Anchor Trust

Ashcroft

Inspection report

Kelvin Way
Undercliffe
Bradford
West Yorkshire
BD2 3EF

Tel: 01274634233
Website: www.anchor.org.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

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

Ashcroft can accommodate up to 66 people. The home has three floors, the first floor is a unit specialising in the care of people living with dementia.

At our last inspection, we rated the service good. At this inspection, we found the evidence continued to support this rating and in addition, we found the service had improved to outstanding in some areas.

A new registered manager had been appointed since our last inspection. 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 caring. Everyone we spoke with was very complimentary about the service and said they would recommend the home. There was a strongly embedded culture within the service of treating people with dignity and respect. This was supported by a number of dignity champions.

Consultation with people was an integral part of the way the service operated. We saw many examples of ways in which people's feedback had been used to shape the service. We found the provider had adapted the first floor to create an engaging and enabling environment for people living with dementia.

People were protected from harm. Staff knew how to recognise and report concerns about people's safety and welfare. Any concerns, which were raised, were dealt with properly. Risks to people's health and safety were identified and managed. When things went wrong lessons were learned and action taken to reduce the risk of this happening again. The recruitment of new staff was done safely, which helped to make sure, only staff suitable to work with vulnerable adults were employed.

People's medicines were managed safely. The service worked with a range of health and social care professionals to make sure people's health care needs were met.

The home was clean and well maintained.

There were enough staff and they were well trained and supported to meet people's needs.

People were supported to eat and drink and offered a choice of food, which reflected their dietary, religious and cultural preferences.

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.

People's needs were assessed and care plans were in place, which included information about their support needs and preferences. People and their relatives were involved in planning and reviewing the way their care was delivered.

People were offered the opportunity to take part in a wide range of activities both in the home and in the community. In response to feedback from people, the service was working to create a community setting within the home. To this end, they had created an old-fashioned sweet shop, a pub, a cinema room, a traditional lady's hairdressing salon and a barber shop.

The home benefitted from strong leadership. The registered manager was passionate about providing person centred. The provider had robust and effective systems in place to monitor, assess and improve the quality and safety of the services provided. The management team was continuously looking at ways to improve the service for the benefit of the people who lived there.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remains good.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Outstanding ☆

The service has improved to outstanding.

There was a strongly embedded culture of treating people with dignity and respect and going over and above what was expected to improve people's quality of life.

People spoke highly of the service and said they would have no hesitation in recommending the home.

We saw people were treated with the utmost respect and compassion.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains well led.

Ashcroft

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.

We carried out the inspection on 17 and 26 April 2018. It was unannounced on the first day. On the 17 April 2018, three adult social care inspectors and an Expert by Experience visited the home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case the care of older people. On 26 April 2018, one adult social care inspector visited the home.

During the inspection, we spoke with 14 people who used the service, four relatives and a visiting health care professional. We spoke with five team leaders, two care workers, the cook, the maintenance man, the administrator, the receptionist, the activities coordinator, the registered manager and the area manager.

We looked at six people's care records, medication records, six staff files and other records relating to the management of the service such as staff training records, meeting notes, audits and surveys.

We observed people being supported in the communal rooms and observed the meal service at breakfast, lunch and afternoon tea. We looked around the home including a selection of people's bedrooms, bathrooms and toilets.

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.

Good

Is the service safe?

Our findings

The service continued to be safe. People were protected from abuse and avoidable harm.

People told us they felt safe at Ashcroft. One person said, "Yes I do feel safe here." Another person said, "Oh yes, I do feel safe and well looked after here. There are so many of them [staff]." A relative said, "I do feel [relative] is safe here. There always seems to be plenty of staff around."

Staff had been trained and knew how to report any concerns about people's safety and welfare. The registered manager reported any safeguarding concerns to the relevant agencies, such as the local authority and CQC. We saw concerns were fully investigated and where necessary action was taken to reduce the risk of recurrence.

The provider had safe recruitment procedures in place. This helped to ensure they only employed staff suitable to work in the caring profession.

There were enough staff deployed to meet people's needs. The registered manager adjusted the staffing levels to ensure people were kept safe and their needs were being met. People who used the service, relatives and staff told us staffing levels were appropriate and consistently maintained.

Risks to people's safety were monitored and managed. Risk assessments were in place to guide staff on how to deliver safe care and protect people from harm. This included areas such as falls, nutrition, skin integrity, moving and handling and behaviours that challenged. Staff were able to describe in detail the support they provided to people with behaviours which challenged. For example, one person who could become anxious and distressed enjoyed music and staff said they sang with the person and it calmed them. However, we found these details were not always recorded in people's care plans. We discussed this with the registered manager and were assured it would be dealt with it immediately.

The registered manager monitored and reviewed accidents and incidents. They ensured information was shared with the staff team and lessons were learned to reduce the risk of a recurrence.

People's medicines were managed safely and effectively. The medication records we looked at had been completed accurately. Medicines were stored securely and checks were in place to ensure they were stored at the correct temperature. Medicines that are liable to misuse, called controlled drugs, were recorded and stored appropriately. Topical medicines such as creams and 'as and when required' medicines were managed safely.

The building was well maintained and we saw evidence of a range of completed checks to ensure the environment and equipment was safe to use. The home was clean and there were no unpleasant odours. One person who used the service told us, "Yes I do have a nice room. The home is always kept clean."

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support.

People had a pre-admission assessment carried out before moving into the home. The registered manager told us this was to make sure the service would be able to meet the person's needs. The information obtained during the pre-admission assessment was used to develop a personalised plan of care. We saw people's care plans were detailed and included information about their preferences, for example whether they preferred a bath or a shower and how often. The service had a number of different ways of promoting good practice. This included the use of 'champions' to support staff improve their knowledge and skills in different areas such as infection control, health and safety, skin integrity, dementia, dignity, training and listening and acting.

The service continued to provide staff with support and training, which helped to ensure they were able to carry out their roles effectively. Training was provided in a variety of way's including e learning, workbooks and face-to-face sessions. New staff received induction training which was in line with national standards. The training report for the service showed the majority of staff were up to date with the training they were required to do. We saw courses had been booked to remedy the shortfalls. Staff we spoke with demonstrated confidence in their skills and were knowledgeable about people's needs.

The service supported people to eat and drink a varied diet that took account of their preferences. Everyone we spoke with told us the food was good. One person said, "The food is quite all right." Another person said, "The food is not bad, we get what we want." A third person said, "There is a good variety, they like to please you, there is always a choice."

We observed the meal service at breakfast and lunchtime. We saw people were offered a choice of food and drink. There were enough staff to make sure people were supported to eat their meals in a relaxed manner. We saw drinks and snacks were readily available. There were jugs of juice in the lounges, water dispensers in corridors and plates of biscuits on tables and sideboards in the communal rooms. We heard staff offering people hot and cold drinks throughout the day.

People's weights were monitored and action was taken in response to any concerns about their nutrition. We saw people were referred to external health care professionals such as GPs, dieticians and Speech and Language therapists. For example, we saw one person had been referred to a dietician because of excessive weight gain and they were being supported to achieve a planned weight loss.

We found the service continued to work with other agencies to support people to meet their health care needs. Comments from people who used the service included, "GPs and the district nurses often come." "I went to the dentist last week; one of the staff took me." A relative said, "The care and support for [relative] is very good here. The district nurse is visiting [relative] now. They [staff] always contact you, for example when [relative] had to go into hospital last week."

Visits from health and social care professionals were recorded within people's individual care records. We spoke with a visiting health care professional who told us they met with the registered manager and team leaders once a month to discuss any specific concerns about people's health care needs and to explore different way of working together. They said staff always contacted them quickly if they had any concerns about people's health and followed their advice. Information was prepared in advance on 'transfer records' so that it would be available to other health care workers in the event of people being admitted to hospital.

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

People or their relatives had signed consent forms and care reviews. Some people were unable to sign, and this was documented. When others had power of attorney to act on people's behalf, if they lacked mental capacity, this was recorded.

People's needs were met by the adaptation, design and decoration of premises. The first floor was 'dementia friendly'. Bedroom doors were painted in bright colours, with doorknockers and people's names on which helps people remain independent in recognising their own room. There was a cinema room, a café area and a shop.

Bathrooms and toilets had large picture signs on. Outside the laundry room there was an old-fashioned ironing board and a decorative washing line on the ceiling. The main communal room had a pleasant dining area at one end and armchair seating, tables and a television at the other. Large windows and patio doors opened onto a secure patio garden with bird boxes, tables and seating. Staff told us this was used extensively during warmer weather.

Outstanding ☆

Is the service caring?

Our findings

The service was exceptionally caring. We found a strong and visible person-centred approach. This was driven by the registered manager who was passionate in their belief that people living at the home should be at the centre of everything they did.

Respect for privacy and dignity was at the heart of the service's culture and values. People were treated with kindness, respect and compassion. Without exception, people told us Ashcroft was a good home. Everyone said the staff were kind, caring and treated people with respect. Comments from people who used the service included, "I have been here a long time. It's not so bad." "I think it's a nice place. It feels like home. I feel that I am well looked after here. The staff are very good." "They [staff] look after me well." The girls [staff] are kind to me. They [staff] look after me and I am well looked." "We have good carers here." "We are all very happy here."

A relative we spoke with said, "[Relative] was in a care home before, it is much better here. It's lovely here, all the girls [staff] are lovely. All the staff are great, always happy, they always stop to speak to you. They [staff] always ask you if you want a drink. I definitely feel confident in the staff team here. There is always a good atmosphere here."

Other relatives echoed this sentiment. For example, we saw the following comment in the compliments file, "The care given to [relative] was exemplary which is always heart warming. The attention to detail is obvious, plus my spirits are always lifted after a visit, mostly due to the staff I now feel to have been welcomed as a member of the Ashcroft family and for that I am truly grateful."

The service had a number of 'dignity champions'. These were staff who had done additional training to support the entire staff team in ensuring people who used the service were treated with dignity and respect. Staff we spoke with understood the importance of treating people with dignity and respect. For example, one care worker said, "This may be our work place but it is people's home. Respect for people goes a long way." The registered manager told us more staff would be trained as dignity champions in the coming year. This would help to ensure this approach was sustained by the staff team and showed the provider was committed to continually improving the experiences of people who used the service.

Therapeutic interactions help to support people's feelings of wellbeing. Throughout the day, all the interactions we observed between staff and people who used the service were kind, respectful and compassionate. We heard staff speaking with people using their preferred names and showing a genuine interest in their wellbeing. Comments included, "I like your jumper." "You smell lovely today, are you wearing perfume?", "Good morning [name], did you sleep well?" We observed staff support a person who started to take their clothes off in one of the communal rooms. They calmly and skilfully protected the person's dignity while not being judgmental.

We saw that all the staff team interacted with people in a positive way. For example, on the first floor at breakfast time, we saw the cook stopped as they were coming out of the dining room to chat with a person

who was sitting in the corridor. It was evident this was something they did all the time, they spoke with the person about their family and the person smiled and chatted with them in a relaxed way.

Staff smiled a lot, spoke with people in a kind and compassionate way and promoted people's independence. At breakfast time, we saw people were offered a choice of hot and cold food, a variety of hot, and cold drinks. We observed the toast was served differently according to people's preferences. For example, for some people staff buttered the toast, removed the crusts and cut it into quarters. For other people it was served in a toast rack with butter in a dish.

At lunchtime, we saw a care worker helping a person to choose where they wanted to sit. The care worker was patient and kind and did not rush the person. We observed one person needed soft food because of difficulty chewing and another preferred to eat with their fingers. Some people needed help to choose their own food and we saw they were shown plates of food to help them choose.

In the care plans for people living with dementia we saw there were clear guidelines for staff about how they should support the person to maintain their independence and make their own decisions. This helped people to maintain their independence and showed staff knew people's preferences and abilities.

We found people were supported to make decisions about their care and treatment and to have a say in how the service was delivered. In the care records, we saw reviews had taken place with the involvement of people who lived at the home and their relatives. The service used a 'customer of the day' system. On that day staff spent time with the person reviewing their care plans and giving them the opportunity to discuss their choices, preferences and any changes to their care and support needs. The service used different ways of supporting people to express their views and wishes. For example, they used an iPad translator to support one person whose first language was not English. The provider also facilitated access to interpreter services that could be used in more complex or sensitive situations. In addition, many of the staff team spoke a second language.

The registered manager told us they encouraged involvement by relatives and were looking at different ways of making it easier for relatives to contribute to formal reviews. They were exploring options such as telephone reviews, web chats and Skype meetings. One relative we spoke with told us they felt listened to and involved in their relative's care. They said they were confident staff would tell them whether their relative was having a good day or not and added any small issues which arose were dealt with immediately.

Consultation with people who lived at the home was an integral part of how the service operated. At one meeting, people had expressed an interest in having an international themed night once a month. The themed nights were up and running with people who lived at the home helping to choose the countries. In the compliments file we saw the following comment from a visiting health care professional. "I am always impressed with staff making the residents' home a colourful and energetic place to live. The themed events and dressing up shows to me the residents are stimulated and connected to the world around them. I love hearing the residents sing and seeing them dancing along with new visitors. Lovely residents, lovely staff, lovely caring home."

In another example, the home had set up monthly taster sessions to try out different foods and their feedback was to develop the seasonal menus. We saw photographs taken during one of the taster sessions and people looked engaged and happy.

The registered manager had carried out numerous consultations with people about the environment. In one example, images and photographs were used to support people living with dementia to have a say in the

redecoration of the corridors. Based on the feedback from people the corridor was redecorated using a street theme. Additional decorations of people's choice had been put outside their bedroom doors. The registered manager told us this had benefitted people living with dementia by making it easier for them to recognise their own rooms and thereby promoting their independence.

In another consultation, people had expressed an interest in bringing the community indoors for the benefit of people who found it difficult to go out. Some people had expressly asked for a pub. The registered manager showed people images of different pub styles to help them decide what style they wanted. At the time of our inspection, the pub was up and running. The registered manager told us people who lived at the home and their relatives enjoyed meeting there. One person who lived at the home had suggested Friday pub meals and this had been introduced. This showed the service was continuously seeking and acting on people's views. At the time of our inspection, the service had secured funding to create an outside café and was consulting with people about the style of café they would like.

People who used the service were supported to have a say in who provided their care and support. For example. we saw people who lived at the home were involved in the recruitment of staff.

'You said, We did' posters were displayed throughout the home which summarised what people had asked for and the actions the service had taken in response to their feedback. This showed people's views were valued and acted on. For example. people had asked for music on the corridors and the service had purchased a virtual assistant, (Alexa), and numerous voice activated satellite devices which were placed around the home. This meant the music could be changed according to people's preferences.

The service was continuously exploring different ways of supporting people to maintain contact and relationships with their family and friends. They promoted to use of social media through Twitter and Facebook and posters were displayed around the home to make people aware they could access these services. The service had set up a 'tweet tree' in the reception area that they used to display small photos of Twitter posts. This meant that people who did not use social media for whatever reason were not excluded. There were no restrictions on visiting.

The provider had a positive and open approach to embracing and promoting diversity. For example, the monthly newsletter included a diversity statement and posters with information about upholding people's human rights were displayed around the home. The provider had a Lesbian, Gay, Bisexual and Transsexual (LGBT+) group which had been set up to help make their services a safe and welcoming environment for LGBT+ customers.

In another example, we saw the hairdressing room had been divided into two areas. One was decorated in a style of a traditional lady's hairdressers and the other was decorated in the style of a traditional barber's shop. Staff spoke about promoting people's individuality. For example, one care worker said, "I love it here, everyone is so different, the mix of residents in great."

People were supported to meet their spiritual needs. The service had links with a range of faith leaders in the community and church services were held in the home for those who wanted to attend.

Staff were aware of the need to uphold people's confidentiality and we observed people's personal files were securely stored. Information was on display in relation to the General Data Protection Regulations which came in effect in May 2018.

Good

Is the service responsive?

Our findings

People continued to receive personalised care, which was responsive to their needs.

People told us they could do what they wanted. Comments included, "Yes, I can get up and go to bed as I want." Another person said, "I go to bed when I am ready."

One person who lived at the home told us "I think it's very nice, it's comfortable here. The staff are all very nice, they are all quite helpful. For example, I wanted my shawl, someone [staff] was passing, and they helped me and put it around my shoulders. I never feel lonely here."

Another person said, "I think there is no better place to be in. We are all individuals but we have all become friends here."

A family member told us how much their relative had improved since moving into Ashcroft some months before our inspection. They said at the time of admission their relative had been very ill, they had lost so much weight they could hardly walk. They told us their relative improved steadily; they had gained weight and become more engaged with their surroundings. On the day of our visit, they were going out together. We saw the person who lived at the home looked well cared for, relaxed and happy. They were chatting and smiling with their family member and staff.

Another visitor told us how staff were attentive to their relative's needs. They said, "[Relative] has not been eating much. They make lovely fresh homemade soup, which they give [relative]. Most things here are homemade such as cakes etc. Nothing is too much trouble for them."

People's care records contained information about their support needs and preferences. Assessment and care plan documentation prompted staff to consider people's communication needs, preferences and protected characteristics such as gender, religion, sexual orientation and disability. For example, during their initial assessment people were asked whether they preferred a male or female care worker to support them with personal care. Staff demonstrated a good understanding of the different ways in which they could communicate with people for example by using picture cards, show plates at meal times and electronic translators.

Care plans and risk assessments were up to date and changed to reflect changes in people's needs. The records showed care reviews had taken place with people who lived at the home and their relatives.

Staff were able to talk about people's individual needs and preferences and this was reflected in the way they supported people. It was evident they took pride in their work and one staff member told us how much they enjoyed their work. They said, "It is so satisfying making a difference to people's lives"

We spoke with people about activities in the home. People told us there was always something going on. Comments included, "I like washing up after meals, it helps staff.", "It's quite sociable here. There is always

something going on here. It depends if you like it or not.", "Yes there are all sorts going on. We have quizzes, singalongs, karaoke and we have entertainers come in.", "We all went out to the pub for a meal last week from this unit."

One person invited us to look in their room where they had a display of the paintings and drawing they had done. They said they had developed an interest in painting before moving into Ashcroft and enjoyed being able to continue with it. They also told us about their recent surprise birthday party which had been arranged in the home for them. They told us how much they had enjoyed it saying it was the best birthday party they had ever had.

We saw photographs of other birthday celebrations that had taken place in the home. They showed that each person had an individualised cake that reflected his or her particular interests or preferences. In the compliments file we saw the following comment from a relative, "Thank you for making [relative's] 90th birthday buffet, the sandwiches were delicious."

The home had an imaginative approach to creating social occasions. For example, instead of just having a tea trolley they served afternoon tea. The tables in the dining area were set for afternoon tea with all the trimmings, including cake stands. People were invited to sit at the tables and offered a pot of tea or a filter coffee. We saw relatives join two people who lived at the home for afternoon tea and they all looked like they were enjoying it.

The registered manager told us about trips out to local places of interest, which included pubs, museums and a dementia welfare café.

People and their relatives were supported to discuss end of life preferences. This was recorded in advance to inform end of life care plans when the occasion arose. People who lived at the home were supported to attend funerals and memorial services for friends who had passed away. The registered manager told us they were exploring the introduction of 'bereavement champions' with the aim of improving the way people and their relatives and friends were supported at the end of life.

The service had a complaints procedure. People who lived in the home and relatives told us they would feel able to raise any concerns and were confident any issues would be resolved. One person said, "I would speak to my keyworker if I was upset or had a complaint."

Good

Is the service well-led?

Our findings

At the last inspection we rated the service good overall. During this inspection we found the service continued to meet the characteristics of a good service in the safe, effective, responsive and well-led domains and had improved to outstanding in the caring domain. This showed us people were consistently experiencing good outcomes and the provider was continuously looking at ways of going over and above what was expected to improve people's experiences.

The new registered manager had worked at Ashcroft for several years. They had started as a care worker and with the support of the registered provider had progressed to the position of registered manager. Their extensive experience as a care worker had instilled in them a passion for delivering person centred care. This was reflected in the strong leadership they provided. Throughout the inspection, they were visible in the home providing support to people and staff and ensuring the culture of person centred care was embedded into everyday practices. The registered manager was open and transparent and had a clear and imaginative vision for the continued development of the service.

People living at the home and relatives told us they thought the home was well run and everyone said they would recommend it to other people. Comments included, "I think it's very nice here. It is comfortable. I would say that it was a well-run home and I would recommend it to people." "It's a good place. I have never found anything wrong with this home. I would recommend the home to people. It's clean and it's lovely." This sentiment was echoed by people who had used the service over the last two years in reviews posted on an external website. Of the 15 people who had completed reviews 14 stated they would be 'extremely likely' to recommend Ashcroft. One person had commented, "The best care home I have ever visited. I have worked in care for over ten years and this one is by far the best I have ever seen. It has a real sense of community and doesn't feel like a care home it feels more like a holiday resort! Absolutely fantastic!!"

The service had a strongly embedded ethos of person centred care. This was driven by the passion and enthusiasm of the registered manager and supported by the provider's senior management team. They management team promoted an open-door approach and were constantly looking at new ways of working to ensure everyone was listened to and their views acted on without judgement. This is reflected in the caring domain where we have awarded the service an outstanding rating. As detailed within that domain we saw numerous examples of an inclusive approach that valued people's views. For example, when people had said they would like one of the communal rooms to be converted to a pub the registered manager had spent time collecting photographs and images of different styles of pubs. They had then seen people individually to give them the opportunity to look at the pictures and choose they style of pub they would like. In another example, we saw the management team took a very proactive approach to embracing and promoting diversity. This was evident in the monthly newsletter and in posters with information about upholding people's human rights which were displayed around the home. The provider had a Lesbian, Gay, Bisexual and Transsexual (LGBT+) group which had been set up to help make their services a safe and welcoming environment for LGBT+ customers.

This ethos of involvement was also evident in the way the management team was constantly exploring

different ways of involving people and keeping them informed about the service. For example, they had recognised that some people's families and friends were not able to visit. Following consultation, they set up an Ashcroft email group which enabled people to receive newsletters and information about planned events electronically. This was reassuring for people as shown by the following positive comment from a relative on an external website in February this year. They stated, "Ashcroft cares about every resident and their families. We were always updated about my Grandma's care. I would highly recommend this care home to anyone and would give reassurance residents are in amazing hands."

In a similar vein the service had created an 'all about Ashcroft' newsletter for potential clients. This included basic information about the service such as the services provided, the staff structure and contact details and was designed to help people settle in.

The provider commissioned an external agency to carry out an annual care survey. This showed they understood the importance of giving people the opportunity to comment freely about the service, without fear of recrimination. The survey was sent to people who lived at the home, family and friends. The results for 2017/18 showed an exceptionally high level of satisfaction with the service. For example, 98% of people who lived at the home and 96% of family and friends were satisfied with the overall standard of the care home.

The management team had a proactive approach to supporting and motivating staff. Staff told us they felt supported and valued. Staff were supported through a range of staff meetings, one to one supervisions and appraisals. One care worked told us, "It's a fabulous home. That's why I love working here. The residents are brilliant." The provider had a number of reward schemes in place to encourage improvement and reward staff 'for going the extra mile.' This included an employee of the month scheme and annual care awards. The service supported staff to develop their leadership skills. For example, at the time of our inspection two team leaders were completing an Anchor leadership programme called 'My Future Deputy Manager'. This was designed to support them in developing their knowledge and skills and career development. In addition, the provider carried out an annual staff engagement survey, the most recent results (2018) for Ashcroft were positive showing an increase in staff engagement over the past 12 months.

The provider had systems in place to continuously assess, monitor and improve the quality and safety of the service. This included several mandatory audits. In addition, the management team at Ashcroft had developed and implemented a set of more in-depth audits which were done every month. Examples included DoLS applications, safeguarding, Do Not Resuscitate forms, anti-psychotic medication reviews, topical cream records, daily food and fluid audits and people's dining experiences. The management team also carried out regular spot check audits on bedrooms and the environment. These additional audits and checks enabled the home's management team to act quickly to rectify any shortfalls and to make changes to improve people's experiences.

The service had a strongly embedded culture of learning and improvement. Our discussions with the management team and our review of the documentation showed changes and improvements were made in response to audit findings. For example, we saw the service sourced additional external training for staff on subjects such as falls management and delirium. In another example, we saw the registered manager had recently identified the need to improve on the recruitment and retention of staff. As a result, they changed the structure of the induction training to make it more tailored to the individual needs of each staff member.

The service showed their commitment to the continuous improvement and development of the service by working in partnership with other agencies and by participating in good practice initiatives. For example,

they were part of the Bradford District Dementia Action Alliance working to make Bradford a dementia friendly city. They had links with Dementia Friends who came to the home and talked to people who used the service, relatives and staff about living with dementia. More recently the service had established links with a new childcare centre in the area and children from the centre had started visiting people living at the home. They had also taken part in research studies with universities in Bradford and Nottingham looking at person centred care for people living with dementia and falls. The impact of this focus on continuous improvement on the quality of life experienced by people living with dementia is reflected throughout this report. For example, in the work the manager had done to secure funding to bring the community indoors and create a pub, a shop and a post office in response to people's feedback.

The management team attended meetings with the local authority and provider forums to ensure they were keeping up to date with current best practice. They also met with the health and social care professionals such as district nurses, the mental health teams, GPs and social workers so ensure they were delivering person centred care and support to people who used the service.