

# Anchor Carehomes Limited

## Mill View

### 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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection took place on 18 April 2018 and was unannounced. There were 46 people using the service.

Mill View is a care home. People in care homes receive accommodation and 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. Mill View can accommodate up to 50 older people/people living with dementia in a two storey, purpose built home.

At the last inspection in November 2016 we did not identify any breaches of Regulation, but the service was rated 'Requires improvement,' because we needed to see the improvements which had been made could be sustained and developed over time.

A registered manager was in place. 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 service benefitted from strong leadership. The registered manager was passionate about providing person centred care and this was reflected in every aspect of the service. The registered manager, supported by the senior management team, was continuously looking at ways to improve the service for the benefit of the people who lived there. The registered manager had developed positive working relationships with staff and relevant stakeholders. The registered manager motivated the staff team with regular meetings, formal supervisions and training.

The registered manager understood their responsibilities and worked with people who used the service, relatives, staff and the provider to improve the quality and safety of care that was provided. Quality assurance procedures and a programme of audits were effective in driving continual improvements to the quality of service.

People received an outstanding responsive service. People who used the service received highly personalised care from staff who knew their background, interests and hobbies. The registered manager listened to people who used the service and about what they wanted. A shop, cinema, American style diner had all been created to provide people with interesting and stimulating facilities. Group and individual activities were on offer to keep people occupied. People were encouraged to pass on any concerns so action could be taken to improve the service they received. Excellent links had been made with local groups of young people who were regular and popular visitors.

People were safe because there were systems and processes in place to protect them. Staff, as a result of

their training in safeguarding people, understood the different types of harm and to who they could report this to. Risk assessments were in place and these promoted people's safety such as when mobilising around the service. Incidents such as falls were used as an opportunity for learning and to help drive improvements. Medicines were administered, recorded and stored in a safe manner and all staff who administered medicines had received suitable training to do this.

Staff were subject to checks on their suitability before they were offered employment. Enough staff were employed to ensure that people's needs could be met in a timely manner. Staff were aware of infection control measures and the service was clean and well maintained.

People received an effective service and were supported by staff who had received appropriate training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible: the policies and systems in the service supported this practice. Staff knew when people needed support and also when to respect people's independence. Staff were supported in their role and they knew what standard of care was expected. People were enabled to access healthcare services. People's nutritional needs were met and meals at the home were excellent, offering choice and variety.

People received good care. We received very positive comments from a range of people about the caring nature of the service. People received high quality care from staff who had the time to spend with them. Staff showed kindness to people in everything they did by offering friendly support around their individual needs. People were at the heart of the service as staff put people first and foremost in everything.

People's care plans contained relevant personalised information and these gave staff the information they needed in order to meet people's needs. Staff used people's life histories to help them understand what was important to each and every person. Staff understood it was important for people to maintain their independence and they protected people's privacy and dignity.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed and to keep the home clean.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Staff made sure medicines were managed safely and kept under review.

### Is the service effective?

Good ●

The service was effective.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

Meals at the home were excellent, offering choice and variety. The meal time experience was a calm and relaxed experience for people.

People were supported to access health care services to meet their individual needs.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

### Is the service caring?

Good ●

The service was caring.

People using the services told us they liked the staff and found them attentive and kind. We saw staff treated people with kindness, patience and compassion.

People looked well cared for and their privacy, dignity and independence was respected and maintained.

### **Is the service responsive?**

The service was extremely responsive.

Staff knew people extremely well and care records were very detailed and person centred.

People who used the service were always put first and they were valued as individuals. Staff actively listened to them and improvements to their care and the homes facilities had been made as a result.

A full range of stimulating and varied activities were on offer and there were fantastic links with the community.

A complaints procedure was in place and any complaints which had been received had been dealt with promptly.

**Outstanding** 

### **Is the service well-led?**

The service was extremely well-led.

A registered manager was in place who provided outstanding leadership and management of the home. They were enthusiastic and determined to provide the best possible service for people and this had happened.

Effective quality assurance systems were in place to assess, monitor and improve the quality of the service.

**Outstanding** 

# Mill View

## 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.

This inspection took place on 18 April 2018. The inspection was unannounced and was carried out by two adult social care inspectors and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included four people's care records, three staff recruitment files and records relating to the management of the service.

We spoke with 12 people who used the service, five relatives, one visitor, six care workers, the head chef, the administrator, two district nurses, the hairdresser, the deputy manager, the registered manager and the district manager.

## Is the service safe?

### Our findings

People were kept safe from abuse and improper treatment. People who used the service told us, "I've always felt safe. I don't want to go anywhere else." "It's nice here I think it's safe." "I feel safe within myself and the surroundings I like it here." "Always someone around and people to talk to."

Relatives made the following comments, "It's as safe as we are going to get, people are around and a buzzer system if she needs help. This extends to the bathroom and her chair" and "She is safe because she is constantly monitored and always kept an eye on. There are call bells and crash mats and she is waiting for bed sides that have been ordered for her to keep her safe in bed."

Safeguarding policies and procedures were in place and were on display for people to refer to. Staff had received safeguarding training and understood the signs of abuse and what to do to make sure people were safe. Staff said they would not hesitate to report concerns to the registered manager. We saw the registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

The registered manager held money for some people who used the service, for safekeeping. We looked at the individual records and saw receipts had been attached for any purchase which had been made. Checks on the transactions and balances of money held were robust. This showed us people were being protected from any financial abuse.

The registered manager had undertaken checks to ensure the people they employed were safe and suitable to work with vulnerable people. For example, they had sought references and carried out criminal records checks with the Disclosure and Barring Service (DBS) to make sure the applicants did not have a criminal conviction which may have made them unsuitable to work in the caring profession.

There were enough staff on duty to provide people who used the service with the care and support they needed. People who used the service told us, "For me yes, I don't need much looking after." "When I have used my alarm they have always reacted quickly; it's about right for staff." Relatives and visitors said, "Yes, there seems to be quite a few [staff] on." "There is enough staff definitely." "As far as we are aware she doesn't have to wait; there is plenty of staff." One district nurse we spoke with felt there were enough staff to support people.

Care staff were supported by ancillary staff such as chefs, laundry and housekeeping staff. We saw people were provided with prompt assistance when required. There was always a care worker present in the lounge/dining room on each floor. Staff had time to spend with people, meeting their social needs as well as assisting with personal care. We saw staff were unhurried and staff all told us there were enough staff to meet people's needs.

Medicines were stored, managed and administered safely. People who used the service told us, "They come in a morning and at night with medication." "If I ask for pain relief I would get it" and "Staff come with my medication, they are reliable." Relatives told us, "I have asked [relative] about this and [relative] says

everything is fine and overall [relative's] medication is dealt with well." "They are quite diligent with her meds they supervise this."

Care workers who were responsible for administering medicines had received training. Their competency had been checked to make sure they were following the correct procedures. A senior care worker we spoke with was able to give a good account of the procedures for safe medicines management.

We saw medicines were stored in locked trolleys, cabinets or fridges. The care workers took responsibility for administering medicines and we saw them doing this with patience and kindness. We looked at a sample of medication administration records (MARs) and saw people were being given medicines as prescribed. When medicines had been prescribed to be taken 'as required' there were detailed instructions for staff to follow. This helped to ensure these medicines were used effectively and consistently.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

Personal emergency evacuation plans (PEEPS) were in place and these were up to date and relevant. We saw the fire alarm was tested weekly and fire drills were held. This meant staff knew what action to take should an emergency situation arise.

The home was exceptionally clean, tidy and odour free. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

People who used the service told us, "Everything is done as it should be." "You can see how clean it is." Relatives and visitors told us the service was kept clean and one person said, "The room is lovely and clean. We have remarked about it; never smells."

The service had been awarded a five star rating for food hygiene by the Foods Standards Agency. This is the highest award that can be made and demonstrated food was prepared and stored hygienically.

Accidents and incidents were recorded and we saw evidence that action was taken including liaising with health professionals and ordering equipment following incidents such as falls. The registered manager and staff were committed to improving people's experiences and had taken action to reduce the likelihood of adverse events.

## Is the service effective?

### Our findings

Needs assessments were completed by the registered manager before people moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed. The registered manager explained most people came to visit the home to spend half days or whole days so they could see if they liked the accommodation, staff and meals.

Staff told us the training on offer was very good and relevant to their role. People who used the service told us, "Staff know what they are doing. I can't complain about them." "They go on courses they know what to do" and "Yes, they do know how to look after me." Relatives told us, "They are very caring and efficient, they use the equipment expertly" and "I think they are extremely well trained; the staff know what to do. We have observed staff with [relative]; they are wonderful."

The registered manager maintained a robust electronic database to track staff training. Some training was considered mandatory, such as health and safety, manual handling, safeguarding, fire safety, controlling the risk of infection, Mental Capacity Act and Deprivation of Liberty Safeguards and an introduction to dementia. All staff completed this training before working at the home without direct supervision. Most training was in an electronic format but face to face training and workbooks were also evident. Some training was updated annually and others every six months or two years. Care assistants without other qualifications were required to complete the Care Certificate. This course aims to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care. Overall compliance with the comprehensive training was 93%, meaning that most people were fully up to date. The policy of the service accepted compliance of 90% and a district manager oversaw this was achieved.

Staff told us they had supervision meetings about once a month and an annual appraisal. We saw records which confirmed this. Every member of staff had received supervision in the two months prior to our inspection. Staff said it was useful, sometimes involving discussion about aspects of care and development support, occasionally in groups. These were alternated with a one to one meeting with their manager when training needs or concerns could be discussed. Staff all told us they felt supported in their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Three DoLS had been granted and we saw any associated conditions had been met. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed.

The registered manager had a robust system in place to track DoLS applications and to make sure they were reapplied for in a timely way.

Some relatives/representatives had lasting power of attorney (LPA) and this had been documented in people's individual care files. An LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPAs can be put in place for property and financial affairs or health and welfare. The registered manager explained they had written to all relatives to check who had LPAs, what they were for and asked for documentary evidence of any orders granted. This showed us they understood their responsibilities to act within the legislation.

We heard care workers ask for people's consent before delivering any care or support.

People's nutritional and hydration needs were being met and the standard of catering and meal time experience at the home was excellent. A four week cycle of menus were in operation which offered both choice and variety. Since our last inspection an 'individual meal of the month' initiative had been introduced. People were able to choose their favourite meal and this was then produced by the chefs. We saw people had requested and enjoyed rump steaks, lasagne and lamb chops.

In each dining area there was a nutrition file which detailed people's specific dietary needs and other relevant information. For example, information included if the person needed to have a lipped plate to aid them eat independently, any fruit juices they could not have because of medicines they were taking, or what type of glass they liked their juice in. We saw this file was available so all staff could refer back to the information during mealtimes

People who used the service told us meals were good and offered both choice and variety. These were some of their comments; "It's good. If you want anything special to eat, the chef will do it. The food is lovely. There's always a choice." "I think it's brilliant." "I get all my meals in my room and drinks are left out for me. I help myself and if I need refills or a change of juice staff do it." "The food is not bad; a reasonable choice." "I enjoy the food. I enjoyed my porridge this morning." "They encourage me to drink; they refill when needed. The food is reasonable and a good choice."

People were offered a choice at breakfast which included porridge, cereals and toast as well as a cooked breakfast. We noted staff offered people all of the choices even when they suspected what the outcome would be. For example, one care worker was going through the range of cereals when the person stopped them and said, "Porridge please." The care worker responded with, "I knew you would say that. That is why I was leaving it [porridge until last." Both laughed and this was reflective of the positive interactions we saw throughout our visit.

People were supplied with drinks and snacks during the morning such as cakes, fortified drinks and fresh fruit. Snacks and drinks were also readily available in the lounges so people could help themselves if they wished to something they fancied.

We observed the breakfast and lunchtime meals and saw they were social, relaxed occasions. Everyone was offered a choice of meal and people were shown the two options at lunchtime so they could make an informed choice. Where people required assistance staff provided the necessary help with patience and kindness.

Tables were set with tablecloths, cutlery, crockery and condiments. Choices of cold drinks were available

with meals followed by a choice of hot drinks. The food looked and smelt appetising. During the afternoon we saw a choice of high calorie hot and cold drinks and a selection of snacks were provided. It was a very hot day and people were also offered ice creams during the afternoon.

People at risk of malnutrition or dehydration had a discrete water droplet placed on their bedroom door. This was to alert staff to this risk. We saw this was effective in raising awareness as staff we spoke with were able to clearly describe who was at risk and the action that was taken to mitigate this risk. We reviewed food and fluid charts for one person who was at risk of malnutrition. We saw these charts were well completed and showed the person was offered a range of meals, snacks and nourishing drinks to help reduce this risk. Where people had experienced weight loss, appropriate referrals had taken place to their GP for further investigation. Care workers also put in place appropriate control measures including monitoring food intake, fortifying food and close monitoring of their weight.

The head chef told us they actively sought feedback from people about the standard of food, what people liked and did not enjoy. We saw they came out from the kitchen on the day of our inspection to speak with people to receive feedback. They explained the produce they received was high quality and that they had a good relationship with their suppliers. For example, a party was being arranged for the opening of the 1950's themed diner. They did not want to use processed 'hot dog' sausages so the butcher had produced 150 extra-long sausages for them and also donated beef burgers for the event.

The healthcare needs of people who used the service were being met. People told us they had access to health care and if they felt unwell they would speak to staff. People told us the following, "Chiropodist every two weeks; the eye people came to do an eye test." "I see the doctor and the dentist." "Yes, I get to see the doctor. I have a plaster on my leg and I have to go to the hospital regarding this." "I have just asked about the doctor; he is coming tomorrow. I have a small problem with my eye." We heard staff talking with this person about their eye and staff said they would speak to the doctor. A few minutes later staff came back to the person and told them the doctor would come tomorrow to see them. The person was happy with this and thanked the staff.

One person's relative explained how staff intervened when their relative became ill and lost weight. They told us staff monitored their food and fluid intake closely. They also added when their relative had been poorly a staff member escorted them to hospital.

The four care files we looked at contained detailed information about any visits and advice from healthcare professionals. We saw, for example, people had been seen by GPs, chiropodists and speech and language therapists.

The accommodation at Mill View was light, bright and airy. Corridors were wide allowing easy wheelchair access. People's bedrooms had their picture displayed on them and toilets and bathrooms had pictorial signage to help people identify these facilities.

# Is the service caring?

## Our findings

There was a strong, visible, person-centred culture at the home. Without exception, people who used the service and family members told us staff were very caring. People who used the service told us, "They are very respectful and caring." "They do know what to do and speak nicely to me." "All decent staff.", "They are nice and always polite. They know my name and chat to me about daily things" and "Staff are very caring. They will do anything you ask for; at least they try."

Relatives and visitors made the following comments, "Very pleasant and kind." "They are kind and respectful." "They are lovely; Because [Name] doesn't like people to see [person] when personal care is being done they explain they are here to help [person] and talk to [person] kindly. They make [person] feel comfortable.." "They treat [person] like their own. We think because [person] can communicate reasonably well they all get on with her. They are extremely caring." "They are wonderful staff; they are all happy and happy together. They all get on well and there is never any back biting" and "The staff are amazing with [Name]. If [person] wants anything, staff will do it. [Person's] very fussy. They are very caring and attentive."

We saw this recent compliment from a relative; 'I just wanted to say a big thanks to you and your team for taking care of [relative] and keeping [person] safe and well on [person's] short stay with you. Your team are so caring, friendly and attentive. Don't know what [person] and I would have done without you.' There was also a compliment which had been left by a Community Police officer; "Excellent, friendly staff; by far the best care home I have visited."

Staff were consistently kind, caring and compassionate. People looked relaxed and comfortable around staff. There was a calm, relaxed, friendly atmosphere and we saw staff took time to sit and chat with people. We heard some good humoured banter shared between people who used the service and staff which resulted in people laughing.

When one care worker said, "Good morning" to one person they responded in song with, "Good morning, good morning to you," which the care worker joined in with. When another care worker came and spoke with the same person they asked the care worker, "How's your little lad?" This led to further conversation between the care workers and the person.

People were treated with dignity and respect and were being encouraged to be as independent as possible. The registered manager told us, "I trust the team and I am confident in the care being provided and that they provide this with dignity and respect."

Some examples of what we saw and heard to support this included; people looked well cared for, were well dressed, wearing clean, matching clothing and jewellery. People's spectacles were clean, their hair had been brushed or combed and men had been shaved.

The hairdresser was at the service on the day of the inspection. When people returned from the hairdressing salon we heard staff complimenting them on their appearance.

People were consistently greeted by their name, consulted about where they would like to sit and supported to make choices.

We saw staff talking and interacting with people throughout the day. Staff knew people by their names and spoke with everyone they passed. Any requests from people using the service were responded to and nothing seemed too much trouble. If a person wanted help they were on hand to give assistance. For example, one person in the lounge said they felt sick. Staff reacted straight away and helped the person to their room. The person was using a walking frame and staff gave support and reassurance, allowing the person to walk to their room independently. Staff attended to their needs in a quiet and professional way.

Some people needed to have their food in a soft or pureed consistency. When their food arrived we saw their food had been beautifully presented to make it look appealing and appetising.

People's bedrooms were neat and tidy and personal effects such as photographs and ornaments were on display and had been looked after. Beds had been made with matching, clean bed linen and clothing put away tidily in drawers and wardrobes.

People had been supplied with the correct cutlery or crockery so they could eat their meals independently. One person brought their dirty dishes to the sink and we saw another person washing up. Walking frames had been individualised; for example, with red ribbon and flowers, to make them easily identifiable to people.

Visitors were made to feel welcome. We saw one visitor greet a member of staff with a hug. Staff told us their relationship with families was very good and many were very involved with the service.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and visitors demonstrated that discrimination was not a feature of the service.

The registered manager promoted a positive and inclusive care ethos which put person centred care at the heart of care delivery. We saw staff were focussed on empowering people to make decisions about their care. Adjustments were made to care and support to cater for people's diverse needs; for example, ensuring appropriate equipment was in place to help where people had a physical disability.

## Is the service responsive?

### Our findings

The service provided to people was exceptional. People who used the service could choose what they wanted to do, at the time that they wanted to do it. The staff team were fully committed to ensuring that people were treated as individuals and they provided the best care and support to people they could.

The service was extremely responsive. People who used the service were consulted about their care and also about the facilities they wanted at Mill View. At the last inspection in November 2016 we saw an authentic old fashioned 1950's style sweet shop had been created, which sold a range of snacks as well as toiletries. People who used the service were encouraged to help out serving others using the shop, which helped maintain their independence and involved them in meaningful activity.

One person who used the service told us they would like more to do like a little job. "I wish there was a little job I could do." Staff over heard this and spoke to the person about helping out in the shop. The person was a bit concerned as they couldn't stand for long behind the counter. Staff reassured them they would provide a chair for them. The person then agreed said they were very happy they would have more to do.

The men who used the service had asked for a proper barber, rather than going to the visiting hairdresser. The registered manager had sourced a barber who had been to the home to offer haircuts and shaves. They were in the process of being recruited to provide a regular service. This had made a tremendous difference to all the men who lived at the home. Spending time with the barber, enjoying traditional hot wet shaves and head and face massages brought back great memories of visiting the barber's throughout their lives. The men said it had made such a difference to be able to enjoy some traditional manly pampering. It had also enabled them to bond together creating new friendships. This meaningful activity had greatly improved their social life and made them feel valued as their choices and wishes had been listened to and acted upon.

Before Christmas, people had asked for a 'Cocktails and Canapés' event. This had been organised and photographs showed people enjoying themselves and a fabulous spread of food. People had also asked for relatives and friends to join them on Christmas Day. Staff told us the registered manager stayed at the service very late on Christmas Eve night to make sure the dining rooms and lounges were ready. We saw photographs of these rooms which had been made truly special, as people would have wanted in their own home. Creating this environment on Christmas Day was vitally important for people who used the service. They said it created feelings of happiness and brought back fond memories of a "traditional family Christmas" spent at home with their loved ones from the youngest in the family to the eldest; something they did not feel they would experience again. People who used the service chose the colour schemes, the decorations, the drinks for the bar and the 'favour gifts' for their loved ones. The feedback from people who used the service was that Christmas was made very special. There were presents around the tree when they woke. All of the tables were set as they would have set them when they hosted Christmas dinner at home and they were able to enjoy a traditional lunch with all their family and friends.

The registered manager, staff and relatives were all involved in fundraising for the 'themed' facilities, which

benefited everyone who used the service. A 1950's diner had been created, which really had the feel of an American diner. A cinema room had been made by the registered manager and staff. The amount of memorabilia which had been sourced to make these rooms stimulating and interesting was remarkable. From talking with the registered manager it was clear she used her own free time to find many of these items.

A local company was also involved in making the garden area more friendly and interesting for people living with dementia. They were providing all of the materials and labour free of charge. The design for this was on display in the home for people who used the service and relatives to see. One of the care workers explained as this area was directly accessed from the American diner it would be not only a nice area for people who used the service but also families as well.

In response to requests from people who used the service the next projects were going to be refurbishing the hairdressing salon and the creation of a bar area. This showed people and their needs were at the heart of the service and staff responded in a creative and inclusive manner.

Staff knew people exceptionally well and used this knowledge to involve people in the daily life of the home. One person who used the service told us they had sat in on an interview with staff when they were looking to employ a new carer on the unit. They said they had interviewed people throughout their career. They had felt valued and respected to be able to help in the process of the interview. A relative told us, "They give [person] a pinny when [person] helps to wash up and clear the tables. [Person] likes that."

People who used the service had a detailed care plan which was reviewed every month. The person using the service and people important to them were involved in setting up the plan of care. Staff we spoke with understood the importance of having 'life history' information. They told us this helped aid meaningful conversations. For example, we saw one person had a particular interest in transport and this had been used as a topic for discussion.

Care plans clearly illustrated people's needs and wishes and were extremely detailed. They included information about the person's background, interests and hobbies and what staff should take into account when delivering their care. People's care preferences were included, and any religious or cultural considerations staff needed to be aware of. For example, it was important to one person to pray before eating and the words had been written down so staff could support them with this. In another care file we saw the person liked to drink their fruit juice from a wine glass. We saw this happened during our visit.

Care records contained detailed risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise the risk. For example, a care review had taken place with a relative and a person whose mobility had deteriorated, but who was still able to walk with equipment. The decision made was to move the person into a bedroom closer to the communal area so they could maintain their independence.

We saw end of life discussions had taken place and people had end of life care plans in place. The registered manager and staff were committed to providing people who used the service with the best end of life care they could possibly give and provide support to families and friends at this time.

We saw staff had received a number of compliments from families for the end of life care they had provided. These were three examples; 'We would like to thank each and every one of you who took care of [Name] through those past difficult months. Your care, attention and dedication has been 100% and we can't thank

you enough." I would like to thank you all for the love and care you gave my [relative], in [person's] last few weeks. You were all fantastic. You were all caring towards [person] and our family, which put our minds at rest for not being in the area. In [person's] last days thank you's aren't enough for you all, you kept [person] out of hospital, kept [person] comfortable and cared for. You want to be proud of the lovely home you have and the facilities. But most of all you have a great team of staff, genuine carers' and 'On behalf of [Name's] family and friends we would like to express our deepest thanks for the care and attention offered to [Name] through their difficult times in your hands. We know you will miss [person] as shown by the kind farewells staff gave [person] at the end.'

People who used the service had asked for the activities timetable to be put in all of the bedrooms and we saw this had been done. One person told us, "If I want to go for a paper, they will find someone to take me."

There was a packed and varied weekly activities timetable on display. Activities included 'play your cards right', a games afternoon, Molly's prize bingo, cooking together, tea, natter and music, movie morning, reminiscence and 1:1 sessions. Pets for therapy, movement, health and exercise, music for health and Karaoke with the 'music man' sessions were held every month.

During the morning, music was playing in the ground floor lounge. Some people were dancing with a care worker, one person was singing and others were tapping their feet. The care worker did an excellent job of involving everyone in the lounge. Another care worker was sitting with people playing 'Air hockey' on a portable board.

Activity logs detailed what activities people had been involved in and if they had enjoyed them. For example we saw the following documented in people's activity logs; 'enjoyed a one to one talk over a hot drink', 'enjoyed a nice drink of Pimms,' 'liked getting hands messy with the baking.' These records showed us a wide range of group and individual activities were on offer.

The registered manager had built up fantastic links with the local community. Groups of scouts, guides, beavers, brownies, a local primary school and 'baby ballet' were all regular visitors to the home. When children were visiting, people who used the service were involved in making them a gift, such as cupcakes, a bag of sweets or popcorn. The registered manager was also extending an invite for the children to be able to use the cinema room. Staff told us how much people who used the service enjoyed having young people in the home.

The provider had an accessible information policy in place and information could be made available in, for example, pictorial form or large print.

The registered manager actively sought feedback about the service and was always looking for ways to improve the service. We saw complaints and compliments had been discussed at the staff meeting in March 2018. Minutes of this meeting stated, 'The compliments book is located at reception. We also have dining experience comments books in place on both floors. To be able to monitor our service and the care and support we provide it is extremely important that we offer a voice and a number of ways for our customers, visitors and families to provide feedback, be able to raise a complaint and discuss any concerns they have to ensure we are providing the very best person centred care. As a team we need to openly encourage feedback. Offer the feedback books so everyone can comment and receive responses. We have also received many, many lovely thank you cards during January & February from families. So these can be enjoyed by the staff team and visitors we have now displayed these in reception.'

Complaints were managed following the policy of the service. Care staff told us they would always

document verbal complaints and inform the registered manager. The three most recent complaints had been thoroughly investigated and responded to quickly. This showed complaints were taken seriously and acted upon.

## Is the service well-led?

### Our findings

When we inspected the service in March 2016 it was rated as 'Inadequate.' When we returned in November 2016 the current registered manager had taken over and improvements had been made. The service was rated as 'Requires improvement' because we needed to be assured improvements could be sustained and developed over time. We found not only had improvements been sustained further developments to the service had put people who used the service at the centre of everything. The leadership of the home was inspiring and the service is now rated 'outstanding.'

There was a registered manager in post who provided leadership and support. They were enthusiastic and committed to providing the best service possible. People who used the service told us, "[Name of registered manager] is lovely; we have a laugh. With all the staff we have a laugh."

Relatives told us, "Very thorough management; the manager has done a lot in the last twelve months; for example, the cinema and the shop." "The management are very pleasant people. The things we have raised they have looked in to" and "The manager is brilliant. She is quite an extraordinary young lady. She always has a smile on her face. A very dedicated person and a great asset to the company." The following comments about the registered manager were left on an independent website, "The place is well led by a manager who is dynamic, gregarious & totally absorbed in the job she does, this cascades down to her team who demonstrate an admirable level of interest in care for the residents." A staff member made the following comment about the registered manager, "I wouldn't be here without [Name of registered manager]. She is the heart of the home and keeps staff going. 100% I would let a relative live here."

We saw the registered manager had been a regional finalist for the Great British Care Awards for the Registered Managers Award. They had been nominated by one of Anchor's managers because of the improvements they had seen at Mill View and the positive outcomes for the people who lived there. These awards were held to celebrate excellence across the social care sector.

There was a very open and transparent culture in the service. Staff were upbeat and happy and able to confidently answer our questions. There was a calm, relaxed, friendly atmosphere in the home and it was very clear the registered manager spent time on both floors and knew the people who used the service and their relatives well. The service definitely reflected the organisations values, for example, "We take responsibility and pride in always doing a brilliant job and improving everything we can."

Quality monitoring systems were in place and these were very effective. The registered manager or delegated staff members such as senior staff carried out a range of audits to monitor the quality of the care and facilities provided. These included care plans audits, medication audits, catering and dining experience audits, environmental audits and infection prevention audits. We saw if any shortfalls in the service were found, action plans were put in place and steps were taken to address any issues. For example, the dining experience audits focussed on what meal times were like for people who used the service. Staff were told what went well but also given feedback about what could be better and asked to put themselves in the position of being a 'resident.' This had ensured staff did not rush people and offered the correct support.

In addition to the mandatory audits specified by the provider the registered manager had developed and implemented a suite of more in-depth audits which were done every month. Examples included, DoLS applications, Do Not Resuscitate forms and anti-psychotic medication reviews. Additional 'spot checks' of medicines management had been put in place to allow early detection of any poor practice, concerns or errors.

The registered manager was highly driven to improve staff knowledge and practice and to ensure their learning transferred to outstanding outcomes for people. To ensure new staff would embrace working in a person-centred way and adhere to best practice the registered manager had developed an exceptional 'person centred approach' to induction training for staff. For example, new staff are asked what was important to them and what they wanted from the organisation. They spent their first two days in the service spending quality time with people who use the service, family members and other members of the team. This enabled them to get to know people and enhanced relationships from the start.

The registered manager had a proactive approach to supporting and motivating staff. From listening to staff and finding out how they wanted to develop as individuals and within the staff team. For example, some care workers did not wish to climb the career ladder. However, they did want to help develop the service. They were supported by the registered manager to become NHS React to Red [tissue viability] champions, engagement champions and dementia champions.

The registered manager completed monthly night inspections to check care and support was being delivered appropriately. On one of these visits they found not all staff were cleaning people's dentures properly. They took photographs of the dentures before they were cleaned and after. They used the photographs to aid training sessions on oral hygiene. Part of the session focussed on 'How does good oral hygiene improve our resident's lives?' Some of the outcomes given were, "promotes self-esteem and comfort and helps to enable effective communication."

The registered manager also organised monthly development and support sessions for each team in the home. These sessions were held to improve staff knowledge, check understanding and to develop skills. These sessions had included include 'Meaningful activity and the role we play in this.' Topical cream administration and effective documentation. A session was organised about Allergens and Sepsis in response to recent media coverage about the increase in cases nationwide in older people. The registered manager led the session to ensure all staff were fully aware of the general increase in risk to people using the service and the signs and symptoms to look out for.

The registered manager had led staff in participating in the NHS React to Red initiative. This was a pressure ulcer prevention campaign that was committed to educating as many people as possible about the dangers of pressure ulcers and the simple steps that could be taken to avoid them. The service was awarded a certificate of achievement in recognition that all staff had shown outstanding commitment to the initiative. The award was presented in January 2017 and since that time only one person had developed a pressure sore. They were receiving end of life care and because of various health issues this could not have been avoided. This showed the registered manager was extremely committed to staff working in line with best practice guidance.

The registered manager continually looked at ways in which younger generations could become engaged in the care sector and played an active role in recruiting apprentices to the service. In November 2017 the catering apprentice won "Apprentice of the year" and had been successful in attaining permanent employment at the service. Their tutor made the following comment, "[Name] clearly demonstrated the skills required to work in catering. They produced a range of different sandwiches and cakes and maintained

an excellent rapport with elderly people."

The service had a "Your care rating 2017/18" report, which had been completed by independent market research organisations and was based on 23 responses to the survey from people who used the service. The results gave an overall performance rating of 917/1000. This was above the National average score of 878. This evidenced a massive improvement from the survey completed in 2016/17 when the service scored 801/1000.

The registered manager was constantly looking at creative and different ways of involving people who used the service to make sure they were "the decision makers" in the home. People's opinions were listened to and always acted upon. Residents meetings had been reviewed and had been adapted. This had ensured everyone was included and enabled to participate in discussions and making decisions. Pictorial prompts and voting were both offered to facilitate inclusion and choice.

Residents meetings were held and their views were used to make changes to the service. For example, people wanted a nice, safe garden area to use. This was created by a group of volunteers and was well used and improved family time for people.

Systems were in place to seek and act on people's feedback. Resident surveys had been undertaken in September/October 2017. The results of these showed people were very satisfied with the care and support provided.

The registered manager recognised the importance of team engagement and involvement. Positive feedback was always discussed at staff meetings as they recognised this motivated and drove staff to perform to their best ability.

Staff told us they had regular meetings and minutes we saw showed discussions around topics such as safeguarding, training and infection control issues. At the last staff meeting in March 2018 the role of CQC was discussed and staff were advised as follows; 'When CQC visit don't shy away. Always be open and honest and answer any questions they have and be honest about any areas that you are not sure of the answers too. (If you have any worries come and talk to us so we can help). They are not here to judge us but gather feedback and evidence what we do so they can rate the service we provide and give us ideas on how we can further improve. They are doing an important job just like us! Show them what we do and how you provide great care – be proud of what we have achieved in the last 18 months – you're great!!' We found staff helpful and confident when they spoke with us and were very proud of what they had achieved.'

The registered manager had established excellent links with other agencies. They attended meetings with the local authority and The Care Provider Forums, including being on the panel for the Bradford Care Home Improvement board. Discussions took place at these meetings around legal and regulatory obligations, quality risks in the market, cost of care, serious concerns and transforming care strategies for Yorkshire & Humber. The registered manager took an active role to ensure best practice was constantly developed within the service. They also looked at ways to support and share best practice throughout Bradford. The registered manager had also been asked to be a facilitator on the Primary Care Homes panel. This panel would be looking at working in partnership with GP's, district nurses and other healthcare professionals in the local area. The aim being to develop effective partnerships looking at ways to make improvements in the district, in areas such as virtual ward rounds, and reducing hospital admissions.

The registered manager had led an initiative to get the service filmed for a primetime TV show. This had been about getting best practice out into a wider audience and sharing ideas on how engaging environments could improve older people's well-being.

We found required notifications such as serious injuries and allegations of abuse had been reported to the Commission. This helped us to monitor events which occurred within the service.