

## Anchor Carehomes Limited

# Birkenhead Court

### Inspection report

Challis Street  
Birkenhead  
Merseyside  
CH41 7DH

Tel: 01516520250  
Website: [www.anchor.org.uk](http://www.anchor.org.uk)

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection took place on 8, 9 and 14 August 2018 and was unannounced.

Birkenhead Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

This is the first inspection of this service under the management of Anchor Carehomes Limited, who registered with CQC to manage this service on 11 November 2017. We last inspected this service on 12 April 2016 when it was managed by another provider

Birkenhead Court accommodates 60 people in one adapted building and provides care for people living with dementia. At the time of inspection there were 59 people living in the home. The home has three floors. Each bedroom is en-suite and the building has an additional four bathrooms and four shower rooms. There are four units over the first two floors, each has its own dining and kitchen area with the main kitchen on the top floor.

The home had an experienced and passionate registered manager. 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.

People who lived in the home and their relatives spoke of the outstanding care delivery. They told us that the provider and staff of the home went above and beyond what they expected good care to be, to ensure they received a person-centred service. We saw that interactions between staff and people who used the service were caring and respectful with staff showing patience, kindness and compassion. We observed that staff knew and understood the people they cared for and ensured that people were provided with choices in all aspects of daily life. It was very clear they respected each person's rights and treated them as individuals. Care plans and risk assessments were person-centred and they detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required. We observed a strongly family-orientated service.

Everyone working in the organisation recognised and had access to excellent training that contributed to the outstanding care being delivered. We observed all staff to be skilled in offering help and support to increase the quality of life and promote positive experiences. The registered manager and staff members had started a charity for those people who need support due to either having dementia or being related to someone who has dementia. The excellent support given included how to face the emotional and mental stresses of having dementia and understanding the care and support available.

The registered manager and staff had excelled at providing an environment that was pleasurable for people

living with dementia. We saw innovative and forward thinking practices so that the environment was stimulating and comfortable for people living in the home.

We saw evidence of a co-ordinated approach to care delivery with other organisations. This meant that the care being delivered was person-centred and specific to each individual living in Birkenhead Court. We also saw how individual passions such as piano playing was catered for.

Both the registered manager and district manager had strong values relating to the quality of the care being delivered the registered manager told us that all staff of the home acted with integrity and ensured they did not compromise on making sure they did the right thing for people who used the service. This was evident throughout the course of the inspection.

Care records contained detailed information to give staff an exceptional understanding of activities people enjoyed and to improve their social engagement and we saw how this was supported in our observations of staff.

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. The registered manager and staff understood the requirements of the Mental Capacity Act 2005 (MCA). This meant they were working within the law to support people who may lack capacity to make their own decisions. People were supported to make their own decisions and their choices were respected.

All staff had a very structured and supportive start to their employment, underpinned with shadow shifts and regular supervision. We found staff files contained required documents and checks to protect people from the employment of unsuitable staff. Staff development at Birkenhead Court was exceptional because the registered manager used every opportunity such as medication errors or audit findings as a training session. This led to competent and motivated staff working in the home and in the wider health and social care sector. The skilled workforce had a massive impact on people because it reduced unnecessary hospitalisation.

Medicines records were completed accurately and staff had their competencies periodically checked. Risk assessments for each person who lived at Birkenhead Court were detailed and frequently reviewed to ensure they continued to maintain people's safety.

The service provided personalised, caring and excellent end of life care. The sensitive management team approach meant they could obtain a wealth of information to guide staff about each person's end of life preferences. We saw staff showed genuine sensitivity, compassion and love. This was reflected in conversations with visiting health professionals.

There was a safeguarding policy in place and staff were aware of the procedures in relation to safeguarding adults and all were aware of the need to inform the manager immediately.

There was a range of quality assurance processes in place. These included audits to assess and monitor the quality and safety of the service provided. Examples included, medication audits, infection control audits and premises checks. People's views and opinions on the service provided were regularly sought. For example, there was evidence of satisfaction surveys being carried out. We saw that the registered manager was innovative in how to make people feel safe to express their views comfortably.

The management team had outstanding oversight by scrutinising all areas before issues occurred, which

showed they had strong control measures in place. Staff confirmed the registered manager and provider were keen to listen to their ideas and encouraged them to raise any concerns.

## 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.

Risk assessments were clear and detailed how people needed to be cared for in a safe environment.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people.

The provider operated a rigorous recruitment and selection procedure to include value based recruitment techniques, a clearly defined culture statement and staff competency assessments.

### Is the service effective?

Outstanding 

The service was extremely effective.

We saw multiple examples where the registered manager went above and beyond what was expected in delivering support and training to their staff.

We observed all staff (carers, domestics, kitchen staff and caretaker) to be skilled in offering help and support to increase people's quality of life and promote positive experiences.

The registered manager excelled at providing a dementia-friendly environment to maximise each person's wellbeing and memory skills.

The registered provider and staff understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and people were encouraged to share their views and consent to any care or treatment.

### Is the service caring?

Good 

The service was extremely caring.

Everyone we spoke with described care delivery as outstanding. Throughout the inspection we observed that staff interaction with people centred on equal relationships, respect and dignity.

People told us that staff went above and beyond their expectations to provide person-centred care.

The registered manager and staff incorporated and used social media to keep relatives and friends informed of all occasions and events at the home.

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

The service was extremely responsive.

Care plans were centred on each person to ensure they received care and support that was responsive to their individual needs.

A wide range of person centred activities were in place that promoted people's hobbies and interests and family inclusion.

The staff were highly devoted, experienced and skilled at providing an empathic approach at the end of people's lives.

**Outstanding** 

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

The service was extremely well-led.

The registered manager consistently promoted strong values and a person-centred culture which was supported by a committed staff group.

People told us that the home was an excellent place to live and was run in the best interests of the people who lived there.

The registered manager excelled at creating an inclusive environment to strongly encourage staff, people and visitors' involvement in Birkenhead Court's development.

**Outstanding** 

# Birkenhead 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 inspection took place on 08 09 and 14 August 2018 and was unannounced. The inspection was carried out by one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our unannounced inspection, we checked the information we held about Birkenhead Court This included notifications the provider sent us about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted other health and social care organisations such as the commissioning department at the local authority and Healthwatch Wirral. Healthwatch Wirral is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced living at Birkenhead Court.

We looked at the Provider Information Return (PIR) the provider had sent us. 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.

During our inspection, we used the Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who lived at Birkenhead Court, four relatives, nine staff members, the registered manager and the district manager. We discussed care with three visiting healthcare professionals who were a GP, a district nurse and an auxiliary nurse.

We observed care and support in communal areas and looked around the building to check environmental safety and cleanliness. This enabled us to determine if people received the care and support they needed in

an appropriate environment.

We reviewed a range of documentation including care records relating to six people, medication records, six staff files, policies and procedures, health and safety audits and records relating to the quality checks undertaken by the registered manager and provider.

## Is the service safe?

### Our findings

We asked people if they felt safe living in the home and every person we spoke with said yes. Comments included "There are never any issues or problems to feel unsafe", "Yes I feel secure and comfortable here", "There is no bullying and I wouldn't put up with it", "There is never any trouble", "They are very fussy about who they let in" and "I've been here a while and I feel safe wandering around the place."

We looked at the records relating to any safeguarding incidents and we saw that the registered manager maintained a clear audit trail of any safeguarding incidents, what action had been taken to support any people who lived in the home and had made the required notifications to CQC. All staff we spoke to were able to show an understanding of the different types of abuse and reporting processes if abuse was suspected.

We looked at the records for accidents and incidents and saw that these had been dealt with in a timely and appropriate manner. We saw how these were audited in detail, for example we saw how the manager and staff had queried a person's perception about their own nearness to chairs and made appropriate referrals to other professionals for the person's safety.

We saw the premises were safe. We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas, electric and small portable appliances had been tested and maintained. We saw that the fire alarm system had been checked regularly and there was a fire evacuation plan that had been reviewed and updated. A personal emergency evacuation plan had been written for each of the people living at the home and these were regularly reviewed. They were readily available at the entrance to each corridor. We saw that all the risk assessments relating to the home and the equipment were in date.

Risks to people's safety and well-being were identified, such as the risks associated with moving and handling, falls, pressure areas and nutrition and plans had been put in place to minimise risk. Ongoing examples of the home identifying and minimising risk included people having equipment if they were at risk of falling out of bed.

The kitchen had a five-star food hygiene rating from the Food Standards Agency and during our inspection visit, we found all areas of the home were clean and tidy. We saw staff made use of appropriate protective equipment, such as disposable gloves and aprons. The registered manager told us and we saw records that confirmed staff had received training about infection control.

On the days we visited the home there were enough staff available to meet people's needs safely. Family and people living in the home told us there were always familiar faces and the manager employed their own bank staff so that continuity of care was upheld. This meant that the people living in the home had been able to develop positive relationships with the staff.

There were effective recruitment procedures to help ensure new staff were suitable to work with people using the service. This included completing a range of pre-employment checks before new staff started

working at the service. For example, requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

Staff employed were long standing staff or had been developed from work experience, apprenticeship programmes and had been employed following the achievement of their qualifications in health and social care. This meant that staff turnover was very low. We spoke with the district manager who told us that if people's dependencies changed and additional staff were needed by the registered manager to ensure safe care then this was not questioned. This meant the registered manager could ensure there was always a safe level of staffing.

Medicines were managed safely. Medications were kept in medication clinic rooms that were well-organised and clean. Storage temperatures were monitored to ensure the medications were stored correctly. Only trained staff administered people's medicines. In addition to medicines management training, staff had their competency assessed periodically to ensure they retained the relevant skills and knowledge. Medicines related records were accurate such as records relating to the receipt, storage and administration of medicines. Controlled drugs were appropriately stored. We checked the stocks and records and found these to be correct.

The registered manager used findings from audits such as safeguarding, incidents and accidents and medication as learning opportunities for the staff and themselves. An example was of a miscounted medication during stock checks. This was used to improve the knowledge of the staff as a whole.

Records were well managed and easily accessible. We spoke with three visiting professionals who all said that there were never any problems with records or needing information when they visited. The care records were always on hand and well kept. This was reflected in our findings during the inspection.

## Is the service effective?

### Our findings

We asked people and their relatives if they thought the staff had the right training to support them, or others. Everyone we spoke with said yes. Comments included "Yes, the staff are brilliant" and "They are really good. I've been here and seen them on their day off doing training."

The registered manager and district manager excelled at providing and sourcing training for the staff group. They firmly believed in the positive effects of well trained and educated staff on the wellbeing of people living in the home. This was reflected in the discussions we had with staff. Staff expertise was enhanced with specialist training in such areas as dementia, champion roles that included end of life, activities and dignity and they had also had training from emergency services about hospital admissions. The manager had accessed a new dentist who was going to visit people in the home and was going to deliver training about mouth care to the staff. Staff were actively encouraged to progress within their role and within the home. The registered manager checked learning was used in practice through reflective practice, meetings and competency testing. A visiting professional told us "They have quite challenging people here but they seem to know their stuff" and another professional told us "They know what they're doing and I trust them."

There was evidence of a robust supervision and appraisal system for the staff group. Supervisions had been carried out at regular intervals throughout the past year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. All staff attended a vast array of courses to ensure they were highly skilled in their work. They had good grounding in the care certificate, which is accredited training that covered standards in care. We saw that the staff had received training that included person-centred care, safeguarding and moving and handling.

We saw that the registered manager was very forward thinking regarding the training of staff and that they were very aware of the need to encourage new staff into the health and social care sector. This had led to the registered manager wanting young people to be encouraged to use their work experience in Birkenhead Court. We saw how the young people had intricately planned support and how the registered manager worked closely with the schools and colleges. This gave the people living in the home the opportunity to help train potential new carers. We saw how this was a success with one person going on to nurse training and two staff being employed in the home.

We observed all staff (carers, domestics, kitchen staff and caretaker) to be skilled in offering help and support to increase the quality of life and promote positive experiences. We observed domestic staff interacting with people, knowing their likes dislikes and knowing the best way to communicate with people. This meant that every staff member who was involved in the running of the home was able to make people's home life person-centred.

Skills staff developed included the ability to use the tele triage service. The staff who are responsible for this had received training from the health service which had a massive impact on people because we saw evidence this reduced unnecessary hospitalisation. This helped individuals to stay settled in their familiar surroundings, supported by staff they knew. The aim of tele triage is to avoid unnecessary hospital

admissions by using medical equipment such as blood pressure machines and technology such as iPad to contact a 24hr service that will be able to triage any injury.

The registered manager and staff members had started a charity for those people who need support due to either having dementia or being related to someone who has dementia. This was not just aimed at those living in Birkenhead Court but also to the wider community. We saw how effective this was by a family initially attending a drop in centre and due to the support given by the registered manager and staff a person was able to smoothly transition into the home. The support given included how to face the emotional and mental stresses of having dementia and understanding the care and support available.

We saw the registered manager excelled at providing a dementia-friendly environment to maximise each person's wellbeing and memory skills. For example, the registered manager had adapted the first-floor corridors. One part had been adapted into an indoor garden and another had been changed into a nursery with a Silver Cross pram and other items such as cots. We spoke with the registered manager at length about how they try to adapt the premises for the people living in the home. The manager told us "You can give me as many accolades as you like but I get more from seeing [person with advanced dementia] coming up to the pram, tidying the blankets and giving the pram a bit of a rocking." The registered manager had accessed funding for these resources including the local authority.

The registered manager had developed a room into an old style sweet shop. This was run by staff with the input from people living in the home. Those people with dementia who had previously worked in a shop were able to use an old style till and sell sweets.

We spoke with the chef who reported that the kitchen had a five rating from the Food Standards Agency, this is the highest rating given. They has been working at the home for two years and had a level five qualification and a dysphagia certificate, this meant the chef had excellent knowledge about the support that was needed for people who had swallowing difficulties. The chef told us how they received a dietary summary every Sunday and ongoing guidance from dietetic services. We were told about diabetic meals how they comply with healthy eating standards. We saw how the chef managed the budget and sourced fresh fruit and vegetables and only uses fresh meat and fish. We saw how all afternoon cakes are homemade and most of the pies for the 'Pie and Pint' sessions. We saw additional catering for the afternoon tea sessions and any additional parties such as birthdays and anniversaries. Comments included "It's smashing. I like it all and love my coffee", "It's lovely. I love the dinners and the chef comes to see us" and "It was our 65th Wedding Anniversary and they gave us a lovely party."

We ate lunch with the people living in the home to understand their dining experience. The tables were set with cutlery and large cotton napkins and there were condiments on the table. Cold drinks were offered throughout the meal and tea and coffee afterwards. People were encouraged to eat independently but that there was staff support available for those who needed it. Irish folk music was playing, which people seemed to enjoy and there was an unhurried companionable atmosphere. People had choices and if they did not want what was on the menu, we saw staff phone through to the kitchen for alternatives. Nothing was too much trouble.

We observed tea, coffee and biscuits were always available in the morning and tea cakes with drinks in the afternoon and we saw people being encouraged to drink. Each unit had its own kitchen area and relatives were able to help themselves to drinks and snacks when visiting. The lunch time is 'protected' from visiting to enable people to eat their meals in an unhurried way.

The staff and registered manager closely monitored any changes to people's weight and had a low

threshold of weight change before referring people to other services. We saw records of referrals to dietetic service and GPs and that staff acted on recommendations to ensure people were well hydrated and had good nutritional intake.

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 and it was. Each person we spoke with said that their consent was asked for about the care that they receive and this was observed during the inspection.

At the time of inspection those people who had a DoLS in place did not have conditions on the authorisations. However, we saw that the registered manager had looked at how to make people's lives as least restrictive as possible. Examples included accompanied trips to shops and how a person was able to access the grounds by leaving through one unit door and enter another unit door. This meant that the person thought they were going out to a café as they were able to access the dining/kitchen area of another unit, this reduced any behaviours that challenged as the person was able to walk as they liked.

## Is the service caring?

### Our findings

We asked people about how the staff treated them, were they kind? Every person we spoke to said yes. Comments included "Staff are smashing. I can't fault them", "All the ones I deal with are good. I can talk and they know me. I get on well with them, it's important to me" and "Anything I've needed they've provided it. I can talk to them and have a laugh." We also asked relatives, and comments we received included "The staff are very considerate. I went to 25 homes before I found this one. I would not move her at any cost", "It's first class, all the family agree", "The staff are lovely and very caring" and "Mum is happy here and the carers are all very friendly. I get on with them well."

Staff had in-depth training in equality to help them better appreciate individuality through learning. We observed they demonstrated their understanding in practice by continuously promoting a highly inclusive environment.

We observed staff supporting people around, giving medication and drinks and snacks. Care was given kindly and promptly and staff interaction with people who used the service indicated familiar and mutually respectful relationships. We observed some staff walking and chatting to people both in public areas and in the gardens. Members of staff also sat with people and talked, read books or played games. A singer came in to play his guitar and sing with residents at 11am and staff interaction was excellent. We saw staff fully involved in making the activity a pleasure for people taking part. No other work or tasks were undertaken during this time and the staff fully concentrated on the needs of the people.

We asked people if staff supported them to be independent and each person we spoke with felt staff supported them to be as independent as possible. Comments included "Yes I get around and go to the pub (in the garden) for a pie and pint" and "I'm independent and they encourage me. I enjoy life knowing I can do things." One person who used a wheelchair explained to us how staff were helpful so they could be as independent as possible.

During the inspection we observed staff acting calmly and explaining things to people in a way that they could understand. This was individual to the person and included changes of voice tone and use of body language.

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This meant we could observe staff interactions with people who were unable to verbally communicate. We saw staff were excellent communicators and able to engage with empathy and respect. They constantly smiled and interacted with a very caring, patient, friendly and loving approach. Staff talked with people in ways that aided them to remain within their own realities. They engaged with people calmly and discussed topics that were clearly of interest to the person for example we saw each staff member talk to a person about music as they liked to play the piano.

Staff were proactive to de-escalate situations before they deteriorated. They gave the person the safe space and time to express their feelings and frustrations and were able to help people become calmer and

comfortable whilst staying in their own realities. We spoke with two visiting professionals who were able to tell us of other times this had occurred and that the staff responses had always been excellent.

The registered manager and staff had a caring approach towards the families of people living in the home. Examples included relatives being made to feel welcome, given free access to refreshments and given an update on their family member's progress. One relative stated, "You can speak to [the registered manager] about anything", another relative said "They're just so caring." We asked if there was a facility for relatives to visit their family members in private and each person said 'yes'.

We looked at a selection of copies a monthly newsletter provided by Birkenhead Court for the people who lived in the home and their relatives. People told us that the newsletter was an excellent way to share information and keep people fully up to date with current events. We saw that it was informative, fun and demonstrated that the home was a caring place to live in. Examples of the information contained included information about upcoming events that included the local community, people's forthcoming birthdays and dates for your diary. The newsletter also asked for ongoing feedback on how the home is doing.

The home had information available regarding advocacy and the registered manager had excellent knowledge regarding the role of an advocate. An advocate is someone who can help people to access information and services, explore choices and options, promote rights and speak about issues that matter to the individual. Where appropriate, people living at the home had an advocate to support their mental capacity.

The registered manager maintained excellent standards centred on the holistic approach to each person. Staff, including newly recruited personnel unfamiliar with those who lived at the home, had valuable guidance to optimise people's person-centred care. This came in the form of the people themselves, relatives, documentation and existing staff. We found excellent communication at Birkenhead Court that meant care was delivered quickly and efficiently.

Support centred upon the home's values of anticipating the person's needs and wishes rather than staff waiting to be asked. The provider had produced a document that asked, 'What does Outstanding mean in care?' and we saw the registered manager reply 'Who doesn't have their quirks, foibles and idiosyncrasies' We observed staff adopted a personalised approach and were clearly aware of factors that affected a person's mood or behaviour. One staff member approached a distressed individual and reassured them with the use of appropriate touch and language for them.

There was a very clear and respectful method of involving people and their representatives in their care planning, which we observed in practice. There was clear evidence in care records, of staff, the registered manager and families working together as a team to ensure the care being delivered to the people was of the highest quality. An example of this was how a person's partner was involved in support with personal care. This meant that family relationships were an important factor of a person's care and well-being and that this was planned into their care and support.

We were able to see how the home had incorporated and used social media to keep relatives and friends informed of all occasions at the home. A visiting GP told us "I can't praise this home enough."

We observed that confidential information was kept secure either in locked cupboards on each of the units or the main office. The registered manager was able to show how staff had received training in General Data Protection Regulation (GDPR), this is a regulation on data protection and privacy for all individuals within the European Union (EU) and the European Economic Area (EEA). We observed that people's privacy and

dignity were respected at all times.

Handover between staff at the start of each shift ensured important information was shared, acted upon where necessary and recorded. This ensured people's progress was monitored and any follow up actions were taken.

## Is the service responsive?

### Our findings

People who lived in the home, their relatives and other health and social care professionals told us that they felt that staff provided excellent care and support to meet individual needs. Comments included "The choice of care staff is outstanding". A visiting district nurse told us "I like coming here, as soon as I get here there's someone who knows and can help." We were also told "They are so knowledgeable here, they know [person] like the back of their hand."

The staff used an admission process to make sure that admissions were coordinated, individualised and focused on the current need of the person. For example, we saw that one person was upset and uneasy about coming into the home. The registered manager and staff identified how the person put importance on their view from their room. The registered manager involved the local community centre and cleared a space for the person to have their own garden outside their window. This is now cultivated by both the person and their family and is named after the person, this also contributed to maintaining positive relationships with family.

We saw that staff shared important information with other professionals about people when they were being admitted to the home or transferred to hospital to make sure their care was coordinated. Comments from a visiting health care professional identified that the service was responsive to people's changing needs and shared need to know information with other professionals to ensure effective care was provided which was responsive to changing need. Comments included "Records are always available".

Care plans were very personalised and provided details of daily routines specific to each person. For example, there were sections about supporting people with areas such as their health, dressing, washing and bathing and mobility. Care plans had been reviewed regularly, to make sure they reflected people's current needs and circumstances. This ensured staff had appropriate guidance on how to support people as and when their needs changed. We saw how one change to a health need was then followed through the entire care file and reviewed regularly. It was documented in each file how best to support people to be as independent as possible. Examples included 'laying a person's night clothes on the bed for them' or putting toothpaste on a person's toothbrush. This showed that care planning was specific to the individual and that the staff had taken the time to fully understand how best to support an individual. We saw that there was involvement in people's faiths from two local churches, however the manager was aware of their responsibilities if a person with a different faith came into the home and would be able to source anything needed.

We saw how each activity or service was well thought out and planned so that it would have the most benefit for the people living in the home and their families. We saw numerous examples of this throughout the inspection. The registered manager had arranged for a 'pub' to be built in the grounds of Birkenhead Court. This had been built and fitted out with funding from charitable donations. It is situated in the garden so that people had to put their coat on to 'go the pub'. The registered manager and staff wanted the people living in the home to continue to experience life as an ordinary citizen. The registered manager had adapted a room in the home into a 'spa' with a beautician visiting weekly. This was a huge success not only with

people living in the home but also with their relatives. Mother and daughter could have their nails done together and this contributed to keeping positive family relationships and helped with relaxation, reduced anxiety and behaviour that challenged.

We also saw the sweet shop which is in the style of a 1950's shop complete with old till. This is opened several times each week. We saw the cinema which has genuine cinema seats, a large screen on which movies can be shown and Sky Sports (subscriptions to this are raised by a staff charity) the indoor garden, which is next to a fully fitted nursery with baby dolls, is 'work in progress'.

In addition to these facilities, the local community centre helped with fundraising and additional events. Outings sometimes took place in the minibus and people went to the home games of the local football club where they have free access together with the carers. The local football club presented an award to two staff members of Birkenhead Court for 'going above and beyond' in their roles as care staff.

We spoke to the district manager, registered manager and staff regarding activities and stimulation that was provided. We saw how passionate the staff were about this and that they believed in the positive impact it had on the people living in the home.

The provider had 'activity champions' in each of their services and we spoke with one of Birkenhead Court's activity champion. The champions met monthly where ideas and best practice was shared and then cascaded to the wider staff team. This part of the care being delivered was a team approach within the home, as the belief by the registered manager and staff was that it was everyone's responsibility to help people maintain their sense of identity. We saw that their approach, that incorporated exercise based activities, positive reminiscence activities had reduced falls and the use of antipsychotic drugs. One person's view from their room was the side of a shed, this was painted with flowers following a comment they made about being a bit 'fed up' with looking at it. This contributed to the person's wellbeing and demonstrated the awareness staff had of the importance of the person needing to have input into their own home. This approach had been a pilot within the district and as it had been a success the provider was planning to implement the approach on a national scale.

We saw how people's passions were catered for, an example of this was one person who loved to play a piano but was unable to sit at a piano. The manager and staff sourced an electric keyboard for the person to be able to sit in a comfortable chair to be able to play. We saw staff encouraging the person to play with gentle, caring manners. People and their relatives were all very positive about the activities. Comments included "They had a Summer Fair last week with morris dancers and all the families came. It was lovely", "There's plenty going on and I join in everything", "Yes, she goes to the singing and likes the afternoon tea" and a visiting professional told us "The stimulation here is just outstanding."

As all the staff at the Birkenhead Court took part in, and initiated activities and we were able to observe several taking place during the course of the inspection. Staff members sat with individuals or small groups reading, talking, looking at picture books or playing games. One morning of the inspection people who wanted to gathered in one of the lounges to take part in a singing session. Several carers joined in and wore wigs, hats, sunglasses and sang and played percussion instruments along with people. One carer supported a person to dance as they loved dancing. The provider had trained staff on how to use technology with people who had dementia. Examples included a resource called 'Our Yesterday' that encouraged people to used I-Pads and other tablets to access 'reminiscence activities for all' and staff using Google Maps to with people to look at the area that they used to live. This promoted conversations about the area, past and present.

The registered manager had forged links with local theatre groups where people were able to attend performances at a reduced cost, all people using the service were able to attend. This was well attended and encouraged people continue to go out into the community.

No complaints had been recorded recently. The staff team worked very closely with people and their families and comments and minor issues were dealt with before they became a concern or complaint. All families and people who used the service we spoke with told us they had no complaints. They were confident if they had any concerns they would be quickly dealt with to their satisfaction. One person told us "Never had to complain, but they would listen if I did". One relative told us "If there was ever a situation that required an answer we would never have a problem getting it. It would not be ignored."

We saw numerous compliments had been received about standards of care. Comments included 'her dignity was maintained at all times and she was lavished with true care', 'I have the utmost respect and admiration for all your staff in which they handled [person's] bouts of behaviour, sometimes in my presence. They did so with such patience and compassion' and 'Thank you to all at Birkenhead Court for your loving, caring, professional care of a dearly loved wife and mother'. We were able to see that even though the home was a 60-bed home there was meaningful engagement between people who use the service, families, visitors and staff. A visiting professional said, "The atmosphere here is lovely."

At the time of our inspection end of life care plans were in place for some people who lived in the home. Staff showed us the processes and resources available to individuals who required this specialist care. There were regular assessment and reviews and individual care plans which outlined the end of life preferences of the person and their family. Staff had completed training so that people were provided with appropriate end of life care. Care plans identified individual wishes and staff worked collectively with the GPs and district nurses to ensure these wishes were carried out.

A visiting GP told us "There has always been excellent end of life care here, they are very flexible and empathetic here. They are exceptional in this area." We were able to see numerous thank you letters from grateful relatives regarding the care and treatment that had been provided to their loved ones. Comments included how the home had allowed the person to stay in familiar surroundings with their friends and family, how another person was treated with such dignity, kindness and compassion and a relative thanked the staff group as a whole because even domestic staff would go in and chat with the person who was being cared for at the end of their life.

We found 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. Each of the DNACPR forms seen had been completed appropriately, were original documents and were clearly noted on the care file.

## Is the service well-led?

### Our findings

People we spoke with told us that the home was 'amazing, wonderful and second to none' and the registered manager and providers did all they could to ensure the home was run in the very best interests of the people who lived there. Comments included "It's excellent. Everyone gets on with each other. It's first class" and "I am impressed how staff deal with the residents."

The provider and registered manager had a clear vision that was circulated following the previous inspection that had been carried out in 2016. It stated, 'We make sure our colleagues, wherever they work in the home properly know our residents – know not just the big things but the little things too'. During our inspection and on speaking with staff we saw that this was upheld throughout the home by the way the managers, care staff and ancillary staff interacted with people who lived in the home.

The registered manager and staff had achieved an outstanding rating under one domain at the previous inspection we had carried out in 2016. We saw that this had spurred them on to continue to look forward and improve on their service to people living with dementia.

The registered manager told us that this vision, culture statement and values model of the home underpinned the open management style. We saw that individual staff member's specific roles, objectives and development were tracked, monitored and supported in induction processes, supervisions and annual performance reviews. We also saw that staff were encouraged to progress and excel in their roles. This contributed to a well-motivated workforce who put the people living in the home first.

People living at the home and their families were consulted about each aspect of their home through the use of meetings and individual 'chats'. The registered manager was extremely knowledgeable about new theories concerning dementia care and showed us how they were hoping to make connections to a 'dementia village' to incorporate best practice as well as new and fresh ideas into the care being delivered in the home.

The registered manager told us how they were always open to new ideas and welcomed any comments made. One relative told us "This home is second to none. It's down to [registered manager] and [their] drive behind it. I rate it so highly I recommended it to a friend."

Staff told us that they were proud to work at the home and in social care and the staff looked on their role as specialised. They also told us that there was a positive culture where people living in the home remained at the heart of everything they did. One staff member said, "It's all about them [people living in the home]."

Staff told us that the registered manager and the providers were always accessible, supportive and that they also observed practice and gave advice if needed. Staff said the registered manager was approachable and made staff feel valued and empowered. Comments included "Support from the home has made me want to stay in social care, I'm going on to do my level 3 diploma" and "I know I can talk to [registered manager] or any of the team leaders about anything." Staff had been given the opportunity to take lead roles in addition

to their normal role to specialise in key areas of service delivery, these included; end of life care and activities. They said and we were able to confirm that this benefited staff development and increased individual's knowledge and skills in areas such as dementia care and end of life.

The registered manager had forged excellent and productive links to other organisations and the wider community where the home was placed. The National Citizen Service who are young people of approximately 13 years old, regularly liaised with the manager to identify what project the young people could be involved with for the benefit of the people living in the home. The day after the inspection we were told that they had agreed that the National Citizen Service young people were to start work on memory and wish trees for the indoor garden. They were to split into two groups, one concentrating on wishes and the other memories. The young people will discuss with people their wishes and write them on individual leaves that will be put on the branches of the trees in the indoor garden. The aim is then to fulfil a wish each week if possible. The registered manager told us that the memory tree would create stimulation for conversation, comfort and response.

The provider had an internal accreditation process called 'Anchor Inspires'. This recognises quality care being provided for people living with dementia in their residential homes. To achieve this recognition from the provider a home needed to achieve an 80% score. Birkenhead Court scored 100%. The topics covered included how people's memories were supported, safe living, activities and companionship. We saw these aspects continued to be supported during our inspection.

The district manager told us they had nominated the registered manager for a national award, they told us "[manager] is a great manager who is extremely supportive of her staff team and has created more of a family of carers in the home as opposed to a staff team. '[Manager] always goes above and beyond in their role as the registered manager and has gained the support and trust of all who live, work and visit Birkenhead Court. [Manager] is extremely passionate about care and making a difference to people's lives and I honestly believe that [Manager] does make a difference to people's lives in a very positive way."

Minutes of senior carers and management meetings identified that the agendas included discussions about achieving and maintaining high standards. The registered manager told us that all staff of the home acted with integrity and ensured they did not compromise on making sure they did the right thing for people who used the service.

Records showed that the home held a monthly residents and relatives meeting that was also a 'cocktail hour'. This made the meeting a fun activity that encouraged honest dialogue with people and their relatives so that they would feel comfortable giving their views about the staff and services provided. Records also showed that the registered manager had shared the five-year plan with people that included the plans for the gardens of the home.

Management checks were completed to maintain the safety of the premises and in addition regular audits were carried out by the registered manager and provider. Outcomes were recorded and any action plans developed to remedy shortfalls. We were shown detailed analysis of trends on important risk areas such as falls; infection control and medication errors and we saw that this analysis was used to inform changes in practice or to individual care plans.

The provider conducted an annual customer satisfaction survey to ask people and their relatives to provide feedback on the service they received. This had resulted in changes to food and activities.

As part of the provider's commitment to improving the quality of care across the sector, the registered

manager told us that both she and the providers attended networking meetings with Wirral Borough Council to discuss current trends and accessed additional training for both themselves and the senior staff of the home.

People living at the home, their relatives, the provider and visiting professionals told us that the registered manager had proved to have excellent leadership skills and had sustained track records of delivering high standard. Comments included "She is brilliant" and "You can go to her with anything." The provider had a strong management ethos of being open and transparent in all areas of running the service and they had historically delivered a consistently good performance in meeting regulations. We received nothing but positive comments from the many people who contributed information about the service who told us the home was very well run in the best interests of the people who lived there.

We saw that the registered manager was passionate about the care being delivered and had challenged practices that the provider had wanted the home to incorporate that the manager did not deem person centred. The provider listened to the manager and the practices were not implemented. This meant that the people living in Birkenhead Court had a registered manager in post that put their wellbeing at the heart of everything they did.