

Anchor Trust

Dawson Lodge

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Dawson Lodge provides accommodation and personal care for up to 43 older people, some of whom are living with dementia. The home is set in its own grounds near to local facilities and shops. The accommodation comprises a large lounge and dining room which overlooks, and has direct level access to the landscaped gardens. At the time of our inspection there were 42 people living at the home.

The inspection was unannounced and was carried out on 29 August 2018 by a lead inspector, a second inspector and an expert by experience. An expert by experience is someone who has experience of using, or has cared for someone who uses this type of service. The lead inspector returned on 31 August 2018 to complete the inspection.

Dawson Lodge 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.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

People and their relatives consistently told us they thought the home was extremely well run. The registered manager was visible and approachable and was interested in what people had to say. Reviews and surveys included exceptional feedback and the home was highly rated in the most recent survey.

The provider and registered manager had a positive vision for the home which promoted person centred care within a happy environment. The registered manager promoted an open culture where feedback was welcomed to help drive continuous improvement within the home which was supported by the senior management team. The provider had received many awards for delivering high standards in care.

The registered manager worked pro-actively with the local community to provide innovative opportunities to enhance people's quality of life. Intergenerational programmes encouraged fun interaction between children and people living at Dawson Lodge which developed learning and reduced stigma around dementia.

There was a strong person-centred culture within the home. Staff took time to listen to people and their relatives to help understand their life stories and what was important to them, and to develop individual plans of care.

There was a vibrant, homely and relaxed atmosphere at Dawson Lodge. People and their relatives told us consistently that the staff were exceptionally kind, caring and helpful and went the extra mile to ensure their

needs were met. Staff took time to offer calm and gentle reassurance if people became upset or anxious.

All staff shared responsibility for providing a wide range of fun and meaningful activities which met people's preferences, and responded spontaneously to 'golden moments' when people showed an interest in something. People were empowered and encouraged to share their ideas and contribute to the running of the home.

Staff had completed an end of life care programme at a local college to develop skills and knowledge which supported them to deliver sensitive and compassionate palliative care. This was confirmed by health care professionals. Relatives appreciated the practical and emotional support they received when their loved ones were nearing the end of their lives.

Staff spoke very highly of the registered manager. They felt extremely well supported, listened to and valued by the management team. There were a number of initiatives to help develop team working and to reward staff and recognise their contributions to the home.

Relatives told us they felt welcomed, valued and respected by staff. They could visit at any time and staff always had time to talk to them about their loved ones.

The provider was working towards the Accessible Information Standards. Staff employed a range of communication methods to assist people with their understanding such as picture menus, talking books and electronic devices for video communication.

The environment supported the needs of people with dementia, providing memory boxes, familiar objects, photographs, pictures and themed walkways to help people with their orientation.

The management of people's medicines was robust. Medicines were ordered, stored and disposed of appropriately. People received their medicines as prescribed.

Recruitment procedures were safe and ensured only suitable staff were employed to work at the home. People were encouraged to be involved with the interview process and have their say in who was employed. There were sufficient staff deployed to meet people's needs and keep them safe.

People were protected from abuse. The provider had robust safeguarding policies in place and staff understood how to identify and report abuse if they suspected abuse was taking place.

Risks associated with people's health, safety and welfare had been identified and assessed, and guidance was in place to help staff to reduce those risks. Health and safety checks, including fire safety were carried out regularly. Emergency evacuation procedures were in place and staff understood what to do in the event of an emergency.

Staff followed infection prevention and control procedures which minimised risks of cross infection. Effective cleaning routines ensured the home was clean and tidy.

People's rights were protected because staff understood the principles of the Mental Capacity Act (MCA) 2005 and consent. Deprivation of Liberty Safeguards had been submitted to the local authority for authorisation when required.

People were offered a choice of food and drink that met their preferences and dietary needs at any time of

the day or night. People were supported by staff to maintain their health and wellbeing and had access to health care services when required.

Staff received training, supervision and appraisal to support them in their roles and to provide them with the required skills, knowledge and competencies.

Complaints procedures were available and displayed throughout the home. People and relatives had no complaints and knew who to speak to if they wanted to complain.

The registered manager understood their responsibilities under the Health and Social Care Act 2008, including submitting notifications of events as required to the commission.

We last inspected the service in November 2015 when we found no concerns and rated the service as good. At this inspection we found the service to be outstanding.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Outstanding ☆

The service is outstanding in caring.

People, relatives and health care professionals consistently told us the all the staff were very kind, compassionate, helpful and thoughtful. Feedback on a national care website was all very positive and showed relatives thought staff were extremely caring and made time to listen to people.

Staff went the extra mile to ensure people and their relatives felt welcomed, valued and important. People were treated with dignity and respect and staff encouraged people to maintain their independence.

All staff, no matter what their role, were skilled at identifying spontaneous opportunities to engage people in conversation or respond to 'golden moments.'

Is the service responsive?

Outstanding ☆

The service was outstanding in responsive.

There was a strong, person centred approach to caring for people, and staff involved them and their relatives in deciding how they would like to receive their care. Staff took time to listen to people and their relatives and find creative ways to understand people's life stories and what was important to them. Staff went the extra mile to help people to achieve their hopes and wishes.

Staff had received intensive training and had developed a strong understanding of delivering compassionate end of life care which they had embedded into practice. Relatives were also cared for compassionately and received practical and emotional

support during and after the end of their loved ones' lives.

There was a proactive approach to providing opportunities for people to engage in activities and events which met their personal preferences and interests. All staff understood their shared responsibilities for engaging people in stimulating activities and enabling them to contribute to the day to day life in the home if they wished to.

Is the service well-led?

The service is outstanding in well-led.

There was excellent leadership within the home supported by a robust senior management structure within Anchor. The provider and registered manager both promoted a culture of improvement and strived for an excellent standard of care and quality of life for people.

A wide range of opportunities were in place to enable people to feedback their views about the home and the most recent survey showed their rating was much higher than average.

The registered manager pro-actively engaged with the local community, identifying innovative opportunities to enhance people's daily lives and increase access to information and education around dementia.

Staff spoke extremely highly of the registered manager who led by example. They felt supported, valued and appreciated and enjoyed working at the home.

Outstanding 

Dawson Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

The Dawson Lodge is a care home for older people some of whom are living with dementia. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The inspection was carried out on 29 August 2018 by a lead inspector, a second inspector and an expert by experience. An expert by experience is a person who has experience of using, or caring for someone, who uses services for older people and dementia. The inspection was unannounced. The lead inspector returned on 31st August 2018 to complete the inspection.

Before the inspection we reviewed all the information we held about the service including previous inspection reports and notifications. Notifications are events that happen in the home which the provider is required to tell us about law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to help us decide what areas to focus on during our inspection.

We spoke with twelve people who lived at the home and six relatives, nine care staff members, a housekeeper, a chef, the maintenance operative, a reception staff member, the deputy manager and the registered manager. We also spoke with the Dementia and Care Adviser who attended the home to support the registered manager on the second day of the inspection and a visiting health care professional. We observed people being supported on both days of the inspection to help us understand their experiences of daily life in the home. Following the inspection, we received feedback from 3 further health care professionals.

We looked at five people's care records and pathway tracked four people's care. Pathway tracking enables us to follow people's care and to check they had received all the care and support they required. We looked at records related to the running of the home, including; staff recruitment and training, medicines management, incidents and accidents, complaints and compliments and systems for assessing and improving the quality of the service provided.

Is the service safe?

Our findings

People and their relatives consistently told us they felt safe. One person told us, "Yes, there are so many people [staff] about." Another person said, "I feel very secure. I feel really assured that doors are locked." A relative told us, "There are plenty of staff. They will pop up and keep an eye on [my family member]." A health care professional commented that there were always staff available "to chaperone" when providing care and treatment for people in their rooms.

There were sufficient staff deployed to keep people safe and meet their needs. The registered manager used a dependency tool to assess the number of day and night care staff needed to support people based on their assessed needs. The registered manager told us they allocated six care staff on each morning and afternoon shift, and four waking night care staff. We observed the numbers of care staff on duty during the day corresponded to the number of staff identified on the rota during each day of our inspection. The home employed staff in other roles such as housekeepers, a chef and deputy chef, maintenance personnel, an administrator and a receptionist which meant care staff could focus on providing care and support to people which they had time to do without rushing.

The registered manager did not use agency staff to cover any vacancies, holidays or sickness absence. These were covered by permanent staff doing overtime or by regular bank staff which ensured continuity of care by staff who knew people well. The registered manager and deputy manager also stepped in to help cover when necessary. For example, they were both covering part of the waking night duties on the second day of our inspection. Staff told us there were enough staff on duty. One staff member said, "When we're busy, we're busy but six is adequate. Seven is too much!"

Recruitment procedures were in place to ensure that only suitable staff were employed. Each staff member had completed an application form which included a full employment history, had attended an interview and had provided proof of identity. All staff had a Disclosure and Barring Service (DBS) check before their appointment was approved. DBS checks allow employers to make safer recruitment decisions. References had been obtained for all but one staff member who had not previously worked in care. All other checks were complete for this staff member. We discussed this with the registered manager at the time and were assured they would address this.

There were systems in place to manage medicines safely. The ordering of medicines was effective and ensured people always had an ample supply of their required medicines which were stored safely in locked cabinets that were secured to the wall when not in use. Additional supplies were stored in locked cabinets in the medicines room. Controlled drugs (CDs) were stored and managed appropriately in accordance with the Misuse of drugs Act 1971. The Act requires stricter storage, monitoring and recording systems are in place to prevent CDs from being misused. Stock checks of medicines, including CDs, showed that all medicines were accounted for. A health care professional told us, "Medicines are managed very carefully. They're always locked up properly. If something [a tablet] looks different [from usual] they will phone and speak to [the practice]. They will always check things out."

People received their medicines as prescribed from staff who were trained to do so. We observed two staff members administering medicines to people. Staff asked people if they wanted to take their medicines, explained what they were for and waited for their response. Staff knew how people liked to take their medicines, for example, what drink they preferred to swallow their medicines with. Staff stayed with people and offered re-assurance if required, to ensure they had taken their medicine safely. Where people took 'as and when' required medicines such as pain relief, guidance was in place to ensure staff understood when and how these should be given. Staff signed people's medicine administration records (MAR) after each person had received their medicines. We checked ten people's MAR and found they had been completed correctly with no gaps in signatures. Where people were able to, and chose to take their medicines by themselves, risks assessments had been completed. Staff received training in how to administer medicines and were checked regularly to ensure they remained competent.

People were protected from abuse and improper treatment. The provider had a safeguarding policy and whistleblowing policy in place which staff understood. Staff had received training and were able to explain to us what they would look for that might indicate abuse was taking place. Staff consistently told us they would report any concerns to the registered manager or senior on duty. Staff knew who to report concerns to outside of the home, such as the local authority safeguarding team and CQC if they felt this was needed. The registered manager had submitted safeguarding referrals to the local authority and statutory notifications to CQC as required.

Risks associated with people's care needs, for example where people were at risk of malnutrition, skin breakdown or falls, had been identified and measures were in place to mitigate these risks. One person independently used a machine to help with pain relief. They had been assessed as having the capacity to understand how to use it and the risk of soreness from over-use had been addressed. Risk assessments were reviewed regularly and any changes were communicated to staff to ensure appropriate actions were maintained. Staff knew people very well and understood the actions they needed to take to reduce the risks to their wellbeing.

Environmental risks, both inside and outside the home, had been identified and actions were in place to reduce any risks. Examples of risks assessed included security, falls from height and activities. Regular health and safety checks were completed throughout the home. These included checks on call bells, emergency lighting, portable electrical equipment testing and legionella.

Maintenance issues were raised and recorded, and these were monitored and promptly repaired by maintenance staff. Fire safety systems, such as alarms and fire doors, were in place and checked regularly. As part of the checks, the maintenance staff member knocked on each person's door to inform them a fire alarm test was about to be done and not to worry when the fire alarm went off. Staff received fire training and fire drills were carried out which ensured staff would know what to do in the event of an emergency evacuation.

Staff followed infection prevention and control procedures, such as wearing gloves and aprons when required, which reduced the risks of cross infection. A relative confirmed this when they told us their family member had been unwell and staff had explained to her, "We'll be wearing gloves and aprons when we come in." Housekeeping staff were well organised and followed robust cleaning schedules, including deep cleaning, which ensured each person's room and communal areas were clean and tidy. Bathrooms were hygienically cleaned and free of odours.

The home had an emergency plan in place which provided guidance for staff in the event of an emergency or failure of utilities. This included contact details of key personnel and external contractors.

Is the service effective?

Our findings

People told us they had support to manage their healthcare needs. One person told us, "You can get the doctor to come here. You don't have to go to the surgery." A relative told us, "They called me to say [my family member] was not well and has gone into hospital." They went on to say they had regular healthcare checks, "The local GP sees [my family member] on a regular basis" and "He gets his feet done regularly." Another relative told us their family member had an on-going eye problem and said, "They [staff] call the GP and make sure she has her eye drops."

People's care records included details of their health care needs and any appointments with health care professionals such as the GP, district nurse, chiropodist, optician, mental health nurse or psychologist. Follow up actions from these assessments were recorded and put in place. For example, one person was prescribed antibiotics for a chest infection and these were obtained and administered by staff. Feedback from health care professionals was mostly positive. A health care professional told us, "We come twice a week and are on call for emergencies. They will raise issues and are assertive with their concerns. They [staff] are very aware and make sure deterioration doesn't happen." They went on to say, "We'll do a carer's plan for them [staff] to follow, they liaise with us very closely. They always ask us 'what did you do' and they'll record that onto their sheet." A second health professional told us, "They call us appropriately. We're not seeing people unnecessarily. We are working together. We all want the best [for people]. They do need things defined. They're not trained nurses so it's not inappropriate. They are very receptive, they listen to advice and follow up." A third health care professional told us they thought some aspects of care were very good, but thought some staff could have a better understanding of the health needs of people with advanced dementia. We spoke with the registered manager about this who told us that any concerns about people's health were addressed with their doctor. The named doctor for the home told us they had no concerns about people's health care.

People were supported to eat a balanced diet in line with their food preferences and choices. One person told us, "Some things upset me so they do something else. If necessary they do poached egg on toast." Other comments included, "Excellent" and "They have got a good chef. They spoil us. Anything you ask for you get!" and "The food is fantastic" and "Very good, plenty of choice." We observed there was a nutrition station in the lounge which was replenished with different foods throughout the day such as, fruit, desserts, cake, sandwiches, cheese and crackers. One person told us, "Fresh snacks are available, fresh fruit, quavers, chocolate mints, cheese crackers with grapes, nuts..." Another person said, "You just go and get something from the lounge. You just help yourself." A relative told us, "The food is absolutely lovely. There's a wide menu. It's never been the same thing when I've been here. Afternoon tea is lovely!" Drinks were freely available throughout the day and night and people were prompted to drink when required. A relative told us, "In the summer it was boiling hot. They [staff] worked their socks off making sure people had drinks regularly."

People could have breakfast at the time of their choosing. They could help themselves to a choice of cereals from a central breakfast bar and order a hot cooked breakfast of their choice from a picture menu once sitting at their table. We observed the lunch meal on the first day of inspection. This was a positive

experience with lots of chatter and a lovely, relaxed yet vibrant atmosphere. There was a menu on each table and staff showed each person the options and went through the choices with them patiently to help them decide what to have. Staff offered prompting and assistance where required, such as cutting up their food, or sitting with them assisting them to eat. Staff encouraged people to come to the dining room for their meal, however, respected their choice if they wished to eat in their room.

People were supported to manage any specific dietary needs. For example, one person was at risk of malnutrition and required fortified food and drinks. This was documented in their nutrition care plan which also guided staff to 'Offer food from the nutrition station in between meals.' Another person had been assessed by the speech and language team and recommendations made for their eating and drinking was recorded in their nutrition care plan. Staff were knowledgeable about people's eating and drinking needs. We also spoke with the deputy chef who knew about people's specific eating and drinking needs and showed us the dietary summary sheet they could refer to if needed. They told us communication between care staff and the kitchen was effective and were updated about any changes to people's eating and drinking needs through daily meetings.

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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had a good understanding of mental capacity and told us how they would always ask for consent before providing care or support. We saw this was the case throughout the inspection. Where people lacked capacity, staff understood the need for best interest decisions and who should be involved in these. Records showed that best interest decisions had been made in line with the Act. Where people's capacity was in doubt, additional measures were taken to ensure their rights were protected. For example, one person had been receiving on-going visits from an advocate to help assess whether they had the capacity to make some significant decisions around their property and other affairs.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted appropriate applications to the local authority for authorisation where required.

The home was purpose built and provided a suitable environment to support people living with dementia. Each corridor was painted a different colour to make orientation easier. These were named, such as 'Sandy Lane,' which had beach scene mural on the wall with sea and palm trees, and 'Readers Close' which had a mural of book shelves on the wall. Dementia friendly signage was evident throughout the home including large door numbers and personalised name signs on people's doors. Each room had a memory box and shelf next to the door with items and photographs which reflected the person's past to help with orientation. The gardens were fully accessible with wide, level pathways and raised flowerbeds for people to enjoy and tender.

Staff received regular training in key topics such as, moving and handling, equality and diversity, food safety, nutrition and hydration and dementia. The registered manager maintained an overview of training which showed over 95% completion rate. They kept a schedule of any outstanding training which was required and dates booked. New staff received an in-house induction and were also required to complete the Care Certificate. This is a set of nationally recognised standards of competence and knowledge that staff must meet when working in social care. New staff induction included shadowing experienced staff, attending training and completing a probation period. Feedback from staff was very positive. Comments included,

"Training is good," and "I've learnt quite a bit," and "Shadowing helped me learn the job role." Staff confirmed they received regular supervision which gave them an opportunity to raise any issues or concerns and review their training needs, along with an annual appraisal of their performance.

Is the service caring?

Our findings

People and their relatives consistently told us the staff at Dawson Lodge were extremely kind and caring and went out of their way to make people feel that they mattered. One person said, "The staff are very good. Lovely girls [staff]. They would do anything for you. [My relative] visits and they know her, so it's relaxing." Another person said, "They are lovely people [staff]. We have a good laugh." A relative told us, "It's wonderful here. They are so caring. You can talk about everything, any worries. You're made to feel included whenever you come in. I am very grateful." Another relative said, "There's never a miserable face. They [staff] take time to speak with [my family member], build a rapport. His face lights up when they come in the room. They pander to him, know his moods and treat him as a human being."

In addition to the exceptional feedback we received at the inspection, we saw that 15 reviews left on a national care website in the past 12 months were also all extremely positive about the staff. Comments included, "Dawson Lodge is an amazing place to live. The staff are so genuinely caring and respectful towards residents;" "From the reception to all the staff, very friendly and helpful and nothing seems to be too much trouble;" "Welcomed warmly. Lovely friendly carers;" "They make her feel valued when they 'chat' with her. Being a very private person most of her life, it is nice to know she has people around her to listen and share her experiences with;" "Impressed with...the friendliness and helpfulness of the staff and pleasant overall atmosphere;" "[My family member] needs full-time care and is provided with an exemplary team, always with a smile, compassion, understanding and patience;" and "The staff are always so cheerful and helpful and really do care about the residents."

There was a very friendly, vibrant, homely and relaxed atmosphere which was evident as soon we entered the home. We observed that people had extremely positive relationships with staff who empowered them to live their daily lives in the way they chose. People seemed very comfortable, happy and relaxed in the company of staff. There was a lot of laughter and friendly banter between people and staff who clearly had a lot of affection for people in their care. One staff member told us, "I just love it here. I love our residents." One person told us, "The girls [staff] say it's your home not ours." A relative told us, "It's like a family here, it's very homely." It was evident from daily records that staff took care to monitor people's happiness and interaction. One person's records stated, '[The person] has been happy enough, had a lovely sing along, had a lovely chat, in a bright mood, very chatty, family visit.' A review of one person's care plan stated, 'Carers spend time chatting and waving as they go by [The person's] flat, having a joke with carers.' Staff ensured people were made to feel special on their birthdays and anniversaries. One person told us, "They always make you a birthday cake, present it to you and sing happy birthday." One couple celebrated a wedding anniversary in the home. Staff 'reserved' a special table for them in the dining room and decorated it with flowers and offered wine and beer to have with their meal.

When showing us around the home, the registered manager explained about the music playing around the home and in the corridors that helped to stimulate people's senses. The registered manager showed us the home's social media account where, with permission, they shared photos and videos of people happily living their daily lives at Dawson Lodge, and what they called 'golden moments.' One golden moment showed a person who, upon hearing music playing in the corridor, started to dance and sing on the spot. A

staff member saw this and went to join in with the person who was clearly delighted to share the experience.

We observed throughout the inspection that all staff, whatever their roles, were very skilled at identifying and taking opportunities to engage with people spontaneously. Staff had time for people and showed people they were valued, that they mattered and staff were interested in what they had to say. For example, the maintenance staff member was seen to be very involved with people, sitting with them and chatting with them. This was especially welcomed by the gentlemen living at the home who clearly enjoyed the additional male company. The deputy chef was approached by a person and, although they were just about to have a meeting, the deputy chef stood and chatted with them, answering their questions about the menu and talking about their birthday. They ended with, "Have a good day [name]." A health care professional told us, "It's a pleasure of a home to come in to. Staff are so friendly. They're a smiley team. They have tolerance in abundance and are committed to the roles they've taken on. It's not just a job to them." A relative told us, "[The receptionist] is absolutely lovely." A second relative commented on how helpful and welcoming the receptionist was and said everyone was so friendly and helpful.

Staff were consistently thoughtful and caring. They consistently treated people with compassion and kindness and provided extra re-assurance when they became anxious or confused. We observed many examples of staff guiding people by gently placing a hand on their arm or on their back for reassurance and checking they were okay. There were constant examples of staff using appropriate touch to support their communication such as a touch on person's arm, or their hand across a person's shoulder. Staff went the extra mile to show care for people's relatives too. Two relatives told us how much they had appreciated the care and kindness staff had shown them. The first relative said, "When I was unwell they asked about me. They cared about my care and wellbeing." They told us they knew their family member was in good hands and said, "They [staff] have helped so much. They bent over backwards. I was completely able to concentrate on me. I haven't had to worry." The second relative explained the staff cared about the whole family and said, "They phoned to ask how mum was when she was in hospital." The registered manager came over to ask how they were as their family member had just been admitted to hospital. The registered manager showed genuine interest and compassion, knelt down, gently touched their arm, asked how they were and provided reassurance. A staff member passed by and asked how their family member was and said, "Give my love to [Your family member]." The second relative told us, "This is genuine, it's how they are all the time, not just because you're here." A health care professional who was involved with the service told us, "They [staff] are incredibly compassionate and passionate about what they do." Comments in the compliments records included, "Thanks for the care and compassion, support and kindness shown by all. You made it so much easier for us as a family," and "Your kindness and compassion and caring spirit and love shines through."

Relatives consistently told us they were made to feel very welcome and could visit at any time without informing staff beforehand. Relatives could stay for meals with their family members and join in with events and activities if they wished. One relative told us, "The minute I walked in here I thought 'Yes.' A staff member showed me around and they stopped and talked to people [on the way around]. That said a lot to me. It's such a nice atmosphere, so friendly and relaxed. They [staff] have all been lovely." Another relative said, "It's such a nice atmosphere here. I came to look around unannounced. I was made really welcome. They put me at ease and showed me around. I like that I have been able to put my touch on things. I brought a lot of [my family member's] things from home which is really important."

Staff encouraged people to be as independent as they could be to help them to retain their life skills, confidence and mobility. For example, staff enabled people to eat independently although discretely observed or asked people if they needed any help when they could see them having difficulties. A staff

member told us, "It's all about the individual. We promote independence. With personal care I would offer them their flannel and encourage them to do as much as they can whilst they still can." People had their own rooms which included a small kitchenette so they could make their own drinks and store their own snacks if they wanted to. There was also a small 'shop' in the reception area where people could purchase a limited range of toiletries and personal items. One person told us, "I'm perfectly content. They like you to live as you would at home. You're not organised in any way." Staff treated people with dignity and respected their choices and wishes which they patiently encouraged them to make.

The provider was working towards meeting the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. This was clearly recorded in people's care plans. Staff used signs, pictures and objects of reference to help people to understand and make decisions about their care and day to day choices. Staff ensured that where people required reading glasses or hearing aids, these were kept clean and accessible for them to use. The home used technology to support and enhance communication. The home had a talking library with audio books and an electronic tablet with 'mood faces' so people could say how they were feeling. They had wi-fi access that everyone could sign in to and an electronic tablet with a reminiscence application called 'Our yesterdays.' This enabled staff to support people to celebrate events and reminiscence 'on this day' in past year/s. People could use the tablet for video calling to keep in touch with their family members abroad and staff supported families with any time differences.

Staff understood the importance of maintaining confidentiality. People's paper records were locked away and not left out on view. Computer systems were password protected and could only be accessed by staff with appropriate authority to do so.

Is the service responsive?

Our findings

People and their relatives consistently told us they felt fully involved in planning how they wanted to receive their care. Two relatives specifically asked to speak to us so that they could tell how extremely pleased they were with the care their loved ones received. One relative told us, "They really do pay individual attention to [our family member's] needs, right down to [the registered manager] and [the administrator]." The second relative told us before moving into the home, "We had an assessment with [the registered manager]. She went through everything with us including medicines and preferences for a bath or shower." A third relative told us, "I'm always up to date" and a fourth relative said, "We catch up when I come in. Monthly care plans are reviewed, they go through them with me."

People and relatives had opportunities to feedback their views about the home in a variety of ways at any time. For example, this could be done directly with the home by talking to staff or using the suggestion box, the compliments book or by posting comments on a national care website. Comments showed people and relatives were consistently and exceptionally happy with their care and support which was centred around them. Comments in 'thank you' cards received from relatives were all extremely positive and included, "There are so many of you who seem to go the extra mile to make sure [our family member] is well and happy," and "Thanks for all the wonderful care. You put our minds at rest knowing [our family member] was so well looked after."

Of the 15 reviews relatives had posted on the website in the past 12 months, all were extremely positive about the person-centred care and support their family members received which had a positive impact on their health and wellbeing. One relative stated, "[My family member] has now been a resident at Dawson Lodge for just over a year and what a good year it has been for her. The staff are always making sure that she is happy, making positive changes to ensure she is living at her best, they are welcoming to our family on visits and keep us informed of anything they feel would be important to us. They encourage her to engage in activities which she would not have done a year ago and they make her feel valued when they 'chat' with her." Another relative said, "[My family member] is so well cared for and always looks happy and well whenever I visit." A third relative stated, "[My family member] is now much more sociable and we have the Dawson Lodge team to thank for that. In fact, we cannot thank them enough for all that they have done and continue to do for her."

People received compassionate and sensitive care from staff at the end of their lives. Staff had attended the 'Six Steps End of Life' training programme at a local college to develop a better understanding of all aspects of end of life care and how to put this into practice. The course covered, for example, end of life approaches, assessment and care planning for end of life, co-ordination of care, care in the last days of life and care after death. The provider had also produced detailed guidance for staff explaining what to look for and how to support people, practically and emotionally, at each stage of their end of life care. This included who to contact, and when, for further advice, guidance and clinical interventions when specific symptoms were identified. A health care professional told us, "[Staff] showed excellent end of life care through their reflective practice and course evidence. They have embedded some really good practice. They are very focussed. They are very pro-active, very passionate and very personalised." A second health professional told us, "They

[staff] are very caring with end of life care. They want to keep them [people] there [at home] for palliative care. They provide appropriate care, keep them comfortable and know they can access nurses when they need to. We work together." The importance of enabling people to spend their last days and hours at home was described by a relative who commented, "Thank you for the care you provided in the last few weeks which enabled [my family member] to pass away peacefully in her own room and not alone in a hospital bed."

Staff also went the extra mile to care for relatives when their loved ones were nearing the end of their life. At this time, the registered manager put together a decorative box full of useful items such as; toiletries; snacks; puzzle books and tissues and left this in the persons' room for relatives to use whilst they spent time with their loved one. The box also contained information leaflets, for example, about end of life care and coping with bereavement. At this sensitive time the staff placed a feather outside the person's door to let staff and people know and to encourage quiet and calm in the vicinity. The registered manager had started a memory book to help people, relatives and staff to reflect on their time with people who has passed away. Each person had a page in the book. A carefully chosen photograph of the person and the feather from their door were added to their page. The registered manager told us how, when the funeral directors arrived, the staff lined up to provide a guard of honour as each person left their home for the final time. The registered manager described this to us and it was clear these situations were an emotional time for them and all staff as they had developed a great fondness, respect and compassion for people. Feedback from relatives showed their appreciation for the support and care they had been given when their loved ones passed away. One relative commented, "I could not have wished for more love and compassion given not just to [my family member], but to all of us as a family. Thank you all from the bottom of my heart."

There was a strong, person centred culture within the home. Staff knew people very well. They took the time to find out about people's life stories and what was important to them in creative ways which involved people and their relatives. For example, the home had a decorative 'wishing tree' on the wall in the dining room. People had written and attached, or asked staff to write and attach for them, information about their past occupations and pastimes such as; the headmaster of a school who enjoys reading and has written two history books; the nurse who loved her job; the person who loved ballroom dancing and the person who worked on a ship and travelled the world. People had also expressed their wishes and aspirations for the future which were attached to the tree, such as taking a trip to the Spinnaker Tower or going to the pub! We saw photographs of people realising their wishes with the support of staff. One staff member told us, "I am proud of making a difference" and explained they had taken one person out shopping in their own time after their shift had ended. They said, "She was trying on fascinators [hats] and having fun. I loved how happy it made her."

People were empowered to share ideas for activities and help out with day to day life in the home if they wanted to. One person told us, "I'm going to start running the craft group. I've spoken with people and they like knitting. I've got permission so we're starting it up again." We observed the maintenance staff member also arranged for people, who wished to, to help out with painting some of the garden benches. Some people got involved with decorating the bathrooms with fish and dolphin stickers. This enabled people to feel they were contributing in a practical way to the running of the home whilst chatting, laughing, having fun and staying active. People were supported to celebrate national events and festivals such as Easter, Christmas and Valentine's Day with parties and cake competitions. They had recently celebrated the recent royal wedding. Staff had dressed two mannequins in a wedding dress and suit and had put photos of the royal bride and groom's heads on top. There had been food and cake and people were encouraged to get involved, dress up and wear hats if they wished. People were encouraged to get involved in the recruitment of new staff and could take part of the interview process if they wished to.

People were supported and encouraged to take part in a wide range of group and individual activities that met their choices and preferences. The home was an accredited member of the National Activity Provider Association. This meant skilled staff upheld the values of everyone being individual and unique, providing meaningful activities and person centred care through innovation, creativity and fun. The home had stopped having a dedicated activities co-ordinator and now this was a part of every member of staff's role. Staff told us this had changed the culture of activities within the home and one staff member said, "We can do more activities." We observed that the maintenance staff member went for a walk with one person, then arranged for a small group of gentlemen to sit together and play dominoes. There was easy conversation and banter and it was clear they all enjoyed themselves. Staff had received training in a specific type of gentle exercise for older people and we observed them facilitating these exercises with a small group. This was a fun session which people clearly enjoyed and engaged with. There were regular visits from a local church pastor who took a service and holy communion for people who wished to practice their faith. The registered manager said there was currently no requirement for religious worship of different faiths but would arrange this if the situation changed.

There were planned activities which included trips out, entertainers, weekly visits from a 'pet therapy' dog as well as reminiscence and quizzes. There were different areas in the home where people could go to spend time and socialise. For example, there was a sensory area, nail bar, mini library area and the Dawson Lodge 'pub' on the first floor complete with a drinks bar and dart board. One person told us, "There is entertainment for us. The musicians are very good." Another person said, "There's lots going on if you want to join in. There is a lovely garden at the back with lots of seats." A relative said, "They organise trips; the sea life centre, a pub lunch. [My family member] enjoyed that." Another relative told us about the summer barbeque and said, "It was a big effort for the staff. The Mayor always comes and chats with the residents. There's a buzz about the place. There's always something going on."

People's support was planned with them and with people who knew them well, such as relatives and staff. The home used documentation from a national Alzheimer's charity as a format to help gather information to provide a greater understanding of people's needs and wishes. People's care plans were clear and detailed and included information about their life histories and the people and things which were important to them. There was detailed guidance for staff about how people would like to receive, or needed to receive their support. For example, one person's nutrition care plan stated they required a fork mashable diet with small sips of fluids and to remain sitting fully upright when eating and drinking. Care plans also included information about how to promote people's independence and choice. Staff completed a review of people's care plans 48 hours after they had moved into the home to ensure they were meeting people's needs. We observed that staff understood people very well and supported them in line with their needs, preferences and wishes. Each person had a keyworker who took the lead responsibility for completing checks of people's flats and keeping in contact with families and ensuring people had sufficient supplies of, for example, toiletries and clothing.

The home had a complaints policy. There was one complaint recorded in February 2018 which had been appropriately addressed and resolved to the satisfaction of the complainant. People and relatives told us they had no complaints. They told us they would speak with the registered manager or staff if they had any complaints and felt confident they would be listened to. One relative told us, "I have no complaints but when [my family member] first moved in there were a few little hiccups but they sorted it out quickly."

Is the service well-led?

Our findings

Feedback from people and relatives was consistently very positive and complimentary about the management of the home. People and relatives told us they knew the registered manager very well. They said the registered manager was visible within the home and was actively involved in people's care. One person told us, "[the registered manager] is very nice, very good and active. She notices things." A relative said, "I'm really impressed with the home. [The registered manager] is approachable." Another relative said, "[The registered manager] is always around. She has an open door. I can talk to her at any time." A health care professional told us, "It's very well organised. This is the norm. It's exceptionally good, second to none." A second health care professional said, "We have a good relationship with them. They're very receptive to change and working with us." A third health care professional said, "The [registered manager] is really supportive of staff. They have good leads [champions] and disseminate learning. They're really welcoming to us."

Anchor's stated vision is 'Giving older people a choice of great places and ways to live. We do this by treating our colleagues and customers as individuals and by building meaningful long-term relationships, based on happiness, openness and respect.' We observed these values in practice at Dawson Lodge. Anchor strived to achieve high standards within the care sector and had received many awards during 2017 and 2018. These included; five regional winners of the Great British Care Awards; The Sunday Times best not-for-profit organisations to work for 2017; Winner of the Best Social Care Apprentice Employer, Skills for Care Accolades 2018; Residential Care Provider of the Year in the Health Investor Awards 2018. The Anchor internal magazine for staff was named the best in class at the Institute of Internal Communications awards. This culture of striving for high standards was also promoted at Dawson Lodge by the registered manager and was embraced by staff.

The registered manager proactively sought to continuously improve the home and the quality of care practice with the guidance and support of the provider and senior management team. For example, they had taken part in the pilot scheme run by Anchor to improve the way activities were provided within the home, restructuring staff roles and ensuring that all staff took responsibility for activities. This had had an extremely positive impact on people's daily lives. Following the review of the successful pilot scheme, this had now been fully implemented at Dawson Lodge and was being implemented in other Anchor homes. A staff member told us, "[The registered manager] is always improving [the home]. There's always something going on." Another staff member said, "The registered manager and deputy manager give amazing support. They're brilliant. I can't fault either of them. They help us to progress and there are opportunities to take on new roles if available." The registered manager had developed fourteen 'Champion' roles to help support the staff team develop and improve specific areas of care. These included; care planning; infection control; dementia; continence; nutrition; exercise; moving and handling and medicines. Champions took a lead on learning and developing good practice which was then disseminated to the wider staff team. One staff member told us, "I have just finished four day training to be a trainer in manual handling." They would be sharing this learning with the staff team as well as helping to monitor good practice.

The registered manager had sought out innovative opportunities to engage with the local community. They

had developed a partnership with a local college to set up apprenticeship opportunities at Dawson Lodge for staff who were new to care to enter the profession and gain qualifications. An apprentice told us, "It's going really well. I'm enjoying it. If I need a hand, [the registered manager] will give me advice. I've learnt a lot. They've helped me come along a lot more." The registered manager had arranged for a university student to visit the home regularly to offer music therapy sessions for people to enjoy. The home worked with a local transport organisation which provided an accessible mini bus to support the home's busy programme of external activities and day trips. The home held many fundraising events in the community to help fund these regular outings which people enjoyed greatly. Anchor celebrated its 50th birthday in 2018 and Dawson Lodge held a Barbeque to celebrate and invited members of the local community. Fruit baskets were given to stakeholders who had supported the home, such as the local school and the doctor's surgery as a thank you for their support.

The home was actively involved in two intergenerational programmes to help enable a wider understanding of, and reduce the stigma of, dementia amongst pre-school and school age children. Each week during term time a group of pre-school children visited the home to spend time with people, singing, playing games, reading stories and chatting. Everyone looked forward to this and enjoyed the buzz created by the children. This was evident in the photographs which showed people smiling, laughing, playing and hugging the children affectionately. A relative told us, "We had pre-school children come in. It was so lovely." The home had also formed a partnership with a local school to implement the 'Archie' project which is based on a story book character who develops dementia. Older school children will learn about dementia by coming in to the home and completing workbooks alongside reading the story book.

The registered manager led by example and was extremely involved with people's care. They balanced this effectively with meeting the on-going demands of their management role and responsibilities. There was a robust senior management structure in place within Anchor and senior managers visited the home to maintain oversight and support the registered manager. The Care and Dementia Adviser attended the second day of inspection to support the registered manager. They told us their role was varied and included quality, supporting staff, coaching and promoting dignity and choice. They told us, "The success of Dawson Lodge is how [the registered manager] leads by example and how that speaks to her staff team. She is very, very open, not just with words but she has the leadership right. She is right there with you. She's at the forefront, a problem solver, and includes staff in finding solutions. If it's important to customers and staff, she'll fight for it." The registered manager made themselves available and there was a large sign on her door which read, 'Please do come in. This door is always open to you.'

An Anchor employee charter was in place which supported staff to understand the values of the organisation; personal accountability; reliable; respectful; honest and straightforward. The home also had a team charter which promoted values of for example; teamwork; involvement; celebrating good practice and recognition. We observed the registered manager and staff demonstrated these values in practice.

Staff spoke extremely highly of the registered manager. One staff member told us, "She is passionate about the home. She doesn't stop. She is energetic and brings energy to others. She will be out with people doing activities and dancing and the residents [people] love her." Another staff member said, "The registered manager is one of us. She's really great. It's great to work for Anchor." A third staff member told us, "[The registered manager] is fantastic. She always encourages us." Staff turnover was very low and staff satisfaction with working at the home was exceptionally high. Staff we spoke with had worked at Dawson Lodge for between 8 and 20 years. Comments from staff included, "They do things right here. I couldn't work in an environment that isn't good" and "It's a happy home. We're here for the residents [people]" and "If people [staff] leave, they come back" and "It's a great place to work."

Staff understood their responsibilities and worked well as a team. Daily allocation sheets ensured all staff were clear about the work they had been allocated for each shift. Staff consistently told us that communication was effective, staff knew what they were doing and they supported each other. One staff member said, "[The registered manager] wants us to work as a team. We can talk to her if there's any problems. There's good communication with us." Another staff member said, "We all work really hard. We have a good set of people [staff]. We all know what we're doing. I enjoy my job." Staff felt valued and appreciated for their contributions at work. Staff received flowers and a card on their birthday, and one staff member told us how they had received flowers from the registered manager after an upsetting event at home. They told us, "She is one in a million." The registered manager held team building workshops and social evenings for staff and brought in fruit; doughnuts; crisps and chocolate each week for the staff to share. Anchor had put in place a number of initiatives to recognise and reward staff. For example, an employee of the month scheme enabled staff to nominate colleagues who they felt had done a great job. Successful nominees were presented with a certificate and shopping vouchers and celebrated this on Anchor's social media pages. A dedicated 24 hour helpline was in place to support staff at Anchor. The home received 'Monthly Intouch' from the provider on a monthly basis as another form of sharing of information and communicating with the team meeting.

Regular handover and daily '10 at 10' meetings and general staff meetings provided staff with opportunities to keep up to date with what was happening in the home as well as any changes to people's care. Heads of department meetings took place to discuss management issues within the home, monitor progress and agree any actions required. Clinical risk meetings enabled senior staff to monitor risks to people and ensure agreed actions to mitigate risks were being taken.

Residents and relatives meeting took place regularly, including in the evenings, which gave everyone an opportunity to meet up, share experiences and receive updates on the service. Minutes from the most recent meetings showed people had discussed, for example, the new legislation around people's personal information; staffing; catering and activities. People also gave feedback about their care and all comments were very positive. Dawson Lodge also had its own social media pages and newsletters which enabled the registered manager to keep people and relatives up to date with information and activities, outings and events. Consent to share information and photographs had been sought.

A wide range of quality assurance systems and processes were in place to monitor and assess the quality of the service. The registered manager completed a monthly manager's report which ensured the senior management team maintained robust oversight of the quality and effectiveness of the delivery of care. 'You said, we did' enabled people and relatives to raise issues and the registered manager provided feedback to let everyone know what action had been taken. For example, a squeaky wheel on the trolley at night had been fixed. A range of audits took place, for example, for medicines; care plans and infection control to identify any shortfalls or areas for improvement. External audits were carried out by senior managers which ensured the home was following the provider's values and procedures, and any shortfalls could be identified and addressed.

Dawson Lodge had been rated extremely highly within the Anchor group of homes during the most recent survey conducted by a national market research organisation for 2017/18. Questions covered all aspects of the home including; safety; involvement in decision making; ease of access; activities; cleanliness; food and drink; staffing and health care. There were 37 responses from residents and 19 responses from family and friends. Residents satisfaction rated the home at 939/1000 overall, with greatest satisfaction for quality of life at 972/1000 (average rating for the market research organisation was 929). Family and friends rated the home at 887/1000 overall with greatest satisfaction for quality of life at 932/1000 (average rating for the national research organisation was 898). Any areas for improvement identified during the quality assurance

processes and audits were added to the robust service action plan and action taken to help drive improvements.

Incidents and accidents were recorded by staff which were reviewed by the registered manager to try to identify any patterns, share any learning with staff and reduce the likelihood of reoccurrence.

The registered manager had a good knowledge of their responsibilities under the Health and Social Care Act 2008 and submitted relevant notifications of events to the commission when required.