St Anne's. The Kernow Clinical Commissioning Group (KCCG) together with the Dementia Improvement Programme had visited the service during their dementia diagnosis project. This helped ensure people were assessed and diagnosed where necessary and obtained the appropriate care and support in a timely manner.
- Care workers had worked closely with kitchen staff to ensure people were provided with appropriate food and drink for their needs. Oral care plans were in place to guide staff on how to provide person centred care. One care worker had been provided with additional knowledge to offer staff support, as a 'champion' in oral care. The 'champion' regularly audited the records of everyone living at the service to ensure they had a regular dental check-up and that all had oral health assessments. This helped identify any treatment required and helped ensure people had good oral health.
- The registered manager had worked with the local GP practice to improve the identification of people who may be approaching the end of their lives and place them on a palliative care register. This led to the service piloting a 'Frailty indicator'. Staff used this indicator on every occasion they requested a GP visit, completing an assessment, 'Today and the last 72 hours' about the person's presentation which was compared with the 30 days previous. This helped with a holistic assessment of people's end of life needs.

- 24 staff had been developed as 'champions'. Areas such as infection control, dignity, intergenerational programmes, oral hygiene and nutrition all had specific 'champion' leads to support the staff team, carry out audits and monitor standards. A member of staff, who was the appointed link person to the project, had been acknowledged in a Plymouth university hygiene study paper having supported the research in to how the robotic pets, used at the service, could be kept hygienically clean and not pose an infection risk to people when stroking and 'feeding' them.

- Staff had been training to dip urine samples and take people's blood pressure if they had concerns about changes in the person's health. This meant the staff were able to provide healthcare professionals with useful information and observations when seeking advice and guidance from them. This had obtained appropriate treatment for people before their symptoms worsened or led to a fall.

- Staff liaised with a range of organisations on behalf of people, depending on their individual support needs. Visiting healthcare professionals told us, "I love coming in here, the staff are always the same and always upbeat. It has a really positive feel. There seems to be a really good team here. They changed appointment dates before Christmas, so people could attend the activities that they wanted to," "People tell me they love being here and are happy about it. I have never come across a negative word in this building. I recommend this home often. There is always happy staff and enough going on for people."

#### Staff support: induction, training, skills and experience

- Records showed training was regularly updated to ensure staff had the skills necessary to meet people's support needs. Training methods included online, face to face training and competency assessments. The provider closely monitored staff training and support. The service had been measured at 97% for staff training completed.

- The registered manager told us, "I have staff here who are keen to learn. When they have done their mandatory training, they want more. I have decided to train our staff on supporting people who have stoma's, even though we don't have that need here now, I want us to be ready to offer people this support when necessary." All staff had undertaken General Data Protection Regulations (GDPR) training.

- Staff were well supported. They received regular opportunities to discuss their individual work and development needs. Staff meetings were held regularly, and staff told us they felt able to speak and be heard

- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. New staff spent time working with experienced staff until they felt confident to work alone. We observed a new 'Apprentice' who was working with an experienced member of staff.

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

- People's needs, and preferences were assessed prior to a person moving in to the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.

- People, or if appropriate their representative, were asked about any support they required related to protected characteristics under the Equality Act 2010. The service displayed in the entrance hall, and included in their brochure, information about how they embraced the LGBT+ community. The registered manager told us, "All the staff have received training on equality and diversity. We are ready for anything."

- Care plans showed people's needs had been robustly assessed and planned for. Clear guidance and direction was provided for staff on how to meet those needs. Health and social care professionals were regularly consulted to help ensure people's care and support reflected best practice. Healthcare professionals told us, "The staff are very good, they dip urine to test for any infection and take people's blood pressure. This is then part of their report to us when they are concerned about people" and "They approach each person as an individual."

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 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.

- Capacity assessments were completed to assess if people were able to make specific decisions independently. There was clear evidence of the best interest process having been used.
- There were processes for managing MCA and DoLS information and there were accurate records held of which people had DoLS applications made. No authorisations were in place at the time of this inspection.
- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005
- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's). This was clearly recorded in people's care plans. Families were encouraged to be involved in people's care plan reviews.

# 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 outstanding. At this inspection this key question has remained the same. 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

- Staff continued to have a deep understanding of people's dementia care needs. One person was refusing to allow staff to provide personal care. Staff spent some time trying to solve this issue without distressing the person and discussed them at handover. This person was often awake and active at night. It was identified that a night care worker, who had a good relationship with this person, would be more successful with providing this care. The person now happily showered at night and received the care they needed without distress. Staff told us, "It's about adapting the way you do things for each person. Treating people fairly but understanding their different needs."
- St Anne's continued to support an intergenerational dementia awareness initiative, The Archie Project. This initiative was originally planned for one year, the benefits were so positive that the provider has funded it for a further two years. Additionally, once a week around 20 nursery school children come in to visit people. Staff and people told us "[Person's name] is 100 years old and his face was a picture listening to the children read. You can see on their faces, the impact it has on them" and "There is one little boy, I love him so much." Staff told us, [Person's name] is normally sleepy doesn't engage, when the children come, her eyes are wide, she sits up, she is very vocal, and she was painting the other day, which I have never seen before. It's great."
- One person, who loved animals, was very unwell. The registered manager arranged for staff from a local farm to take an alpaca up in the lift to their room and spend time with them. The person greatly enjoyed this treat. The registered manager told us, "We all cried. It was so lovely ."
- People continued to feel very well cared for. They told us, "You have help, and your freedom. Everything you need. I can't think of any improvement," "I am very pleased here, you could not ask for anything more." Relatives told us "There is a lovely feel about the place as soon as you walk in the door," "My telephone doesn't have to be on all the time. Things I had to organise, like appointments are all taken care of and I am informed" and "It has been an amazing transition. She got a bit lonely in her own flat. It has been amazing to see her enthusiasm for everything that is going on."
- One person had reached a significant birthday and the registered manager arranged for the local mayor to visit and make a presentation to them. This was photographed and displayed at the service and gave great pleasure to the person.

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

- As we found at our previous inspections, staff knew each person as an individual and what mattered to them. This was because they spent time with people listening. They told us, "We get to talk to the residents a lot and we notice things and they tell us things and we report to the team leader. We sometimes find out

what people's problems are. One person reported to [Staff name] that her lunch wasn't right, so we got it changed," "We have a white board in the laundry with any specific requests. For example, one person doesn't like having her knickers ironed!" Another told us, "[Person's name] was very upset last night but couldn't tell us, we went through everything we could think of. We let them calm down and then we managed to understand from a few words that someone had promised to change her sheet and it hadn't been done. The smile on her face when we finally understood. We will always get to the bottom of things ."

- Staff went above and beyond to ensure people had good support. Staff told us, "[Person's name] wanted to go Christmas shopping for family (daughter and granddaughter), so we took them to the toy shop. Then they knew they wanted to get a pink fluffy jumper and pyjamas from Marks and Spencer. They found the pyjamas they wanted but they weren't in the right size, they wouldn't have any others, so I explained we could order them, and I would pick them up when they were delivered." Another person could not go out to choose Christmas cards, so staff resolved this and told us, "I asked my local newsagent if I could take a selection of Christmas cards for [Person's name] to choose from ."

- The service received exceptional feedback. Relatives told us, "It's a wonderful place. I cannot imagine it's a care home it's more like a hotel. So friendly and kind, Mum has really settled well and look at her with the children she is very sociable, so this is perfect for her." "This place is outstanding, we have seen others and they don't even come close."

- St Anne's was rated at 9.8 out of 10 on an internet-based care home comparison site. Compliments received included, "The staff at St Anne's are wonderful, caring, kind and loving, she is cared for better than I could do which makes me very happy," "The staff were very friendly and caring. They treated Mum with respect and encouraged her to meet other residents" and "St Anne's provided excellent care in every respect for my mother's one-week 'taster' stay. She felt so 'at home' that she looked for her photo on the resident's gallery, even though she had never been there before."

- Staff continued to ensure people's rights were always protected and they were always treated fairly at St Anne's. Staff continued to use different forms of communication to help people understand information and make decisions. For example, staff used pictures or gestures to support some people. Staff not only described situations and options of meals or drinks verbally to people, but also physically showed them the options available. This helped people to make choices.

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

- As we had observed at the previous two inspections, staff were very respectful of people and keen to improve their independence. People had access to call bells to summon assistance when needed. Some people had been provided with pendant call bells, worn around their necks, so that they could call for staff support as they moved around the service. People had keys to their doors and some had keys to the front door if they wished. One person was poorly sighted and required specific Light Emitting Diode (LED) lighting in specific areas of their room to aid them. This had been provided. It had been arranged for the library to visit them regularly providing large print and talking books to help them to enjoy reading .

- An artist living at the service, who had been frustrated by their need to move into a care home, had been encouraged to share their memories of being in the war through their poems and paintings, which were then published in a booklet commemorating the recent world war one celebrations, of which they were extremely proud .

- People were supported to maintain and develop relationships with those close to them using technology such as skype or mobile phones. Wi fi was available in all rooms and staff supported people to help keep their mobiles charged and always working well. The registered manager told us, "You would be surprised about how many people here have smart phones and they sometimes get a bit stuck with using some aspects of them, so we have staff who are very IT literate helping them. Technology was used to regularly update relatives about people's wellbeing and progress. One person was supported to keep in touch with a relative when they travelled abroad through email, and another person was able to skype their daughter



living in the Algarve.

- Additional prompts were provided to people, new to living at St Anne's, to help them find their own bedroom door. A picture, of their choosing, and their name was placed in a prominent position next to their door for the first few weeks until they found their way around. This was removed once they had orientated themselves.
- People were encouraged to do as much for themselves as possible. People's care plans showed what aspects of care they could manage independently and when staff needed to support them. Staff promoted people to be as independent as possible by encouraging and praising them. One person has sight impairment and was fiercely independent. Staff were observed offering verbal guidance and support at the mealtime only to be told, "You only need to cut it, dear. Then I am fine." This was respected, and they ate their meal independently whilst chatting to others.
- Care staff continued to be very person-centred in their interactions with people. Staff held many relevant and meaningful conversations with people throughout the inspection visit. Handovers were held between each shift where each person was discussed to update staff. At these meetings we observed the truly caring and respectful manner of the staff when discussing each person. Staff told us, "Staff will just change beds, if they find anything, they won't even mention it to the resident if they don't need to, to preserve their dignity," "I am a bit worried about [Person's name] please can we keep a close eye and see if we can see what's bothering them" and "We share lots of details about people as it all builds up the picture of how they are."



# 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 outstanding. At this inspection this key question has now remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- St Anne's continued to provide a range of meaningful activities for people, seven days a week, morning and afternoon. The service continued to be a certificated member of the National Activity Providers Association, upholding the values of the uniqueness of everyone and providing person centred and meaningful activities. Five staff 'Champions' had been given additional training and responsibility for providing arts, crafts, activities and exercise and supported the whole staff team in delivering the planned programme. The registered manager told us, "We try to think about what a person would do if they were living in their own home. So, if people want to indulge their interests, such as painting or wood work, we support them to do it. We take a very positive approach to risk management. Life is full of risk and we want people to live well." People told us, "We go all over the place, little trips here, there everywhere," "We go wherever we want to and do whatever we like," "We go out and do things. We are our own person" and "There is something and everything here. What can't you do? There's always something to do,"
- St Anne's was involved in the "Do you mind if I sing?" project and were visited by trained singers to encourage people to use their voices. The person who visited the service to do this told us, "I leave here on a high after my visits. The people here do as much for me as I do for them. I thank them for singing. I go out buzzing." One relative told us, "I have watched Mum singing, which she hasn't done for years" and "It is so good here, best I have seen anywhere."
- The provider was keen on the use of technology to bring new experiences to people. They funded Virtual Reality (VR) headsets which have enabled people to have experiences that they would not usually be able to have in reality. For example, one person loved elephants and wanted to go on a safari. The technology enabled her to feel like she was in an open grassland surrounded by elephants. They said, "It was thrilling when they looked like they were going to charge!" Another person was afraid of sharks but curious to see how it would be to experience being in a cage underwater surrounded by sharks. They enjoyed this as they knew they were safe .
- St Anne's had been chosen as the first research site for a trial of using robotic pets', by Plymouth university. Feedback from the university was that St Anne's, 'really are the best home I have worked with, totally pro-research with a really engaged team'. The robotic cat and dog had been highly effective in calming people when they were highly anxious, especially in the early evenings. One person regularly sat in the entrance area in the evening considerably anxious. The 'cat' was put on their lap and while they stroked and tried to feed in their biscuits, calmed considerably when it 'purred'.
- An interactive electronic 'magic' table was available for people to use at St Anne's. This table could be programmed by staff to suit each person's needs. For example, to display games, quizzes and 'painting'. Images could be displayed that slowly appeared to generate reminiscence and conversations. A previous

artist, who could no longer paint, was enabled to 'paint' again with this technology. Another person with dementia was found to be very capable with maths questions. This benefitted people greatly and animated conversations were observed.

- St Anne's were also involved in the 'Smart Speakers Scheme', a research project which provides devices to care homes. These can be tailored to meet individual's needs and interests. People were supported to speak to the device and ask it questions or to request specific pieces of music. This gave people independence over what they listened to and how they spent their time. Two people living with Macular degeneration benefitted greatly by the speaker telling them the time and enabling them to find their choice of music by talking to it.

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

- The service continued to be passionate about delivering the best dementia care possible. The registered manager involved people living at the service and their families with the local 'Dementia Voice PL12'. This provided an opportunity for people living at the service to go out and meet other people, get involved in the walking group and other events held. Four people, with cognitive issues as a result of dementia or a stroke, attended Wesley Church in Saltash twice a month, to join in with 'Singing for The Brain' sessions funded and facilitated by Dementia Voice PL12. The service continued to support the local Saltash memory café by baking them a cake to enjoy at their meetings. People from the service were able to access this community meeting.
- The registered manager continued to be passionate about, 'bringing the outside in'. The Macular Degeneration Society continued to hold their local meetings at the service once a month and people from outside the service, living with this condition shared their experiences with people living at the service. Some people were living with macular degeneration at St Anne's and they were able to attend talks on visual impairment and aids and adaptations currently available on the market to improve visual awareness.
- A key worker system remained in place. Each person had a specific member of staff allocated to them to liaise with family, friends and healthcare professionals in the care and support of that person, including reviewing their care plan regularly. A photograph was displayed on the back of each person's bedroom door of them with their key worker to help them and their family recall.
- Healthcare professionals who worked closely with the service again told they would not hesitate in having their own loved ones living at St Anne's. Comments included, "The staff are exceptionally caring and sensitive to any changes in people" and "The frailty assessments, now carried out by staff, have helped in recording any changes and then we can discuss how we support them. They are very competent."
- Care plans continued to describe people's individual needs, preferences and routines. Care plans were regularly reviewed and updated to ensure they reflected any changes in people's needs.
- Some people required regular re-positioning by care staff while being cared for in bed. This was provided and recorded appropriately. Some people had been assessed as requiring pressure relieving mattresses. These were provided and set correctly for the person using them. Robust audit processes were in place to ensure this care was always provided as guided in the care plan.

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.

- Since the last inspection staff were provided with sensory awareness training to help ensure they provided appropriate care to people. Amongst the valuable experiences gained, staff and the registered manager were blindfolded when someone would unexpectedly come up and talk in their ear or talk close to their

face. The training had included teaching staff how to service and repair hearing aids. This had improved the quality of people's lives as their hearing aids were always in good working order.

- The registered manager continued to constantly improve the knowledge of the staff to help meet people's needs. Staff told us, "We did a training session on the different eye conditions people have. [Person's name's] condition had gradually come on, so they are sometimes frustrated. We got the occupational therapist out and she has given us some bright yellow tape to mark things out, so they can see where they are. [Person's name] has said it's helped a lot. [Person's name] also has a talking watch and Alexa tells her the time. They are amazing."
- The twice daily activities were displayed on the noticeboard in words and in pictures. The themed newsletters were also printed in both formats to support people to access the information.
- The high definition 'Smart' television in the lounge continued to be of great value to people. It had many capabilities which entertained people. It enabled an original film of an artist singing a song, along with the words along the bottom of the screen, as well as people being able to access You Tube for anything they wished to watch.
- Care plans contained information to enable the provider to meet the requirements of the Accessible Information Standard (AIS). Each person had a communication care plan, recording any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.
- Throughout our inspection we continued to observe people and staff communicated openly using a range of verbal and non-verbal communications which people fully understood and responded to positively. We saw this enabled people to be fully involved in communicating their needs and preferences at any time to any of the staff team.

#### End of life care and support

- The registered manager sat on the monthly End of Life care forum linked to the Daffodil standards, at the local GP practice. The Daffodil Standards help spot areas for improvement and build on the good care already provided to people. The aim of the forum was to help with early identification of people approaching the end of their lives and ensure they were receiving appropriate support. Each person was given a red, amber or green score (RAG) to highlight their level of need at each meeting. The registered manager used this RAG score in the service to help staff be aware of people's needs. We saw this score appeared on each shift handover document and led to reflection on how recent end of life care had been delivered and if any lessons could be learnt from the experience. Following a recent meeting of this forum St Anne's were offered the services of a palliative care nurse to undertake a training session for staff.
- The service had close links with the local hospice where staff gained training and experience on how to provide the best end of life care possible.
- Staff had completed the 'Six Steps to Success' in end of life care. The 'steps' included discussions with people as end of life approaches, assessment, care planning and review and the co-ordination of high-quality care in the last days of life and after death. There were three staff who had been trained as 'champions' for end of life care. Access to the latest recommendations on oral health care during end of life care had been helpful to staff. Staff had also gained knowledge on people's human rights during the end of life. The six steps staff had introduced an 'End of Life / Bereavement' information stand situated within the main entrance. The champion also provided advice, support and emotional support, to the less experienced and younger members of staff.
- Staff were supported by the community nursing team to provide good quality end of life care to people. They told us, "We work very closely with the staff at St Anne's. They provide wonderful individualised care. They don't use the 'one size fits all' approach at all."
- Care plans showed people had been asked for their views and wishes about how they wished to be cared for at the end of their lives. End of life care plans were in place where appropriate.
- Many grateful thanks had been received from bereaved families, including, "I am so grateful that her past

hours were cheerful and full of laughter," "Every word or gesture to help her made a difference. I was so touched by your concern" and "I cannot praise the care my mother has had at St Anne's enough. I have over 40 years of nursing experience and the care and emotional support I have seen since my mother was admitted her is exemplary. Simply superb" and "You also looked after us, anything we needed was your concern. I don't think there are many people who could say that as they lose a loved one."

Improving care quality in response to complaints or concerns

- Many compliments continued to be received by the service. Comments included, "You were able to take the worry of her day to day care away from me leaving me able to be her daughter, the one and only!" "You gave Mum a new lease of life, thank you so much" "Although I was in London, I knew through Twitter that she looked happy" and "I will always remember staff's happy faces popping in and out of Mum's room, [Registered manager's] cheery 'Good morning' every day and the 'Goodnight!' called through the door at night.
- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service. We were told there were no formal complaints in process.

## 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 good. At this inspection this key question has now changed 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

- The provider used a person-centred model of care called Anchor Inspire. It had four domains, wellness, environment and culture, food and nutrition and care practice. The provider measured St Anne's against set criteria and helped the service to learn what people wanted from their service. From this model of care came a request for a coffee bar, where people and their visitors could order cappuccinos and mochas, just as they would in the high street. This had been provided. Also, breakfast was now set up for people, who were able, to help themselves to cereals and juice as people did in a hotel situation, providing choice . This helped people to feel like they were living as near to the life they were living before they came in to the service.
- Staff told us, "It is a very special home" and "We are all very proud of the home. We have a wonderful boss. They are supportive and will listen" and "Suggestions are definitely listened to." Staff had suggested a raised garden for people to access. The registered manager had arranged for this to be installed. Staff also advised the registered manager on specific assistive technology that would assist people and this had been obtained.
- The registered manager and staff continued to be passionate about their aim of providing excellent person-centred care. The registered manager told us, "We want to be able to accommodate whatever is asked of us. That is why we are constantly looking at what else we need to know about and provide." This had led to additional training planned for staff on conditions that the service did not require at this time but may be needed in the future .
- Volunteers were eagerly encouraged to spend time at the service. Having carried out the necessary checks to ensure they were safe to work with vulnerable people, they were supported to gain experience in supporting older people living with dementia. College students and family members of existing staff had gained from this opportunity and people had enjoyed new faces and conversations. The service had gone on to employ staff permanently in this way in the past.
- The registered manager continued to have comprehensive oversight of the service and understood the needs of people they supported. They led by example and insisted on high standards of care and support from all staff. The registered manager told us, "I send out a clear message about how we support people as individuals. It is all about staff being clear on the high standard expected here at St Anne's"
- Residents and family meetings were one of the ways people's views were sought. They continued to be held to share information with people and seek their views of the service provided. The minutes of these meetings were distributed and displayed for anyone who was unable to attend to ensure communication was as good as it could be between the staff, people and their families.

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

- Three people living at the service were professional artists, who had sold a great deal of their work in the past. The registered manager provided exceptional support to people to indulge in activities that they enjoyed. Easels and paints were all sourced to enable their work. A lot of artwork completed by people was proudly hung on walls throughout the service. One person exhibited their recent work at the service Fete held at the service. They were busy and excitedly creating further pieces for the next open day at St Anne's.
- Where comments had been made by people about their views and experience of the service, these had been considered and action taken to address them. Some things were distinctive. One person, who had their own nails regularly painted by staff, had asked if they could paint staff nails. This now takes place and photographs of this treat were displayed at the service .
- People had shared their views on how they used to enjoy going to the cinema. One couple had asked to see a specific film which held special memories for them. The registered manager arranged for blackout blinds to be fitted to the windows of a lounge, a blue ray DVD player and quality sound bar to show films on a 12-foot screen. The seats were arranged in rows with an aisle in the middle. The couple sat in the front row. Staff dressed as usherettes and carried a traditional tray offering popcorn and ice creams before the film began. People recalled many happy memories of cinema visits and enjoyed it a great deal .
- Staff held regular parties at the service. People were invited and encouraged to join the staff, and their partners, for a glass of wine and a chance to socialise as friends .
- Regular staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- The provider supported the service regularly and was 'extremely proud of St Anne's. The management team are amazing, responsive to any issues and work really hard to support the customers....always a sense of pure enjoyments and fun.'

Working in partnership with others

- The registered manager was keen to work with other agencies in the local area. The library was situated next door to the service and had been invited to come in to the service to share with people, what resources were available and events that were held. The registered manager knew that the arts and craft events would be of great interest to the artists living at St Anne's .
- The registered manager continued to be keen for people to keep active and so a Boccia (similar to bowls, played in a circle) facilitator continued to visit the service weekly. They told us, "This is one of the most popular activities we provide. People are extremely competitive when it come to this game. It causes great excitement. Even family members come in to take part ."
- Keen to 'bring the outside in' the service opened its doors to the public over a recent weekend to support the 'My Saltash' programme held in the local area. This involved the local GP, the library, Family Hub and Saltash leisure centre all open to the public to look around and learn more about what went on in each venue. The service had over 40 people visit and look around the service, the stands and chat to the people living there, over tea .
- The service kept in touch with its sister home locally. Skype was used so that people could all take part in a joint home quiz. People from the two care homes also met up physically on outings. This helped foster new friendships and relationships
- The community nurses visited people at the service regularly to support any nursing needs. They were extremely positive about the standard of care and attention provided to people living at St Anne's. The registered manager treated them at Christmas at the service to thank them for their support.

Continuous learning and improving care

- The provider encouraged St Anne's to advertise "You said. .... We did" information in the entrance hall of the service. This further demonstrated that staff were listening to what people fed back. People had asked for more regular visits by the local animal sanctuary and this had taken place, also that they would like a sensory garden, and this has been funded by the provider .
- The registered manager told us of plans to refurbish a large storage room in to a spa. People could visit the spa to make appointments to have their nails done, hairdressing and other relaxing treatments. The registered manager told us, "We just constantly keep thinking how we can make this place as near to how they would live outside. People would visit such places to have their hair and nails done or have a massage, so why not have that here .?"
- The provider completed regular checks on the quality of the service. The registered manager completed a daily walk round check of the whole service and all the people living there, including the staff. Overall performance rating from a recent survey scored 969 out of 1000 by people and 946 out of 1000 by family and friends.
- Regular management meetings were held to support the staff and share learning and information about the organisation. Staff felt very well supported.

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

- The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- The registered manager was aware of the need to report to CQC, any event which affected the running of the service, including any deaths and DoLS authorisations, as they are legally required to do.

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

- The registered manager was supported by a deputy manager and a team of team leaders. Many staff were long standing, having worked at St Anne's for many years. They were happy and motivated to provide the best service possible.
- The provider had a defined organisational management structure and there was regular oversight and input from senior management
- The registered manager was very familiar with people's needs and preferences and worked alongside the care staff when necessary.
- Detailed audits of many aspects of the service were taking place including infection control, care plans and medicines administration. These audits had been used to make further improvements to the service.
- The ratings and report from our previous inspection were displayed in the entrance.