Somerset Redstone Trust

Exmouth House

Inspection report

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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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Exmouth House provides care and accommodation for up to 31 older people who are living with dementia. At the time of the inspection there were 31 people living in the service.

Some of the people who lived in the home had limited communication therefore we spent time observing the care and support they received.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, the service was rated Good overall. At this inspection we found the service remained Good in all areas.

Why the service is rated good.

People said; "Oh yes the staff are very caring. Always help me when I want them to." Another person said; "Everything is very nice here" and a relative said; "I'm very satisfied with the care Dad gets."

People remained safe at Exmouth House as they received their medicines safely. People able to, visitors, relatives and staff told us there were sufficient staff to meet people's needs. Risk assessments were completed to enable people to retain as much independence as possible. People received care with minimum risk to themselves or others.

People continued to receive care and support from staff who were well trained and competent. Staff had the skills and knowledge required to effectively support people. 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 healthcare needs were monitored and people were able to access a wide range of healthcare professionals according to their individual needs.

People, relatives and visitors all agreed that staff were kind and very caring. One relative said; "Staff are very caring." There was a busy and friendly atmosphere in the service. People's privacy was respected. People where possible, or their representatives where appropriate, were involved in decisions about the care and support people received.

The service remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. Complaints were fully investigated and responded to. A relative said; "Never had to raise any concerns- never. If I had any concerns I know they will help me."

People were assisted to take part in a wide range of activities according to their individual interests. Entertainers visited the service and trips out were also planned for people.

The service continued to be well led. People, relatives, visitors and staff told us the registered manager and management team were very approachable. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

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? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Exmouth House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, it took place on the 29 June 2017 and was unannounced. We followed up our visit by contacting professionals for their views on the service.

Prior to the inspection we reviewed information we held about the service, and notifications we had received, the previous inspection report and Provider Information Return (PIR). A notification is information about specific events, which the service is required to send us by law. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met with 14 people who lived at the service. The registered manager and a member of senior management were available throughout the inspection. Some people were unable to tell us about their time at the service therefore, we observed them and how staff and people interacted. We spoke with six relatives or visitors and seven members of staff. We also received feedback from a healthcare professional after the inspection.

We looked at a number of records relating to people's care and the running of the home. This included four care and support plans, three staff personnel files, records relating to medication administration and the quality of the service.

Good

Is the service safe?

Our findings

The service continues to provide safe care. People who lived in Exmouth House appeared to be happy, relaxed and comfortable with the staff who supported them. People, relatives and visitors told us they believed their relatives were safe living at the service. One person said; "I do feel safe" while another said; "Yes I am" when asked if they felt safe. A relative said; "Dad is safe here as staff are always around to help him." A recent internal survey asked people what were the three most impressive aspects of the home and people recorded "Safe" as one of them. A healthcare professional sent us feedback after our visit and commented that people were safe at the service.

People were protected from the risk of abuse because there were suitable recruitment processes in place for new staff. Checks were carried out to make sure new staff were safe to work with vulnerable adults. Staff were unable to start work until satisfactory checks and employment references had been obtained.

People were protected by staff who understood what to do if they suspected anyone was at risk of harm or abuse. All staff completed training in how to recognise and report abuse. Staff confirmed they would have no hesitation in reporting any concerns to the registered manager or provider and were confident that action would be taken to protect people.

People, relatives, visitors and staff said there were sufficient numbers of staff employed to keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's care needs and spent time chatting and enjoying each other's company. Some people chose to remain in their room and this was respected. One person, when asked confirmed the staff called in to see them regularly. Staff confirmed that additional staff were made available if they were needed, for example, to help people to attend appointments including medical check-ups.

People had risk assessments completed to make sure people received safe care and to help promote their independence. Where people had been assessed as being at high risk of falls, assessments documented the equipment provided to promote people's independence when moving around the home, for example walking frames. Systems and audits were in place to monitor incidents, accidents and safeguarding concerns. This helped ensure any themes or patterns could be identified and necessary action taken.

People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people. Staff had completed infection control training. Relatives and visitors said the home was; "Always nice and clean."

People received their medicines safely from staff who had completed medicine training. There were systems in place to audit medicines practices and clear records were kept to show when medicines had been administered. Some people were prescribed additional medicines for pain relief on an 'as required' basis. There was clear protocols and information in place to show when these medicines should be offered to people.

The PIR recorded; "All staff who administer medication have received training and have completed a competency based assessment. Tabards are worn during medication rounds to alert staff and visitor not to disturb the medication giver to minimise the risk of errors occurring. We have a comprehensive medication policy to support staff in the safe handling of medications. We have introduced a new electronic medication system (EMAR) to assist us in medication management."

Good

Is the service effective?

Our findings

The service continued to provide people with effective care and support. Staff were competent in their roles and had a good knowledge of the individuals they supported which meant they could effectively meet their needs. A thank you card recorded; "All staff I meet at Exmouth House have been kind, considerate and professional."

People were supported by a team of well trained staff. Staff confirmed the training offered was relevant to their role and regularly updated. Their comments included; "I have done loads of training in the last month. It's all now up to date." New staff undertook an induction programme, which included shadowing experienced staff and were given time to read important information about the service and people being supported. Staff were being supported to gain the Care Certificate (A nationally recognised set of skills training).

The PIR stated; "Supervisions and appraisals are undertaken with all staff members and a matrix is in place to support this. We have links with other professionals/multi-disciplinary teams who provide additional support to the home to meet our resident's needs."

People's health needs were monitored and prompt action taken to address any concerns or changes. For example, some people were currently receiving care from the district nurse team to monitor their skin care. In addition care records showed Doctors visited when needed to provide support and advice to people changing care needs.

People told us, and observations showed, they were able to make choices on the food offered. People who required it were shown two plated meals at each meal time to assist them with their choice. Where there were concerns about a person's hydration or nutrition needs, people had food and fluid charts completed. Support at meal times was provided in accordance with people's needs and wishes. The staff followed advice given by health and social care professionals to make sure people's nutritional needs were met and people received effective care and support. A relative said; "Dad loves his food!"

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People continued to have their capacity to consent to their care and treatment assessed, in line with the MCA and DoLS as required. Best interest decisions were clearly recorded. The provider had a policy and procedure to support people in this area. The registered manager had liaised with appropriate professionals and made appropriate DoLS applications for people who required this level of support to keep them safe.

Staff confirmed they had completed training about the MCA and knew how to support people who lacked the capacity to make decisions for themselves. Staff said people were encouraged to make day to day

decisions. Where decisions had been made in a person's best interests these were fully recorded in care plans. A relative told us they had been involved in decisions about their relatives care. This showed the provider was following the legislation to make sure people's legal rights were protected.

People lived in a service that continued to be well maintained and with regular updates carried out. This included an upgrade in the garden which made it people friendly. The service garden had won an "Exmouth in Bloom" award for the last two years. Another upgrade had been converting a bathroom to a hairdressing salon for people to enjoy.

Good

Is the service caring?

Our findings

The home continued to provide a caring service for people. People received support from a staff team who knew them and their needs well. People who were able to said they were well cared for. We observed the staff taking time to assist people with their personal care. Staff were attentive and prompt to respond to people. For example, when people became confused or upset staff provided additional support. People soon calmed and enjoyed the additional one to one support of the staff member. A thank you card sent to the service records; "Staff were so respectful and caring of mum and so kind to me at such a difficult time."

The PIR stated; "Care plan assessments take place with the service user and/or relative to ensure that their wishes are reflected in their individualised plan of care. Understanding each resident and their life history is very important to us to ensure individualised care is delivered."

People said staff were always kind, caring and respectful. Some people who could talk to us said they felt well cared for, comments included; "They are lovely to me all the time." A visiting relative said; "I'm very impressed with the care whenever I come in here."

People and relatives told us people's privacy and dignity were respected. We observed staff knocking on people's doors and respecting people's need for privacy and quiet time. Staff told us how they maintained people's privacy and dignity in particular when assisting people with personal care. Staff said they felt it was important people were supported to retain their dignity and independence. One person when asked confirmed the staff always knock on the bedroom door and call out 'Hello' before entering.

People were supported to express their views whenever possible and involved in decisions about their care and support. Staff were able to communicate effectively with everyone and we observed them interacting well with people. This ensured they were involved in any discussions and decisions.

People or their representatives were involved in decisions about their care. People had their needs reviewed on an annual basis or more often if their care needs changed. Relatives said they had been involved with reviewing / planning their relatives care.

Staff showed concern for people's wellbeing. The care people received was well documented and detailed. For example, staff had been provided with information on how to care for people's skin to prevent their skin becoming sore.

Staff completed training to ensure they had the skills required to provide appropriate and dignified end of life care. Some staff had completed further specialised training in this area of care, and held the role of 'champions' including a staff member who was the 'dignity' champion responsible for providing additional advice and guidance to staff on how to meet people's needs at the end of their lives.

Good

Is the service responsive?

Our findings

The service continued to be responsive. People were supported by staff who were responsive to their needs. A relative said; "There is always plenty going on when I visit. People are always involved in something."

The PIR records; "All residents receive a pre-admission assessment prior to residing at Exmouth House to ensure that we are able to meet their needs. This assessment is an on-going process once residing at the home and the care plans are reviewed and updated monthly. We provide a person centred approach to care endeavouring to enable our residents were able and actively involving them in their care plans."

People had a pre-admission assessment completed before they were admitted to the service. Staff visited the person at their home to discuss their individual needs and expectations to ensure the service was able to meet those needs. This helped people, their relatives and the provider make an informed decision about the suitability of the placement.

People's individual care records were held electronically and covered a range of information relating to people's health and social care needs. They provided staff with sufficient guidance to ensure people care needs were met and included information about people individual preferences. For example, they contained information to assist staff to provide care in a manner that respected people's choice and wishes. The registered manager completes monitoring charts to enable the service to be responsive to situations, for example behavioural charts completed would see if people needed additional support.

Staff had access to monitors to add any information at any time to people's personal care records. This helped to ensure the care records accurately reflected the care and support provided. Care records had been regularly updated and showed that staff had met people support needs. All the staff we spoke to were familiar with people's needs and the electronic reporting systems. They said the information and guidelines were clear and easy to access.

People were able to make choices about how they spent their time and were able to spend time in their rooms if they wished. We observed staff responded to people and supported them according to their needs, throughout our visit. Staff told us how they encouraged people to make everyday choices as much as possible. This helped ensure everyone's voice was heard. People told us their individual needs were met.

People took part in a variety of activities and the service had a designated activities co-ordinator. Some outside entertainers were also brought into the service. The activities arranged in house were individualised to suit people's varied ability. On the day we visited people were putting the finishing touches to art work to go into the newly refurbished garden. A relative said; "When I visit people are always doing activities."

The provider had a complaints procedure displayed in the main entrance of the service for people and visitors to access. People, when asked, said they would talk with a member of staff if they were not happy with their care or support. Where complaints had been made these had been investigated and responded to. The registered manager had taken action to make sure changes were made if the investigations

highlighted shortfalls in the service. One relative commented; "If I had any concerns I would speak to […] and […] (named the registered manager or deputy manager).

Good

Is the service well-led?

Our findings

The service continued to be well led.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service mission statement was; "Together we strive to provide exceptional care and support to people and their families, maintaining independence, creating special moments and fulfilling lives".

This vision was supported by the provider and registered manager and communicated to staff through day to day discussions, one to one supervisions and team meetings. Staff we spoke with were very positive and enthusiastic about their roles. The registered manager confirmed the staff team had discussed and agreed on their values and vision for the service.

A card had been received by the service thanking the staff team for the care their relative had received and said; "I believe that this is a reflection of your excellent management."

The quality of the service continued to be monitored. The registered manager was visible in the service. There were effective quality assurance systems in place. Audits were carried out regularly including audits on the building and on care practices which enabled the provider to plan improvements. The provider sought people's views via meeting and surveys to help ensure people were at the heart of any changes within the home. The registered manager and provider continued to complete audits on aspects of the service and ensure lessons were learnt. Staff knew the outcome of these audits and reported that practices had been changed in response to their findings.

Staff were very positive about wanting to provide a good quality service that met people's needs and enhanced their well-being and independence. Staff understood their roles and responsibilities, and said they were listened to and felt valued members of a team. Tasks were delegated amongst the staff team and some individual staff members had additional duties and further specialised training in particular areas. For example, staff held the role of champions in areas such as dignity providing advice and guidance to staff when required.

The registered manager and a senior manager assisted throughout the inspection. People and staff clearly knew the registered manager and were observed to interact with them.

The PIR recorded; "The Manager operates an open door policy within the home to allow for residents, staff or visitors to speak to her should they wish. She also spends time within the home to enable her to gain a good understanding of what is occurring on a day to day basis in order for the home to run smoothly and efficiently."

People and visitors confirmed the management team were always approachable. One visitor said; "I see them (the registered manager and deputy manager) most times I visit." Staff said; "Any issues we can speak to them" and "Very helpful and supportive management."

There was an on call system available to support staff if needed. This meant staff were able to seek advice and support at any time. Staff told us they felt well supported by the registered manager and the management team.

The provider had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment and hot water and the servicing of equipment as required.