

Hallmark Care Homes (Billericay) Limited

Anisha Grange

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Anisha Grange is a nursing home registered to provide accommodation, nursing and personal care for up to 74 older people, some who may have care and support needs associated with dementia. People were accommodated in one of three units (known as communities) over three floors. Valentine, the nursing community, was on the ground floor. People with dementia mainly lived on the first floor in the Primrose community, whilst people who did not have nursing or dementia needs predominantly lived in the Autumn Way community on the second floor. At the time of our visit there were 65 people living at the service.

People's experience of using this service and what we found

People provided glowing feedback about the service, and staff team. This was summed up by one person who said, "I couldn't be in a better place with lovelier people." Without exception, all of the people we spoke with told us they felt safe and happy living at the service. Considerable time and resources had been invested to ensure people enjoyed living at the service and they were provided with lots of opportunities to live full and varied lives. People told us they had so much to do they couldn't always fit it in and were never bored. A person told us, "There's no reason to be bored here, there's so much going on."

Staff were skilled and competent in their job roles. The training staff received was of a very good quality and staff were encouraged to continuously develop their skills and knowledge. People were supported to have as much choice and control over their lives and were supported in the least restrictive way possible. The policies and systems in the service support this practice.

Feedback from healthcare professionals showed staff had empathy and understanding when supporting people living with dementia to manage their emotions and behaviours. A professional told us, "Care staff present as passionate about understanding the resident as an individual, their history and why they may be behaving in certain ways."

Best practice guidance had been followed to support people with dementia to have opportunities for meaningful engagement using intergenerational activities. People had access to resources to help them reminisce, which enriched their quality of life, mental wellbeing and self-esteem.

New ways of working had been introduced to help reduce social isolation and loneliness in people identified at risk. A person told us, "'I'm in bed all day, but I see plenty of people, I don't feel lonely.'" Strong links with the community had been forged which provided people with opportunities to feel like valued members of their community and promote their social inclusion.

An outstanding feature of the service was the open and transparent way complaints were dealt with. The registered manager was extremely responsive to people's concerns, making every effort to ensure people felt listened to and were happy with the way their complaints were managed.

People's needs and wishes for their end of life care were explored in a very person centred way and documented in detail to ensure people were supported the way they wanted.

The leadership of the service was exceptional and significant improvements had been made and sustained. People and staff held the registered manager in extreme high regard. They were highly visible and approachable and considered to be extremely kind and caring.

Of note, was the highly positive culture that had continued to grow and develop under the direction of the registered manager. An inclusive and highly caring ethos was evident throughout the organisation which was strongly promoted by the management team and provider and shared by the staff team.

Staff at all levels told us they were proud to work at the service and without exception, all staff we observed and spoke to demonstrated a high degree of passion, enthusiasm and commitment to providing high quality, person-centred care and support.

People and staff were listened to, valued and fully included in how the service was run. Feedback was actively sought and responded to positively, to continuously improve. Staff were recognised and rewarded for their hard work and for going the extra mile. This contributed to the high morale of staff.

The safety and quality of the service was consistently monitored. Regular audits on all aspects of the service were completed and improvements made when needed. Various innovative projects were underway aimed at improving the health and wellbeing of people and staff.

The ways of working seen throughout our inspection accurately mirrored the provider's visions and values as set out in the company charter. The charter was dedicated to 'developing quality environments and high standards of care to enable people to enjoy life to the full, as individuals, in happy, comfortable, and safe surroundings.'

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection. The last rating for this service was Good (June 2017)

Why we inspected. This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service had improved to outstanding.

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service had improved to outstanding.

Details are in our Well-led findings below.

Outstanding ☆

Anisha Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by three inspectors and an 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.

Service and service type

Anisha Grange 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and carried out on 22 and 23 January 2020. We received further information on 5 February 2020 which was used to inform the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who worked with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with nineteen people who used the service and four relatives about their experience of the care provided. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the managing director and four other members of the management team. We spoke with 10 further staff members including care staff, nursing staff and domestic staff. We reviewed a range of records. This included eight people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training records and policies and procedures were also reviewed.

After the inspection

We contacted four health and social care professionals for their feedback on the service. We requested further information from the registered manager and continued to seek clarification from the provider to validate evidence found

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Anisha Grange. One person said, "I can honestly say I wouldn't want to go anywhere else than here, I know I am safe and well looked after."
- Staff received training in how to protect people from the risk of abuse and knew the signs to look for that someone was being abused and how to report concerns.
- Since their appointment, the new registered manager had worked pro-actively with the local authority and clinical commissioning group (CCG) to resolve historical safeguarding concerns which had occurred prior to their employment. We received positive feedback from the local authority on how the new registered manager had worked with them to improve safeguarding practice. A social care professional told us, "We have been very impressed with [named registered manager's] openness."
- Accidents and incidents were generally well managed. They were recorded and analysed to look for any patterns or trends to prevent a reoccurrence. For example, where it had been identified there had been a number of skin tears in a particular month staff received further training in moving and positioning and this reduced the number of incidents. However, we did find two examples where robust processes had not been consistently applied. We brought this to the attention of the new registered manager who immediately addressed the issue.

Assessing risk, safety monitoring and management

- Individual risks to people were assessed and reviewed monthly or sooner if people's needs changed. Risk assessments covered a wide range of areas such as, mobility, falls, skin integrity, and nutrition. Detailed guidance was in place for staff on how to manage the risks. Staff showed a good awareness of what to do to manage risks and keep people safe.
- The service adopted a positive approach to risk taking which meant people's rights and freedom was not unduly restricted. People, with capacity to do so, had access to key codes to move around the building freely and were supported to access the community independently. A person told us, "I go out on my buggy, go to the supermarket and walk around the high street."
- For people at risk of falls there were measures in place to minimise the risk. Careful consideration had been given to the least restrictive options to enable people to remain as independent as possible such as use of infra-red sensors to alert staff when people moved around.
- Where people were confined to their rooms, staff checked on them regularly to make sure they were safe and well. A person told us, "Staff are always popping in for something or other and at night there is always someone patrolling the corridors, they very quietly check on us, and will have a chat if I want it, I reckon they walk round all night."
- A range of health and safety checks were regularly completed to ensure a safe environment. These included fire safety checks, water testing and testing of equipment such as hoists. The service employed

maintenance staff to keep the service in a good state of repair.

- People had evacuation plans in place in event of a fire, and staff told us they practiced horizontal evacuations.

Staffing and recruitment

- At the previous inspection, the service was not fully staffed so agency staff were used to provide cover. This had a negative impact on some people's experience of living at the service. At this inspection we found significant improvements had been made and the service was fully staffed and no longer relied on agency workers.
- Feedback from people showed the continuity of care they received from regular staff had a positive impact on the care and support they received. A person told us, "We have gotten to know our own staff, they amaze me. I was only here one day and they all knew my name. They are consistent and if they ever run short a staff member from another floor comes up and helps."
- People told us staff responded quickly to calls for assistance and we observed people's call bells were always left within reach. Some had been clipped to beds, bedcovers, and even people's clothes. We were advised this had been at people's requests so that their call bells did not slip to the floor. A person told us, "My buzzer is always clipped to me, staff come quite quickly, they never make me feel I'm being a nuisance." Another said, "They come pretty quick if I call them, and they're always happy to help."
- Staff told us staffing levels were good and agency staff were not routinely used. A staff member said, "Overall there are enough staff, you can't predict sickness, but we cover each other. We haven't used agency that I am aware of for a very long time."
- Robust recruitment processes were in place to make sure staff were recruited safely. All relevant checks had been completed including taking up references and completing Disclosure and Barring (DBS) checks which are used to check potential new staff do not have criminal records and are suitable to work with vulnerable adults.

Using medicines safely

- There were systems in place for the safe storage, administration and disposal of people's medicines.
- The service had worked with NHS pharmacists to improve the safety and quality of medicine management who told us there had been great improvements in medicine management with a significant reduction in medicine errors.
- Only staff who had received training and assessed as competent administered medicines. However, on Primrose unit we found an isolated incident of poor practice by a staff member. We shared our observations with the registered manager who took appropriate action and assured us the staff member concerned would be receiving additional training.
- The service used an Electronic Medication Administration Records (EMAR) system to monitor the administration of people's medicines. Senior staff checked the EMAR to ensure there were no mistakes or gaps and that people had received their medicines as prescribed.
- Records showed there had been several occurrences where the medicine stock count did not match the number of medicines recorded on the EMAR system which made it difficult to establish whether people had received their medicines. However, the homes' auditing system had already identified this issue and improvements were being made to the systems and processes across the whole of the service to ensure medicines were consistently and safely managed.
- Where possible, people were supported to self-administer their own medicines to support their right to have choice and control.
- Protocols were in place for "as needed" (PRN) medication which provided guidance to staff on when and how to administer PRN.
- When people received their medicines covertly, the appropriate capacity assessments and authorisations

from the GP and pharmacist had been completed.

Preventing and controlling infection

- On the day of the inspection we found the service was exceptionally clean and well maintained and there were no bad odours.
- People repeatedly told us staff kept the home clean and tidy at all times. A person said, "They're very hot on hygiene here, it's very good." Another said, "The place is always spotless, they clean my room every day and I reckon I get a thorough spring clean every month, everything gets moved and cleaned."
- Infection control audits were regularly carried out to ensure high standards of cleanliness and hygiene were maintained.
- Staff received training in infection control and had access to personal protective equipment (PPE). Staff used PPE appropriately to prevent the spread of infection. For example, we observed staff washing their hands, and using aprons and gloves in the correct way to reduce the risk of contamination.

Learning lessons when things go wrong

- Accidents, incidents and safeguarding alerts were monitored and analysed to look for patterns and trends to minimise the risk of re-occurrence.
- Learning from mistakes was pro-actively shared with the staff team to improve safety and quality. Staff valued this learning culture. A staff member told us, "It is brilliant, the registered manager tells us about new things, or any changes. We are always looking to improve, nothing can ever be perfect, but we can always look for improvements."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- Peoples' needs were assessed prior to them moving into the service. The assessment identified people's physical, mental, social and cultural needs to ensure these could be met by the service.
- The service had a customer relationship manager who co-ordinated people's admissions, this included being there to meet people when they arrived and introducing them to key members of staff.
- A continuous assessment and review process were in place to ensure people's needs continued to be met. A staff member told us, "The nurses and seniors always explain things in detail, so we always are aware of people's conditions and any changes that have happened."

Staff support: induction, training, skills, and experience

- People told us staff were professional and competent. A person said, "I couldn't be in a better place with lovelier people." A relative told us, "Staff know what they are doing; they know [named person] very well and understand their needs and limitations."
- New staff were given a comprehensive induction, which included completing mandatory training and shadowing existing members of staff to learn about people and the job role. A staff member told us, "I was very nervous when I first started as I had never worked in care before, but training was fantastic. I was told everything, it was very interactive. We had a week's induction then shadowing. That was enough for me really as staff really got me involved during the shadow shifts."
- The service used the Care Certificate to induct new staff and support their learning. Staff were required to complete a workbook over a twelve-week period as part of their probation. The Care Certificate is considered best practice, setting out a set of standards that health and social care workers should adhere to in their daily working life.
- The training provided to staff was of a good quality and covered a wide range of subjects. The head housekeeper told us, "We do the same training as the care team, I have done fire, safeguarding, COSCH, health and safety. I have just done whistle blowing and GDPR (general data protection regulations). The training is good."
- Specialist training was provided to develop staff understanding to meet the individual needs of people who used the service, for example, dementia training. Staff knew how to support people to manage their emotions. We observed two examples where altercations began to develop between people. Staff were quick to intervene and showed composure and understanding to de-escalate the situation.
- Feedback from healthcare professionals demonstrated the excellent work being done by staff to support people with dementia manage their emotions and behaviours in the least restrictive way. A healthcare professional told us, "Care staff present as passionate about understanding the resident as an individual,

their history and why they may be behaving in certain ways. The culture that is growing is one of exploring and understanding behaviours that challenge and not requesting sedating medication and only using medication as a last resort."

- Staff told us they enjoyed working at the service and felt very well supported. Staff received regular supervision, appraisals and observations of their practice. This ensured staff performance was monitored and any learning needs were identified.

Supporting people to eat and drink enough to maintain a balanced diet

- There was a strong emphasis on the importance of eating and drinking well and staff supported people to maintain a healthy balanced diet. A hydration station was available in the dementia community which encouraged people to help themselves to drinks and fresh fruit.

- We observed the lunchtime experience for people which was a very pleasant, sociable event. The dining room was well staffed, and staff were available to assist people to eat. People living with dementia were offered a choice at the time of the meal. For example, one person could not decide between the two starters on offer, so staff brought [person] a small portion of both. Another person was very reticent to eat anything, so the head of hospitality offered to eat alongside them, which the [person] readily accepted. They sat together and whilst [person] did not eat all their lunch, the staff member's presence and gentle coaxing meant that [person] ate more than they would otherwise have done.

- Staff greeted people by name, took time to settle people comfortably, and took an interest in how people were feeling during the meal service. When people became distressed or worried staff took great patience in finding solutions to their worries. For example, one person was worried about a relative who they were looking for. Staff gently allayed their fears, telling them after lunch they would accompany them in looking for [relative]. The person looked visibly reassured, and then took their place at the table.

- People and their relatives were extremely complimentary about the food and drink provided. One person told us, "The food is lovely, very varied and good quality; their ham is lovely in here, not that cheap ham." Another said, "They fall over themselves to look after us. The staff are fantastic, we have a glass of wine if we want to, its superb; the food is fantastic just look at the menu."

- The service employed a hospitality manager who told us they continually assessed the dining experience for people using the service. This included the environment, people's choices and preferences, the provision of assistance and the presentation and taste of food.

- The chef held information about people's dietary needs. They knew about the requirements for people who needed a soft or pureed diet and for people who lived with allergies. They worked extremely well with healthcare professionals and followed their specialist advice regarding people's food intake.

- A nutrition meeting was held regularly with the head chef and members of the care team to discuss menu's and any concerns related to weight loss or diet. For example, people had fed back that the salmon en croute was too dry so a cream sauce had been added to the dish and people were happy with this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff effectively worked with a range of health and social care professionals including GPs, district nurses and dementia specialists to ensure people received consistent, and personalised care and support.

- The service applied best practice principles, working pro-actively with external health professionals to review the use of anti-psychotic medication for people living with dementia. Feedback from professionals showed this had resulted in positive outcomes for people in reducing, and in some cases discontinuing the use of this type of medication.

- People and their family members told us health professionals were quickly involved if this was needed, which had improved outcomes for people. One person told us, "They'd soon notice if I was unwell, and

they'd call the nurse down, or get me to see a doctor."

- The service worked collaborative with local community teams to improve people's oral health care. This resulted in additional training for staff and a talk for people and their relatives on oral health.

Adapting service, design, decoration to meet people's needs

- The premises had been purpose built and the décor was of a very good standard. People were observed freely moving around the service and spending time where they wanted to. We were advised a programme of refurbishment was underway to further enhance the environment.
- Consideration had been given to the building design and facilities to ensure they met the individual needs of people living with dementia. For example, people had their bedroom doors in different colours to assist them to identify their bedroom more easily.
- There were different areas for people to use for their preferred activities, and private space to spend time with family or visitors, or to have time alone. A celebration room at the service could be used by people to hold events for birthday's or family meals.
- People had access to garden space to enjoy. A person told us, "The garden is lovely, downstairs is the certificate because we won the best hallmark garden. In the summer you can join the gardening club, it's wonderful."
- The service used a dementia community environmental assessment audit to enable them to continually assess the suitability of the environment for people living with dementia. For example, an audit in January 2020 identified that more meaningful and stimulating objects for people to pick up touch and feel should be made available.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. Any restrictions on people's liberty had been authorised and conditions on such authorisations were being met.
- The registered manager had a detailed understanding of the mental capacity act and reinforced best practice principles to staff.
- Staff had received training in the MCA and sought people's consent before offering and providing care. A staff member told us, "It is about whether people can make a decision themselves, or whether they might need other people to support them."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us they were treated well by kind and caring staff. Comments included; "The staff are very good, they treat me very well indeed" and "The staff are always so very friendly, they just want to help you all the time."
- Feedback from visiting health professionals about the caring nature of staff was very positive. One professional told us, "The staff seemed to care a great deal for their residents and are very engaging with them."
- Staff spoke to people in a kind and courteous manner and called people by their preferred names. A person told us, "Little things like that mean a lot, it helps you to feel relaxed and at home."
- People had formed positive trusting relationships with staff. Staff engaged with people in meaningful conversations and showed warmth, using touch appropriately to convey affection and reassurance. A person told us, "All the staff here are very very nice, from the cleaners to the management, everybody is chatty and friendly."
- Staff told us they had time to spend with people and were not rushed so could provide good quality care and support. A staff member said, "I'm encouraged to sit and drink tea with folks, or sit and eat with people; management don't frown at that at all."
- Kindness and consideration was extended beyond people who used the service. The service had set up a 'Carers Support Hub.' This was hosted by Anisha Grange and took place once a month, to support carers to meet and share ideas and have some time away.

Supporting people to express their views and be involved in making decisions about their care

- Throughout the inspection we saw staff involving people by talking to them and asking people what they wanted to do.
- People and their relatives, where appropriate, told us they were involved in all decisions about how care and support was provided.
- Staff listened to people and were attentive and responded to people's requests for help and recognised the importance of giving people time and attention. A person told us, "I'd describe the staff as wonderful; they ask for my opinions about things and they listen, they never force me to do anything I don't want to do."
- People told us they had choice and control over their daily lives, for example, when to get up and go to bed. One person told us, "I get myself up when I want to, the same at night." Another person said, "I wake up very early, 5am they're fine with that, nobody makes me stay in bed, I just buzz, and they come."

Respecting and promoting people's privacy, dignity, and independence

- Staff demonstrated positive values and were polite and respectful. A person told us, "Staff respect my privacy absolutely, they're lovely to me."
- Staff knocked on peoples doors before entering and asked people for permission before providing support.
- Friends and relatives were made to feel welcome at the service and could visit at any time.
- Staff were aware of people's abilities and strengths and understood how to promote independence so that people did not become de-skilled.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection, this key question was rated as Good.

At this inspection, this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People were actively encouraged to contribute to the planning of their care and support and were placed at the centre of the assessment process. Where people struggled to articulate their choices, the assessment process included family members and relevant health and social care professionals who knew the person well.
- An excellent feature of the service was the effort staff went to, ensuring people were given choice and control of how their care and support was provided. During our inspection we overheard one of the management team asking a person if they would be happy to help interview a potential new member of staff later that afternoon. The person replied, "Oh yes, thank you, I like doing that." We later spoke with this person. They told us they valued the opportunity to speak with interviewees, saying, "We're the ones that know how we want to be cared for, so I think it's a great idea."
- Personalised information about people's likes, dislikes, hobbies and interests and life history was recorded in people's care records and shared with staff to ensure people received care and support that was tailored meet their individual needs, wishes and preferred routines. People told us they could get up and go to bed when they wished and have a bath or shower whenever they wanted. A person told us, "I prefer to have a shower, I can have as many as I want, they're not limited."
- The service used its knowledge of people to show them they were valued and create opportunities for people to continue to do things they had previously enjoyed. For example, one person living at the service was previously a food critic for a department store. Staff would give the person a taster plate at lunch times, so the person could comment on the food quality.
- The service applied best practice principles using the FITS programme (Focussed Intervention and Support) to support people with dementia to live well. Various projects were being rolled out as part of the FITS programme including 'Happy team happy home' which focussed on improving general wellbeing for people and staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- To support people to enjoy relationships in ways that protected their safety without undue restrictions on their rights and choices the service was using 'FITS in a box' which was also part of the FITS programme. The service was provided with resources from the Alzheimers Society on different topics to educate and train staff on how to best support people living with dementia. Currently the service was covering the topic of 'lifting the lid on sex and relationships within care homes'. The lifestyle lead was responsible for delivering this workshop to help staff understand how to safely support people to develop and maintain relationships.

- Considerable time and resources had been invested to ensure people enjoyed living at the service and were provided with lots of opportunities to live full and varied lives with a sense of purpose. A diverse lifestyle programme was in place which provided a huge range of activities for people to enjoy both in the home and out in the community. People told us they had so much to do they couldn't always fit it in and were never bored. A person told us, "There's no reason to be bored here, there's so much going on, and you meet people in there for a chat too."
- During our inspection we observed the service was a hive of activity with lots going on for people to enjoy. In the morning we saw a yoga session running. People told us they enjoyed the session and found it to be very therapeutic both physically and emotionally. In the afternoon we observed Art Club where eight people were clearly enjoying different art experiences. Some were painting freehand, others were copying a picture of their choice, and one person was making a mosaic. They told us, "I really enjoy being creative, working out what I'm going to put where, how the colours look, we have a really good time."
- Throughout the service we observed numerous examples of people's artwork publicly displayed in corridors and in communal rooms. People told us they enjoyed seeing these and were very proud to have their work appreciated in this way.
- We were advised that people were currently working on designing posters which would be displayed at the local train station aimed at promoting the town as a 'dementia-friendly' community. This helped people feel a valued part of their community and also promoted community awareness around dementia.
- Careful consideration had been given to people who were not able to leave their rooms to enjoy group activities. The provider had created the 'Thomas Tool' which was used to assess people's risk of social isolation. During the daily morning meeting, those people assessed at a high risk were allocated a team member from the meeting to spend one to one time with them each day. Feedback from people indicated this had a positive impact on people and had reduced social isolation and loneliness. A person told us, "I'm in bed all day, but I see plenty of people, I don't feel lonely."
- The service helped people to relive memories, which enriched their quality of life, mental wellbeing and self-esteem. An on-line system was used in the service for people to listen or look at their favourite music and photographs as reminiscence therapy.
- Best practice guidance had been followed to support people with dementia to have opportunities for meaningful engagement through the use of intergenerational activities. Research has shown intergenerational interaction serves as a meaningful activity and improves quality of life for older adults living with dementia. A mother and toddler group had been set up, where mothers and their babies visited weekly, giving people the opportunity to spend time and play with the children. A person told us, "I love the mums & babies club who visit every week. I've always loved babies, and we get to cuddle them, ooh it's such a treat. I never miss it."
- Further intergeneration work had been completed in partnership with a local high school. Older children who were completing health and social care apprenticeships were invited to come and spend time engaging in activities with people living at the service.
- People were encouraged to feel part of their local community to promote social inclusion. For example, through the strong links made with schools, nurseries and the church. Where people had expressed a desire to be involved in charity work, the service helped them by identifying and creating opportunities. For example, one person was knitting hats for the neonatal unit of their local hospital.

Improving care quality in response to complaints or concerns

- An outstanding feature of the service was the open and transparent way complaints were dealt with. The registered manager was extremely responsive to people's concerns, making every effort to ensure people felt listened to and were happy with the way their complaints were managed. Where failings were identified, the service was transparent and accountable, offering apologies, making every effort to resolve issues and using mistakes made as a learning tool to improve practice.

- All the people we spoke with were positive about the service they received and told us they had no complaints but would feel confident to raise concerns if needed. A person told us, "I feel I could talk to any of them if I had a concern or a complaint; I know they wouldn't discuss about me with anyone else, that's a great thing." Another said, "I've never had any complaints, but I wouldn't tolerate things not being right, I'd ask to speak to the manager."
- People's feedback was actively sought by the heads of each department to ensure people received a high quality care and support regarding all aspects of the service. A person told us, "I see [named hospitality manager] most days, he comes into my room to ask if everything's ok; he's been in today, he's ever so nice."

End of life care and support

- The provider was committed to providing excellent end of life care which considered the physical, spiritual and emotional needs of people and their family members. A relative of a person receiving end of life care told us, "The staff care for me as well as [named person]; they know me very well, and will notice if I'm down, or if I change my routine; they check up on me."
- People's needs and wishes for their end of life care were explored in a very person centred way and documented in detail to ensure people were supported the way they wanted.
- The service had developed strong professional relationships with the local hospice and district nurse team to ensure people were supported to have a pain free and dignified death. A person told us, "Staff pick up if I'm having a bad day; I'm on palliative care now, and I'm in a lot of pain which they really help me with; they do all they can."
- People's end of life care needs and progression was discussed during the daily staff meeting to ensure people had rapid access to support, equipment and medicines as required.
- A tradition of celebrating people's lives had developed within the service whereby the staff team gathered in reception to say goodbye to people who had died. People's favourite music was played as they left and staff stood together and shared memories about the person. A recent visitor to the home who observed this celebration commented, "I have never seen any other home do that, it was beautiful."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- The service had an accessible information policy and produced information in large print. Further variations had been requested and ordered including braille policies.
- People's communication and sensory needs had been assessed and support was organised to help people meet their needs. For example, the service hosted monthly clinics for people to have hearing aid support sessions. The service was opening up these sessions to the local community. The home also worked in partnership with a local opticians who attended the home on a monthly basis. The appointment system was managed by the homes' reception team.
- Information was provided to people in ways they liked to support their understanding. For example, one person had requested to have their menu a month in advance and this was provided to them in larger print with explanations related to what the dishes were.
- Staff supported people to communicate in a personalised way. A relative of a person no longer able to communicate verbally brought in a DVD of them giving a speech so staff could understand their personality and how they used to sound. The relative said, "I'm amazed staff took such an interest, they put it on in the lounge, and gathered round, watching with rapt attention, and then told me how helpful it had been."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as Good. At this inspection, this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- Historically, there had been a high turnover of registered managers which had impacted on the quality and consistency of leadership and had a negative impact on staff morale. At our last inspection in 2017, a new registered manager of exceptional quality had recently been recruited. They demonstrated extremely strong leadership skills and were committed to improving the culture of the service and raising standards. At this inspection we observed significant improvements had been and continued to be made and, more importantly, sustained.
- There was an extremely positive culture at Anisha Grange where people were placed at the heart of the service. A health professional commended the approach of the staff team ensuring people received person-centred care and support. They told us, "Such an approach takes hard work dedication and effort on the part of the care team and it is apparent that they are committed to meeting the needs of the residents as individuals the best way they can."
- Staff at all levels told us they were proud to work at the service and without exception, all staff we observed and spoke to demonstrated a high degree of passion, enthusiasm and commitment to providing high quality, person-centred care and support. A staff member told us, "You are part of one big family here, it's really nice. I enjoy going to work every day not everyone can say that, so I feel quite lucky."
- An inclusive and highly caring ethos was evident throughout the organisation which was strongly promoted by the management team and provider. A 'Random Acts of Kindness' day had recently been introduced, the purpose of the event was to create a company-wide moment and culture of performing random acts of kindness for others. The managing director explained, "We would like to give our staff team more opportunity to show that they care about their colleagues and residents and to demonstrate that the simplest of things can make a huge difference to someone's day." The managing director of the organisation led by example in performing their own random acts of kindness such as lending their car to staff to use on their wedding day.
- The registered manager was highly valued by people and was spoken about in glowing terms. They were extremely visible, approachable and considered to be exceptionally kind and caring. A person told us, "I know (manager's name) very well, he always offers me a bar of chocolate because he knows I like them." Another person said, "[Named registered manager] has got a very warm heart, he's very compassionate and that is so important."
- Staff also held the registered manager in high regard and felt extremely well supported. Staff received a high level of support with both their work and personal lives where possible. For example, some staff had been supported to access counselling services through advice and discussion with the registered manager.

A staff member told us, "I had a few personal issues in the summer and they could do nothing but help me. They are so nice, anything I needed. [Named registered manager] rang me to see if I was okay, I have never had that anywhere else, it was a nice surprise."

- Staff successes were celebrated every day in the daily morning meetings. Staff from the various teams were nominated for a 'high-five' moment where they were recognised and rewarded for their hard work and for going the extra mile to make a difference in people's lives.
- Recognising staff for their good work ensured staff felt valued and this encouraged staff retention. In turn, this had a positive impact on people who received care and support from regular staff who knew them well.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service's level of engagement with people and relatives was excellent. For example, people were involved in decisions about the recruitment of new staff and were invited to sit on various committees within the home, for example, the health and safety committee.
- The registered manager operated an open-door policy to staff, people and relatives to ensure that any feedback could be captured at the earliest possible opportunity. They spent time each day in each community talking with staff, people and relatives to ensure that the day to day feeling in the home was positive. Any issues found were addressed at the time which resulted in high levels of satisfaction reported by people, relatives and staff. A person told us, "If [named registered manager's] door is open and I walk past he'll call me in for a chat, and ask how things are. If I need to see him about something and his door is shut I just tell the receptionist, and he'll come and find me."
- Residents and family meetings were organised to include people in the running of the service. People told us they really felt listened to and included. A person told us, "At the meetings they [management] really listen to us, and we get the minutes back soon after, so we can check up that they've taken note of things."
- Feedback was invited and acted upon which reassured people they were listened to and valued. For example, one relative told us they had suggested that management spend time working on each floor so that they could experience the pressures that their staff faced. They told us, "They [management] took it seriously and managers have worked shifts since then from time to time. [Named registered manager] worked one night when staff went off sick, so he didn't go home until 1am. I think that's very good."
- Engagement with staff was also very good. Staff meetings and satisfaction surveys were used to invite staff feedback. A 'You Said We Did' was generated to communicate to staff they had been listened to and that action had been taken. This document illustrated the positive changes in staff attitudes, behaviours and values and evidenced an increase in engagement and morale across the whole staff team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell. Where investigations into incidents were undertaken the results were shared to ensure transparency.
- The management team demonstrated an open, honest and reflective leadership style. This had contributed to the strong learning culture within the service where failings and areas requiring improvement were shared with the staff team to promote learning and improve practice.
- Throughout the inspection, we found the registered manager and provider to be very open and transparent. Requests for information were responded to positively and in a timely manner.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements;

- There was a clear management structure in place and staff at all levels including the management team and provider understood their roles and responsibilities.
- Regular audits were completed, and the information collected was used to improve safety and quality. For example, in response to a trends analysis of falls an improvement plan was put in place which included increasing staffing, increased use of the 'Thomas tool' and additional training for senior staff. This had resulted in a reduction in falls across the service.
- Daily meetings were held to discuss all aspects of the service. A staff member from each unit along with departmental managers attended the meeting to provide a daily report for the registered manager. This information was used to monitor safety and quality and was shared with the provider. This ensured the provider had robust oversight of the service.
- The provider also completed their own quality checks to monitor safety and quality including infection control audits and internal inspection of the service.

Continuous learning and improving care

- Since the last inspection the service continued to improve and innovate resulting in positive outcomes for people. For example, the mother and toddler group which people took great pleasure in attending and assessment and intervention for people at risk of social isolation.
- The ways of working we observed throughout our inspection mirrored the provider's visions and values as set out in the company charter which was dedicated to 'developing quality environments and high standards of care to enable people to enjoy life to the full, as individuals, in happy, comfortable, and safe surroundings.'
- Dementia mapping (a formal method of staff observation in care settings) was undertaken by the service to truly understand the lived experience of people living with dementia. It was used to identify what staff were doing well and any areas that could be improved. A report was generated which highlighted people's mood was high when they were engaged with staff. The report also identified that people's mood was low if staff walked past without acknowledging people. This learning was shared with staff, so they could understand how every interaction can affect people's mood and wellbeing.

Working in partnership with others

- Feedback from health and social care professionals demonstrated significant improvements in how the service worked in partnership with external agencies under the leadership of the new registered manager. One healthcare professional told us, "Since [named registered manager] took up the position of Manager, we have certainly seen a more proactive approach in management style and a willingness to work with others to enable interaction with healthcare professionals, to improve the standard and ensure there are effective channels of communication between all parties."
- The service was passionate about creating a culture of greater understanding and support for people living with dementia. They had been fundamental in working with other businesses to create a dementia friendly community within the local area as part of the dementia action alliance.
- A dementia friendly schools award had also been created as a commitment to involving and educating the younger generation.
- The service had created a blue light breakfast club where paramedics, firefighters, police officers, doctors, nurses and other healthcare professionals were invited to drop in for a complimentary bacon bap or croissant and hot drink to eat in or take away. The purpose of the club, which took place on the first Friday of every month, was to say a big thank you for the incredible work local healthcare and emergency service professionals do in the local community.