

Anchor Trust

Manor Court

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?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The inspection took place on 25 and 29 September 2017 and was unannounced on the first day.

Manor Court is a residential service providing care without nursing. Nursing services are provided by the community nursing teams. Residential care is provided for up to 37 older people, some living with dementia. On the day we inspected, 36 people were living at the service. High quality accommodation and facilities were provided. Each person had their own room with a kitchenette and ensuite bathroom facilities.

At the last inspection in June 2015, the service was rated Good. At this inspection we found under the leadership of a new registered manager the service had continued to develop and improve and we have rated the well-led and caring section as Outstanding.

The service had a new registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 service is run.

The service was exceptionally well-led. The registered manager led a visible, committed, caring team to provide excellent, holistic care. There was a focus on continuous improvement to enhance people's lives. New research initiatives in dementia care were being continually implemented for the benefit of people for example programmes such as Anchor Inspires, Oomph! and the Archie Project. These supported people to remain mentally and physically active.

People, relatives and professionals described the provider and management team in a particularly positive way. During the inspection, people and staff were relaxed, and there was a calm, quiet atmosphere. We observed staff chatting with people and making them feel special. Everybody had a clear role within the service.

People's voices were listened to and ideas implemented for example a special black tie evening had been held with old style card games for the gentlemen. Staff were confident to speak out and ask for anything they needed to deliver high quality care for example additional training or new equipment. We were told the registered manager, deputy and staff were a role model to others. This had led to a change in culture at the service over the past 12 months. Everyone we spoke with told us the leadership team were supportive and approachable. This had resulted in high staff morale and high satisfaction amongst people and families. Staff talked positively about their jobs and their love of the people living in the home. All staff we spoke with were proud of the excellent care people received. Staff told us it met the "Mum Test." The provider's district manager supported the service and registered managers.

Feedback we received about end of life care was exceptional. Countless letters from families described how compassionate staff supported people and their families throughout the whole process. Families were able

to stay at the service during someone's last days and staff did all they could to meet people's final wishes.

Staff exhibited an exceptionally kind and compassionate attitude towards people. Staff were mindful of equality and diversity and respected people. Positive, caring relationships had been developed and practice was person focused and not task led. Staff had appreciation of how to respect people's individual needs around their privacy and dignity and individual behaviours. Feedback we received from people, relatives and professionals was excellent.

People's risks were managed well and monitored. Positive risk taking was encouraged to support people's independence. The environment supported people living with dementia with spacious lounges, visual stimulation and dementia friendly lifts. People were promoted and encouraged to live full and active lives and we observed many enjoy an exercise session. An old style sweet shop was being made in the garden during the inspection for people to enjoy.

There were comprehensive quality assurance systems in place. These were analysed and used to improve practice. Incidents such as falls were appropriately recorded and analysed for trends for example times of day a fall occurred and where within the service. Learning from incidents, concerns and feedback raised was used to help drive improvements. The staff team were reflective and listened to advice from professionals for example local safeguarding training had been suggested (in addition to the providers training) and this had been actioned. Inspection feedback was also listened to and reflected upon which further enhanced the quality of care. For example some staff felt they would benefit from face to face Mental Capacity Act training and this has been arranged. During the inspection information we requested was supplied promptly, records were organised, clear, easy to follow and comprehensive.

People were comfortable with staff supporting them and we observed very positive, attentive and caring interactions throughout the two days. Care records were personalised and gave people control over aspects of their lives. Staff responded quickly when they noted changes to people's mental or physical well-being by contacting the appropriate health professionals, for example people's doctor. People or where appropriate those who mattered to them, were involved in discussing people's care needs and how they would like to be supported. People's preferences for care and treatment were identified and respected.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People were supported to maintain good health through regular access to health and social care professionals, such as GPs, mental health nurses, social workers, occupational therapists and physiotherapists.

People told us they felt safe and secure at Manor Court. Security at the service was good, equipment was maintained and regular fire checks were undertaken. An ongoing maintenance schedule was in place with planned work being undertaken. Anchor Trust is a non-profit provider which enabled continual investment in the service for the benefit of people, for example ensuite facilities were being replaced.

Areas were uncluttered and clear for people to move freely around the home. All staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge about how to report any concerns and described what action they would take to protect people against harm. Staff all knew the whistleblowing policy and would have no hesitation to raise concerns.

People were supported by staff that confidently made use of their knowledge of the Mental Capacity Act (2005). This ensured people were involved in decisions about their care and their human and legal rights were respected. The service followed the processes which were in place which protected people's human

rights and liberty.

People were supported by a staff team that had received a comprehensive induction programme, training, which included supporting people with dementia, and ongoing support from the registered manager. Staff feedback was listened to and additional training provided where required.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment. People were involved in choosing who worked at the home. Recruitment was value based to ensure the staff employed were kind, caring and compassionate.

The service had a policy and procedure in place for dealing with any concerns or complaints; we reviewed one complaint and discussed this with the registered manager. An open door policy supported people to raise any small concerns early.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained safe.

People's risks were identified and managed in ways that enabled people to make choices and be as independent as they could be.

There were sufficient numbers of suitable staff to help keep people safe and meet their individual needs.

People received their medicines when they needed them. These were managed and administered by staff that were competent to do so.

People were protected from abuse and avoidable harm.

People were cared for in a clean and hygienic environment.

Good 

Is the service effective?

The service remained effective.

There was a regular, planned maintenance plan in place to ensure the design, décor and adaption of the service met people's needs.

Staff received a comprehensive induction and on-going training to make sure they had the skills and knowledge to provide effective care to people.

People were supported by staff who knew how to ensure their legal and human rights were protected.

People received the support they needed to maintain their nutrition and hydration, and ensure their health needs were met.

Good 

Is the service caring?

The service was exceptionally caring.

People were consistently treated with respect, compassion and kindness. Staff were kind, patient and professional and treated

Outstanding 

people with dignity and respect.

People were supported by staff that had an enhanced knowledge and understanding of their holistic needs. Staff were committed to promoting people's independence and supporting them to make choices.

There was an ethos of involving and listening to people who used the service.

Is the service responsive?

Good ●

The service was responsive.

People received care and support in accordance with their needs and preferences.

Care plans were reviewed with people to ensure they reflected their current needs.

People enjoyed a variety of individual and group activities.

The service had an effective and thorough process for managing complaints which people told us they would feel confident to use.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

The provider and registered manager had a clear vision, strong values and there was a commitment across all staff to deliver high quality care.

The provider used research and best practice to enhance care.

The provider had done exceptionally well in a range of management, health and safety and care awards. In 2016 they were voted the best place to work by the Sunday Times.

There were robust, frequent quality assurance processes in place which monitored the quality and safety of the service provided to people.

The culture in the organisation was open with a range of ways for people and staff to contribute to the service and express their views.

People were supported by a motivated and dedicated team of

management and staff.

The staffing structure gave clear lines of accountability and responsibility and staff received good support.

Manor Court

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 was planned to check 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.

This was a comprehensive inspection completed by two inspectors from the adult social care directorate and an expert-by-experience on the 25 September 2017 and one inspector on 29 September 2017. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

Prior to the inspection, we asked the provider to complete a Provider Information Return. 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 reviewed this information as part of the inspection.

During the inspection we spoke with the registered manager and 10 care staff. We spoke with 14 people at the service and six visiting relatives. We also spoke with the district manager for Anchor Trust who supported staff during both days of the inspection.

We observed the care people received in the lounge and over lunch. We looked at four records related to people's individual care needs. These included support plans and risk assessments. We also looked at records which were related to the administration of medicine, training records and four staff recruitment files. We reviewed the quality assurance processes in place at the service and feedback people, relatives and professionals had provided. We examined the dementia evidence the service had gathered to achieve the dementia quality mark (a sign of good practice in dementia care). We also reviewed the internet comments the public had left on a care home review website. We looked at thank you cards and compliments received by the service and received 10 CQC comment cards and 4 emails from relatives during the inspection.

Is the service safe?

Our findings

People told us they felt safe. Comments from people and their family members during the inspection included, "Above all the wonderful care I get, I feel much safer here than I did at home,"; "I know they have to keep me safe, and they don't let me go out alone in case I get lost on the bus again"; "I'm safer here than I would have been if I'd stayed at home. It was too much for my wife to cope with." Others shared, "It's a safe place to live, really safe and peaceful. It helps to have so many lovely carers around"; "If I didn't feel safe I would jolly well say so, and expect things to improve straight away if necessary"; "I am so much safer here. I'm unwell you see, and I wander off and get lost". Relatives told us "The priority is for me to know my relative is safe here, and she is. I can sleep peacefully at night knowing she's in Manor Court" and "The big plus is that my relative is safe here, it gives me peace of mind".

There was an emphasis on safety at Manor Court. Access to the building was controlled by a bell and electronic door locks. Staff checked visitor's identification and there was a signing in book to register who was in the building at any time. Keypad codes were changed at regular intervals to ensure additional safety.

People were protected by staff who knew how to recognise signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Training records showed that staff completed the provider's safeguarding training regularly and staff accurately talked us through the action they would take if they identified potential abuse had taken place. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately by the service. Staff told us safeguarding issues and possible signs of abuse were discussed regularly within the team to ensure everyone understood the different forms of harm and abuse. Staff explained what they might look out for including changes in people's mood such as anxiety and bruises. Policies and information related to safeguarding were easily accessible to people, relatives and staff. Following a local authority review of the service, staff were also accessing the local authorities safeguarding training. The registered manager told us, "They know how passionate I am, I won't tolerate abuse."

People's needs were considered so they could be met in the event of an emergency situation such as a fire. People had personal evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and to emergency services, so they could be supported and evacuated from the building in the correct way. Staff at the home had participated in the fire training and there were regular fire drills. Those at high risk, for example smokers had individual fire risk assessments in place, access to designated smoking areas and smoking aprons were worn.

Regular health and safety checks had been undertaken within the home including the servicing of equipment such as the hoists and lifts and tests of the water thermostat control to ensure the temperature of the water remained within the recommended range. Most routine maintenance was carried out by the maintenance man, staff recorded broken items / faults promptly and these were quickly repaired. Regular checks were undertaken on the windows and restrictors in place to ensure these remained fit for purpose. Staff were alert to any hazards as they walked around the home and in people's rooms; this helped to ensure the environment safe.

People were supported to take everyday risks to enhance their independence and enable them to feel in control where possible. From our observations throughout the day and discussions with people who used the service, people lived their lives as much as possible with the freedom, choice and purpose they had experienced throughout their lives. For example those people who liked to wash independently but needed some staff support to reach areas such as their backs and feet were supported. Staff were thoughtful regarding people who liked to be mobile but were at risk of falling. Staff assessed people's safety to enable them to use facilities such as a kettle to make their visitors a hot drink.

Falls and other incidents were analysed for trends and themes. Those at risk were referred to health professionals for reviews promptly and a falls prevention plan was instigated. Staff told us they received falls awareness training and made sure people had the equipment they needed around them such as their call bells and mobility aids to encourage their use. Staff knew people well and those who might try to walk unaided, pressure mats and mattresses were in place for these people so staff could respond promptly to support these people. Laser lights were used to alert staff when someone might have gone into the wrong bedroom. Staff told us they checked rooms to ensure they were uncluttered and made sure people had footwear to reduce the likelihood of falls. Staff were aware of those people whose mobility had changed over time and had updated people's risk assessments and care plans accordingly. The service told us they had noticed a decrease in falls through their monitoring and believed this was due to good nutrition and hydration.

Risk assessments highlighted individual risks related to people's diet, skin care and mobility. Those who were at risk of developing sore skin had special equipment in place to reduce the likelihood of their skin breaking down, for example cushions to sit on and special mattresses. Personal care plans highlighted checking people's skin vigilantly; supporting people to move regularly and using prescribed skin creams when needed and helping people maintain their mobility.

People were kept safe by a clean environment. A cleaning and a laundry team were in place. All areas we visited were clean, hygienic and odourless. Frequently used communal bathrooms were spot checked by staff throughout the day. Protective clothing such as gloves and aprons were readily available throughout the home to reduce the risk of cross infection and hand gel was visible in the communal areas for people and staff to use. Staff were able to explain the action they would take to protect people in the event of an infection control outbreak such as a sickness bug.

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. The registered manager told us recruiting staff with the right values was important and had helped change the culture over the past year, "I know I've done well with recruitment. There's a warmth and calmness here now."

Staff, people and relatives told us there were sufficient numbers of staff on duty to keep people safe. A dependency tool was used to help assess required staffing levels but this was flexible if people had increased needs. Staff were visible throughout our inspection and conducted their work in a calm, unhurried manner. People told us staff were there when they needed them and they responded to their call bells within five minutes. We observed staff respond very quickly when people who did not usually use their call bell, called for assistance. In the event of sickness staff worked flexibly to provide continuity of care for people. The service did not use agency staff which supported safe care.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Medicine administration records were accurate and fully completed. Staff were appropriately trained and confirmed

they understood the importance of safe administration and management of medicines. Competency checks were undertaken on staff to ensure they were following correct and safe processes. People had signed to consent to staff administering their medicine and those who wished to maintain managing their own medicines were assessed for their safety to do so. People had been asked whether they preferred liquid or tablet medication for example if they had swallowing difficulties and allergies and food interactions were known and recorded. People nearing the end of their life had "Just in case" bags, these medicines help people to have a dignified death and be pain free. Body maps were in place to ensure pain relief patches were correctly placed and their position moved according to prescribing instructions. Regular audits were undertaken to ensure the ongoing safety of medicine storage and administration.

People's needs with regards to administration of medicines had been met in line with the MCA. No one was requiring medicine to be given without their knowledge at the time of the inspection. Staff told us they had strategies in place for those who might refuse their medicines; staff would try at a later time when people might be more agreeable.

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs.

Staff undertook an induction programme at the start of their employment at the home. The registered manager made sure staff had completed an introduction to the home and had time to shadow more experienced staff and get to know people. The Care Certificate induction was in place and used for new staff. This is an identified set of standards that health and social care workers adhere to in their daily working life to promote consistency amongst staff and high quality care.

Staff had undertaken the training for their roles and had the right skills and knowledge to effectively meet people's needs before they were permitted to support people. The training matrix showed 98% compliance with the providers required staff training programme. New staff shadowed experienced members of the team until both parties felt confident they could carry out their role competently. Training was ongoing in areas such as first aid, dementia care, moving and handling, skin care, diet and nutrition and food hygiene. All staff were encouraged to develop themselves and undertake additional health and social care qualifications to support their work. Some staff had particular interests in certain areas such as end of life care and dementia care. These areas of interest were encouraged with staff holding "Champion" roles with enhanced knowledge to support other staff. Staff told us, "I am looking forward to gaining more qualifications and progressing in my career". Staff felt encouraged to improve their knowledge and skills by the registered manager and appreciated this. Some staff we spoke with told us face to face training would be appreciated for more complex topics such as the Mental Capacity Act. We fed this back to the registered manager and this was arranged during the inspection period.

Staff felt supported by a regular system of supervision and appraisal which considered their role, training and future development. Comments included "Yes, we have regular one to ones." In addition to formal one to one meetings staff also felt they could approach the registered manager and senior care staff informally to discuss any issues at any time. Staff competency was informally observed in areas such as handwashing, moving and transferring people and communication. If any issues were identified additional training was provided for staff. Staff found the management team supportive saying, "Doors always open, the registered manager is approachable and helpful." The senior care staff regularly worked alongside staff to encourage and maintain good practice. The registered manager confirmed they also felt supported by the provider's district manager who was available whenever required for advice and support.

Staff communicated effectively within the team and shared information through regular verbal and written handovers. In addition to staff handovers there were daily meetings with key staff to ensure all areas of people's needs were known. This supported staff to have the relevant information they required to support people effectively. Healthcare professionals confirmed communication was good within the team.

Staff were able to adapt their communication styles dependent on people's needs. For example if people were resistant to personal care during the morning, different, creative approaches were used to support the person to wash, for example trying at different times of day when the person was in a different mood and

more receptive to care. If people were confused or disorientated staff knew to speak calmly, clearly, repeat information and alter their approach so they were understood. Care plans recorded the best way to communicate with people so all staff were aware.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People when appropriate were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS is for people who lack the capacity to make decisions for themselves and provides protection to make sure their safety is protected. The MCA is a law about making decisions and what to do when people cannot make decisions for themselves. DoLS applications had been appropriately made. The registered manager was aware of the legal process they were required to follow and sought advice appropriately from the local supervisory body.

People's capacity was regularly assessed by staff. Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. A staff member told us they gave people time and encouraged people to make simple day to day decisions. For example, what a person liked to drink or wear and what they wanted for lunch. People confirmed this. However, when it came to more complex decisions the relevant professionals were involved. This process helped to ensure actions were carried out in line with legislation and in the person's best interests. The MCA states, if a person lacks the mental capacity to make a particular decision, then whoever is making that decision or taking any action on that person's behalf, must do this in the person's best interests. Staff understood this law and provided care in people's best interests.

People confirmed and records evidenced consent was sought through verbal and written means for example the frequency people wished to be involved in their care planning and if they were happy for staff to administer their medicines. Staff ensured people were able to make an informed choice and understood what was being planned. Those who were unable to consent and those who did not have people with the legal authority to make decisions on their behalf had advocates involved in their care to support their decision making.

People received good quality, home cooked food. They told us, "The meals are wonderful" and "The meals here are fantastic. As a relative of a resident I have been invited to eat here whenever I wish, and the quality has always been impressive". A relative shared with us, "Every time I see her she is eating, she's gone up a dress size!"

Ensuring good nutritional intake was important to the home. This helped to keep people's weight stable and supported them to maintain good health. Staff were conscious of those people with dementia who preferred snack foods or finger foods; and snack and hydration stations were available for people which enabled people to have food and drink whenever they wanted. People were involved in decisions about what they would like to eat and drink. Regular meetings were held where people were asked what they would like to eat and the menu was developed from people's preferences. People had taster sessions to support them making choices about planned menu ideas. Care records identified what food people disliked or enjoyed and listed what the staff could do to help each person maintain a healthy, balanced diet. For example some people had diabetes but liked sugary foods. Staff supported them to make an informed choice so they were aware of the potential risks of sweet foods and monitored food brought into the home by others. People were given choices about where they would like to eat.

We observed people having a relaxed lunch. People who had their lunch in the dining room had their food served on appropriately sized plates, with food guards and adapted cutlery as required to help them maintain their independence. Staff assisted people in a dignified, polite way. Staff had time for people and displayed a good awareness of people's individual dietary needs. The registered manager told us small items such as sea shells and candles were sometimes placed on the tables to support initiating conversation. Those who had difficulty recalling food choices or visualising meal dishes were shown picture cards to support their choice.

People's care records highlighted where risks with eating and drinking had been identified. Staff were able to tell us how they would respond to any nutritional concerns they had. Care records noted health conditions such as diabetes, if the person was of a low weight and choking risk assessments were also evident. Staff were mindful of those at risk of weight loss and monitored their food and fluid intake closely. Staff confirmed if they were concerned about weight loss / gain they would discuss people care with their GP.

Staff communicated effectively to share information about people, their health needs and any appointments they had such as dentist appointments or GP visits. People had access to a range of community healthcare professionals to support their health needs and received ongoing healthcare support. For example opticians, dentists and chiropodists. Staff promptly sought advice when people were not well, for example if they had a suspected urine or chest infection. Staff were mindful of each individual's behaviours and mannerisms which might indicate they were not well or in pain. Staff were alert to signs of urine infections which may cause confusion. The district nurse we spoke with confirmed advice was sought promptly and appropriately by staff.

The physical environment of Manor Court was designed to help people be as independent as possible. The layout was spacious and there was good signage in place, a dementia friendly lift, and choices of where to sit and different lounges for people to enjoy. The garden area was flat with raised beds for those who enjoyed gardening and an old style sweet shop had been made for people to enjoy. Corridor walls had been decorated by people and staff to reflect local areas of interest and provide a talking point with textured items for people who had sensory needs. All areas of the service were well maintained.

Is the service caring?

Our findings

At the previous inspection the service was rated as Good. During this inspection we found this had improved and we have rated it as outstanding. Increased training had developed "champions" in lead areas at the service, for example End of Life. There was an increased sense of positivity within the service led by the new manager, making it a happier place to work and live. This was reflected in people and staff feedback.

Without exception, people told us they received a high level of professional care and kindness that supported them to live fulfilled lives and feel they mattered. All comments we received described staff in exceptional terms, "Cheerful, positive, upbeat, understanding, excellent care." Relatives also praised the staff, "Kind, caring, 100% pleased. They do their best to give individual care, so attentive and maintain quality. I'm in most days and see how they work, superb" and "I cannot find a single fault. The staff are brilliant, exceptionally caring and respectful". Others told us, "Mum has been here three weeks now, we have witnessed excellent care. Every member of staff treats her with respect and dignity at all times. Mum is clean, well-cared for and receives personalised care". A comment card we received said "Staff are excellent, amenable and approachable." A person living at the service shared, "I have my cat with me here, and I feel at home. I love all the staff. Always get a smile, I consider them my friends." One person commented on the care home review website, "My [X] was admitted to hospital on [X] with a suspected hip fracture. This proved to be the case and they needed their special tablets/medicine. One of the carers delivered them in her own time during the late evening. Nothing is too much trouble for the staff. They are simply outstanding."

Staff at Manor Court strived for excellence in end of life care. Separate more comprehensive care plans were in place for people at this stage of their life. The service had links with the local hospice and staff training in end of life care was ongoing to enhance their knowledge and the care they provided. Some staff did additional training in this area with the local hospice. Five members of staff were end of life champions and they shared their passion and knowledge with others in the team. Accommodation, food and drinks were available for family who wished to stay at the service during this time. Staff told us they always had time to sit with people at the end of their life if they had no family or required staff support. Often staff wanted to do this in their own time to ensure people were always supported by people they knew. People's quality of life had been enhanced and people's last wishes met. For example, one person had a wish list of things they wanted to do before they passed away. They were a season ticket holder for a local football club so the staff contacted the stadium and arranged a special seat for the match. Staff raised funds for a limousine to pick them and their partner up to attend the match. Another person loved Christmas, when staff suspected she would not see another Christmas; they raised funds through families and local businesses and turned her room into a Christmas grotto. Staff said it was her best Christmas ever. A letter received during the inspection commented, "Mums end of life was dealt with such dignity and care towards X and their family. I really cannot express my thanks enough to them." Another relative commented, "I was so touched when carers attended her funeral". Another lady was bleeding due to her health condition as she reached the end of her life. This frightened her so staff went out and bought new red bedding so she wouldn't notice the sheets becoming stained.

Equality and diversity was understood and people's strengths and abilities valued. During the inspection

LGBT (LGBT, is an initialism that stands for lesbian, gay, bisexual, and transgender) posters were visible to provide people with guidance on where to seek more information. Leaflets and information about a variety of topics were available in different formats for people. People's religious needs were met, regular communion was held in the home, some people attended church and others had a pastor who visited. Staff worked with people in a non-judgmental manner, with respect and with great understanding of their complexities. One couple were having their first Christmas apart. An additional bed was arranged for the spouse so they could enjoy Christmas together. Another couple had been in the local paper after the home arranged a special anniversary meal for them with balloons and candles. Feedback we received from all relatives and visitors confirmed care at Manor Court encompassed the whole family.

Staff were exceptional at understanding people's individual communication styles to support them to express themselves. Dedicated staff supported people patiently to find the right words when they were trying to say something important. Hand gestures, signs, pictures and symbols were used to aid communication. Good relationships enabled staff to know people well and help them express their views, for example staff knew with one person to be in front of them so they could lip read and communicate using hand gestures which staff understood. Creating an environment where people were encouraged to talk and engage helped develop friendships and a sense of value for people. Decorated feature corridors and pictures around the home stimulated conversation and created a warm, friendly atmosphere. Relatives shared, "such a relief to know she has company, good care and stimulation"; "Best care home ever."

A visible person-centred culture had been established. Passionate staff connected with people to ensure they received high quality care. Staff had genuine concern for people's wellbeing, and worked together to ensure people received good outcomes and had the best quality of life possible. For one person, this meant they were able to live with their cat. People told us, "The carers are all wonderful, can't fault a thing"; "I certainly feel very well cared for; they always come and check on me". Relatives reiterated people's views telling us, "A wonderful home I'd recommend to anyone"; "The home was recommended and every bit as good as I was told. It's very caring, staff all so thoughtful."

Staff commented that they cared about the support they gave, and explained the importance of adopting a caring approach and making people feel they mattered. For example we heard how one person, who was over 100 years old, celebrated their birthday with a beautiful party, flowers and cake. Their relative told us, "It was gorgeous, which is nice for me and just what she deserves." Staff spoke of people with fondness wanting them to receive care like one of their family members. Staff shared a story of one person who at times became anxious so staff sang the Lord's Prayer which she loved, to her to reduce her anxiety. A relative told us, "They listen, have a laugh and a joke and talk to her about her life. Care is excellent". Close relationships were being built through "keyworker" roles with people choosing who they best got on with. The registered manager told us about the keyworker role. These roles would support people with their rooms, any shopping and build a more in depth rapport with people. The registered manager told us this might enable people who might be less likely to disclose any worries to have someone to confide in.

The service worked as a team to ensure they connected with people to give them meaningful life, a sense of value and purpose. Staff told us this supported people to look forward to the years ahead. One person at times became distressed, at these times staff were creative in engaging her in additional things she enjoyed for example cleaning. This reduced their anxiety and gave the person a sense of purpose. Another lady enjoyed helping with tea trolley. Other people enjoyed their special roles for example supporting the recruitment of new staff and being involved with the interview process. Staff told us their experience of increasing people's engagement in meaningful activities, had reduced falls at the service and people were sleeping better. They had noticed people were more engaged and stimulated.

People's privacy and dignity were respected. People told us staff knocked on their doors and they were able to lock their rooms. People who had health needs which might impact on their dignity were supported by thoughtful staff. People's confidential information was kept securely. Advocacy support services were available for people if needed.

Is the service responsive?

Our findings

At the previous inspection we rated the responsiveness of the service as Requires Improvement as care plans lacked sufficient detail to provide personalised care. The new registered manager had worked hard to improve the quality of care plans. At this inspection we have rated this area as good.

People received consistent personalised care, treatment and support. Once the service agreed to support a person, an initial assessment took place. Staff made every effort to empower the person to be actively involved in the whole process. Evidence was gathered about the person's medical history and life, family and professionals consulted. Consideration was given to people who were thinking about living at Manor Court to ensure existing people and new people would all get on and it was the right environment for them. Feedback we received commented on the smooth transfer. Two people told us the care was "customer focused, they were listened to and the care they received met their needs."

People and health professionals where possible, were involved in planning their ongoing care and making regular daily decisions about how their needs were met. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives and supported them to achieve their aims.

Each person had new individualised care plans that reflected their needs, choices and preferences. For example, people's records detailed the personal things which ensured staff provided individualised care. Favourite foods were known, clear information about how to support people's dementia and how to support them to communicate were evident in the records we reviewed. Information about how people liked to dress was known by staff, "[X] likes to wear a skirt, blouse and her special green coat." People's personal early warning signs were known so staff could quickly reduce anxiety, "[X] clenches their fists and breathes quicker." Staff knew what time people liked to wake and go to sleep and how they liked their drinks.

People's changes in care needs were identified promptly and with the involvement of the individual, family and professionals as required. Review plans were then put into place by staff and regularly monitored. Regular staff handovers and staff discussions shared important changes to people's care. This meant staff knew what had changed and how to support people as they required.

People were protected from the risk of social isolation and staff recognised the importance of companionship and keeping relationships with those who mattered to them. People were supported to see their family and some had made friendships in the service.

People were encouraged to maintain hobbies and interests. During the inspection we observed people enjoying armchair aerobics with staff using a programme called "Oomph!" This is a programme to enhance wellbeing in older people. People shared happy memories of the recent fete, themed events, the Christmas cake competition where people had received an award, and days out. People led the activities on offer by sharing their ideas such as board games, jewellery making and pamper days. The service had recently moved away from having designated staff to do all staff being responsible for activities. Manor Court had

joined NAPA (National Activities Provider Association); this activity programme was aimed at supporting people to live life to the full, as they wished and with love and laughter. National days such as Earth day and World Health day were celebrated at the service. These helped orient people to the date but also were an additional reason to have fun together.

The service had a policy and procedure in place for dealing with concerns or complaints. One complaint had been received in the past 12 months. The previous manager, registered manager and district manager had followed the complaints policy. No one we spoke with had any complaints or were able to suggest improvements. One person commented, "There's no reason to make a fuss about anything, if there was I'd take it up with the boss and [X] would see to it."

Is the service well-led?

Our findings

At the last inspection we rated the service as Good. At this inspection we found continuing improvements have changed the rating to Outstanding. Under new management the service had improved staff retention, staff absence had reduced, and their leadership meant people were cared for by consistent, well trained staff that adhered to the same values.

The provider, Anchor Trust's motto was, "Happy living for the years ahead." This was a promise the provider made to people who used their services and all feedback confirmed this to be the case. The provider's values were reflected in all staff we met. They were respectful, honest, reliable, straightforward and accountable.

The provider celebrated success and achievements and had won many awards including, Sunday Times Best Place to Work in 2016. They had been a finalist in the Great British Care Awards in 2016 and in the National Care Awards 2016. The latest award received at the end of October was No 1 Employer. These organisational awards were cascaded to the homes via technology and social media such as emails, Facebook and Twitter. The district manager told us, "Our Business Plan states our aim to be the best place to work. That involves attracting the most talented, engaged and caring people in our sector – and ensuring they stay with us to develop their careers. We know that winning awards – and the publicity that generates – highlights the great work taking place in our homes to a wide audience. People want to work for award-winning companies. Awards also reinforce the behaviours and values which are important to Anchor. We put a lot of effort into our own Valuing Your Contribution recognition scheme to celebrate success. Overall, we've found awards have been beneficial in attracting people to come and work for us, to reinforce what great care looks like, and raise our profile in the community." These awards encouraged and motivated staff to continue to care for people to the best of their ability.

Anchor Trust is a large provider with a clear and organised structure and support system in place for their registered managers. The registered manager was supported by the district manager who visited regularly, conducted their own governance checks and was always available for advice. Daily meetings were held with key staff to ensure the smooth running of all aspects of the service. A relative told us, "It is well-led, organised and I'd absolutely recommend it to others." The district manager met on a monthly basis with the managers in their region. Governance checks included unannounced mock inspections, reviews of safeguarding, checks on the environment and audits for example on medicines. Any issues were put into a service wide action plan for all levels of management to monitor and take action as required. Audits encompassed all aspects on the service's running. Feedback enhanced care and enjoyment for people in all areas of their life at Manor Court.

People and staff, without exception, all described the new registered manager, deputy, team leaders and the heads of different departments (kitchen and housekeeping) to be approachable. People commented, "I see [X] (the registered manager) every day, she is wonderful" and "I cannot praise [X] enough." We observed the registered manager and deputy knew people well, and were happy to work alongside staff within the service. The company philosophy, led by the registered manager inspired staff to work to the values of

Anchor Trust. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Values were discussed and shared at recruitment, staff supervision and in staff meetings. Leadership role modelled the values in their daily work.

There was a positive culture within the service. The registered manager told us, "I'm out on the floor, role modelling" and "I have a big presence in the home, sit with people, have lunch with them. I know people, their families and what is important to them." The management team had an open door policy, they were visible and people and relatives knew who they were. Feedback from staff, professionals and relatives said the atmosphere had changed under the registered manager's leadership, "I work across a number of Anchor Homes, and this one has improved massively under [X] (the registered manager). They were aware of what they could and could not do, where improvement was needed and learned from feedback and situations they had experienced. We read a reflective account the manager had written describing the improvements they had made in the past year including improving the food and hydration of people to support healthy weight and skin integrity. New initiatives to enhance care were constantly being improved such as Anchor Inspires (a programme to improve person centred care) and involvement with the Archie Project (Archie Project is a highly successful, inter-generational dementia awareness community project).

Staff were supported and felt listened to. In a staff meeting more equipment had been requested. This was actioned promptly. Questionnaires were sent to staff so they could have their say on the service. For example the registered manager had suggested an improved oral care assessment to the provider and this was being taken forward. Staff shared they enjoyed coming to work and one told us, "I returned to the home when I knew who the new manager was." The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff were able to access all policies on a computer at the service so had the latest information when required.

Feedback was sought from people where possible and those who mattered to them, and staff, in order to enhance the service. For example, regular residents meetings were held and discussions summarised into "You said, We did" posters. At people's request more male staff had been employed and the gentlemen residents were showering more frequently as a result of this. Staffing levels had also been changed at people's request to support early risers at the home get ready for their day. Questionnaires had been distributed that encouraged people to be involved and raise ideas that could be implemented into practice. Feedback from people had meant a new staff member had been employed specifically to do the laundry. The feedback we reviewed from people, relatives and professionals was positive.

The provider was involved with Universities conducting research to improve care. For example a research project with the University of Worcester saw technology (IPADs) being used to enhance people's quality of life. The research had shown how use of small computers increased interaction with people, greater inclusion, communication and wellness. We observed people enjoying this technology during the inspection. The service was also a show case to other large providers who visited Manor Court to share best practice.

The provider also advocated for people, they campaigned for political change in the care sector; better care for older people and better staff wages. Salaries were benchmarked with local areas, the wages attracted staff that were keen to provide a quality service. We saw this philosophy within the service.

Investing in the home meant the environment continued to look well maintained. Every year the registered manager had a "wish list" they could request. Last year had seen £10,000 on new furnishings in the lounge making it a comfortable place for people to spend time and £8000 on new garden furniture. We saw people

enjoying both of these areas during the inspection.

The service worked in partnership with key organisations to support care provision particularly local doctors and the community nursing team. Weekly meetings were held and feedback obtained via professional questionnaires. Close working relationships with local professionals and the development of health and well-being champions had seen a reduction in hospital admissions. These champions had increased training in respiratory conditions and falls prevention both had impacted in a positive way on people's care.

Links with the local school had seen children attend Manor Court to enjoy a visit from some owls, with people. People had also been to the local school to make clay poppies for remembrance day, which they had enjoyed. These shared experiences had a mutual benefit; people had a purpose and children who had been anxious about mixing with older people living with dementia relaxed and enjoyed themselves. People's feedback was very positive with children. The registered manager was in discussions with local childcare providers to continue involving children in the home. The registered manager was also making meeting with higher education facilities to support apprentices at Manor Court.

The registered manager and deputy manager supplied information requested during and following the inspection quickly. They were receptive to feedback for example more regular attendance at the local authority providers meetings such as the local dignity and care forum.

The registered manager was open, honest and reflective. This reflected the Duty of Candour. The company had recently undertaken a recent piece of work regarding the Duty of Candour with all managers. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.