

RV Care Homes Limited

# Gittisham Hill 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We carried out a comprehensive inspection on 17 and 24 August 2018. The first day of inspection was unannounced; we arranged the second day of inspection before we visited.

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

Gittisham Hill House is registered to provide accommodation for a maximum of 39 people who require nursing and personal care. The home is situated near Honiton, Devon. The service specialises in the care of older people, most of whom are living with dementia. When we visited 36 people lived at the service, five of whom were receiving nursing care.

This was the first inspection of the service since being registered by the providers, RV Care Homes Limited.

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. Since the site visit we have been informed that the registered manager had been promoted within the organisation and is no longer in day to day charge of the service. A new manager has been appointed and will be registered with the Care Quality Commission.

The service had an extremely positive culture that was person-centred, open, inclusive and empowering. People's needs were supported by sensitive, compassionate and caring staff. Staff understood individual's diverse needs and preferences and supported them to enjoy as much independence as possible. Staff respected people's right to privacy and supported people to maintain their dignity. Comments included, "Carers are marvellous...will do anything for you...I would certainly recommend it" and "Staff try incredibly hard. They have got to know Mum, they are supportive and understanding. They make her feel relaxed..."

The provider was keen to improve the experience of people living with dementia. They had introduced an innovative approach to dementia care which was reflective of best practice guidelines. The new approach focused on wellbeing and comfort, learning and development, and the environment. Feedback and observations during the inspection showed the approach was having a positive effect on people's wellbeing.

The registered manager provided strong leadership and support. People using the service, their relatives, staff and professionals acknowledged the improvements achieved since the registered manager's appointment. The registered manager was developing a learning culture. Lessons were learnt when things went wrong and actions were taken to reduce the risks. Emphasis was placed on continuous improvement of the service and best practice. Working with a range of professionals meant staff's practice was influenced

by current best practice and research. People using the service were involved in decisions about the service. For example, taking part in staff recruitment interviews. The registered manager used effective quality assurance processes to improve the service.

People were protected against abuse and avoidable harm. People involved in accidents and incidents were supported to stay safe and action was taken to prevent further injury or harm. There sufficient numbers of staff available to meet any needs or requests quickly. Staff were recruited safely to ensure they were suitable to work at the service. People's medicines were safely managed. The service was clean throughout and good infection prevention measures were in place.

The staff team were well trained and supported to have the skills to achieve good outcomes for people. People were supported to maintain their health and prompt action was taken to refer people to healthcare professionals when they became unwell or their health needs changed. People enjoyed a healthy and varied diet, which met their needs and preferences. People were supported to have maximum choice and control of their daily lives and staff supported them in the least restrictive way possible. This ensured people's rights were protected. The premises had been designed with people's needs and comfort in mind.

Arrangements for social activities met people's individual needs; there was an emphasis on people enjoying life as much as possible. There was an extensive range of group and individual activities. People and their relatives said there were plenty of opportunities to participate in meaningful activities. The registered manager was working to implement an 'inter-generational project', which would welcome local school children to the service to support people with activities such as creative writing and basic IT skills.

The registered manager used concerns and complaints to improve people's experience. They fostered a 'no blame', learning culture and viewed feedback as an opportunity for improvement. People were confident any concerns would be dealt with.

## 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 was safe.

There were enough competent staff to provide the care and support people needed. Staff were safely recruited to ensure they were suitable to work with people.

People were protected from abuse and avoidable harm. Risks to their safety and wellbeing were assessed and managed.

Medicines were managed safely and people received them as prescribed.

Infection prevention and control was well managed. The premises were clean throughout, free from odours and well maintained.

Good 

### Is the service effective?

The service was effective.

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

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

People's nutritional needs and preferences were met. People enjoyed the food, which was varied and nutritious.

The legal requirements relating to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) were being met.

The premises had been designed and equipped with attention to people's comfort, wellbeing and choice.

Good 

### Is the service caring?

The service was exceptionally caring.

A strong visible person centred culture had been developed at the service. Staff were concerned for people's wellbeing and

Outstanding 

anticipated their needs.

People received exceptionally kind, compassionate care and support. Staff consistently demonstrated warmth, respect and empathy in their interactions with people and their relatives.

People's independence was promoted as much as possible and staff were motivated to support people to overcome obstacles to achieve this.

There was a very welcoming, friendly atmosphere at the service. The service worked in partnership with families.

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

**Good** ●

People received personalised care and treatment, and they were actively involved in planning their care.

People were protected from social isolation. A full range of stimulating and varied activities were on offer.

Complaints were used to improve the service. People were confident that any concerns would be addressed.

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

**Good** ●

The service was well-led.

The registered manager had a wealth of experience and knowledge and used it effectively to provide a person centred service.

The culture and atmosphere was positive and inclusive. People were fully involved in developing the service and their feedback and ideas for improvements were sought and acted upon.

Quality assurance was effective and there was a strong commitment to continuous improvement.

# Gittisham Hill 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 comprehensive inspection was carried out on the 17 and 24 August 2018. The first day of the inspection was unannounced; the inspection team consisted of one adult social care inspector. The second day of the inspection was announced completed by two adult social care inspectors and an expert by experience. An expert by experience is a person who has experience of using, or caring for someone using, this type of service.

We reviewed all information the Care Quality Commission (CQC) held about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used different methods to help us understand people's experiences. People who lived at the service had varying levels of communication. We 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.

During the inspection we spoke with 15 people who used the service and 14 visitors. We received written feedback from two relatives following the inspection. We also spoke with the 12 staff, including the registered manager, clinical lead nurse and deputy manager; nursing and care staff; two activities co-ordinators, the chef, the maintenance person and the administrator. We received feedback from eight professionals who work closely with the people who lived at the service. This included a GP; four specialist nurses, social workers and Devon County safeguarding team.

We looked at records relating to the management of the service including six people's care plans and associated records including medicines administration records. We looked at three staff personnel files

including staff training and recruitment records. We reviewed a selection of compliments and the complaints log as well as the accident/incident records. Documentation relating to the maintenance and safety of the premises was also inspected.

# Is the service safe?

## Our findings

People received safe care and support. They told us they felt safe at the service. Comments included, "It is lovely here and yes I am safe", "Safe...I should say so" and "Safe... bit over safe ...". Relatives were confident their loved ones were safe and well cared for. Comments included, "I am not worried when I go home. I am really pleased. Can't say enough about the place..." and "She is safe...it's the little things like staff are always around...it has a safe feeling and we are so happy to have her here." Professionals also expressed confidence that the service was safe. One said, "The home deals with the most complex and vulnerable people...they manage complexity well."

There were enough staff to ensure that people's needs were met in a timely and safe way. The Provider Information Return (PIR) stated "The staffing in the home has been increased in the past year both on nights and day duty but this remains flexible and increases with the needs..." For example when people required extra support for end of life. We found this was the case. Staffing during the busy morning shift had been increased by two care staff since the last inspection.

People said they received assistance promptly when requested. Comments included, "...pressing the button is effective..." and "Staff are always here when I need them." A relative commented, "The staff are wonderful. They have time for people and always there to speak with us when we visit..." There was always a member of staff in communal areas to ensure people's requests were dealt with promptly.

Staff confirmed there were enough of them on duty to be able to work safely and effectively. One said, "Staffing levels have increased so we are not time poor or rushed..." Staff said efforts were made to provide cover for staff absence due to short notice sickness, and that where cover could not be found the manager and clinical lead would assist. Staffing levels were based on people's dependency and needs. Visiting professionals confirmed knowledgeable staff were always available to support their visits.

The registered manager was in the process of recruiting to staff vacancies. In the meantime, any shortfalls in staffing were met by the use of regular agency staff, who had worked at the service for weeks or months and knew people well. Agency staff confirmed they were made to feel part of the team and described good communication. During the inspection staff had time to spend with people, assisting them with their requests and spending social time chatting or reading.

Risks to people's personal safety and wellbeing had been assessed and plans were in place to minimise these risks. Risk assessments were held within all of the care records we reviewed. These included risks related to falls, pressure damage; nutrition; behaviour; cognition; mobility and moving and handling. Risk assessments were designed to minimise the risk to people and provided staff with information about the actions to reduce any risk.

As a result of actions taken by the service the number of falls people experienced had declined significantly. The registered manager and clinical lead were working with the GP and the local falls team to review people's falls risk and ensure measures were in place to reduce avoidable risks. A small falls team had been

created to review any falls and ensure effective learning from them or near miss. All aspects of the environment had been reviewed and changes made. For example, bespoke stair gates, designed with input from people using the service, had been fitted to the main stairs. Coded stair gates were fitted to the back stairs and a stairlift removed, so there were no areas that falls could occur on stairs. Lighting had been improved in landings and some flooring had been renewed to reduce trip hazards. Additional seating had been provided in landings and corridors to support people who walked independently but who might become short of breath, raising a risk of falling. Exercise classes were introduced twice a week to develop people's core strength, which had improved balance for some people, therefore reducing the risk of falls. New equipment had been provided, for example low beds, to reduce the risk of falls and injury from beds. In addition, access to the garden was improved with a non-slip ramp.

A specialist rehabilitation nurse within the falls prevention team confirmed they were reassured by the registered manager's input and actions to reduce the risk of falls. They confirmed their recommendations had been put in place. They said, "We feel the service is safe with the registered manager keen to liaise with our team." A GP said they were satisfied the service was safe and action was taken to reduce the cause of falls. They added, "I am aware that the home has reported a number of falls...they are working together with the local falls team to minimise risk and frequency of falls." Falls had been reported to the local safeguarding team by the registered manager. The safeguarding team confirmed they were satisfied that appropriate actions had been taken by the registered manager. There was no evidence to suggest that falls risk had not been mitigated.

Incidents and accidents were reviewed and investigated by the registered manager. They reviewed individual accidents and incidents to check that all necessary action had been taken in response. They also monitored records of accidents and incidents to identify any developing trends that might indicate further changes were needed.

People were protected from abuse by staff who were aware of their responsibilities to safeguard people from harm. Staff had received safeguarding training and demonstrated a good understanding of the reporting procedures to follow if they had any concerns about people's safety. The registered manager was aware of their responsibilities in relation to safeguarding people and were open in raising queries or concerns with the local authority safeguarding team. Safeguarding incidents had also been reported to the Care Quality Commission (CQC) appropriately. Visiting professionals confirmed they had not witnessed any concerning practice. One said, "I have no safeguarding concerns...I have not witnessed any concerning practice...the service is really good in my experience..."

People's medicines were safely managed. Staff responsible for the ordering, receipt, disposal and administration of medicines had received training to do so. Competency assessments were conducted on all dispensing staff at least once a year and more often in the event of a medicine error. Policies were in place to guide staff in relation to medicine management. Medicines were stored safely, securely, and at appropriate temperatures. An audit had identified the medicines storage room was consistently exceeding the optimum temperature. The registered manager requested and installed an air conditioning unit. This action had been successful in maintaining an optimum temperature therefore ensuring the efficacy of stored medication.

There were suitable arrangements for the storage and recording medicines which required additional safe storage. Records showed people received their medicines as prescribed. Allergies were recorded to ensure staff followed safe practice. There were clear protocols in place to guide staff in the use of 'when required' medicines. There had been one medicine error in the previous 12 months. The incident had been fully investigated with lessons learnt disseminated amongst the wider team. Medicine reviews were conducted

on an annual basis or more often when medications change for the person. A local GP described a good working relationship with the service and confirmed they had no concerns regarding medicines management.

The environment and equipment were regularly monitored and serviced to ensure people's safety. We reviewed the fire safety arrangements and identified two bedroom doors which did not close properly. This meant the doors would not have prevented the spread of fire or smoke in the event of an emergency. Fire safety records showed all doors had closed during the weekly fire safety check prior to the inspection. The registered manager took immediate action to address the issue. Maintenance personnel adjusted the doors during the inspection. Regular fire safety checks were carried out to ensure any issues were addressed promptly.

There was a programme of ongoing repairs, maintenance and redecoration of the premises. Potential health and safety hazard had been addressed. Radiator covers were fitted to reduce the risk of burns to people. The temperature of the hot water supply was controlled and was within the 44 degrees limit recommended by the health and safety executive (HSE). Window openings we checked on the first floor had been restricted to reduce the risk of people falling.

The control and prevention of infection was well managed. The premises were clean, hygienic and free from offensive odours. A team of housekeepers were employed to maintain good standards. People and their relatives confirmed they always found the premises to be clean. One said, "The place always looks clean and homely. Never a nasty smell, they keep it very nice..." The laundry area was well organised and clean. Appropriate systems were in place for dealing with any soiled linen. Staff had access to protective equipment such as gloves and aprons. Hand washing facilities in communal toilets and bathrooms were stocked with liquid soap and paper towels. Alcohol hand rub was available at the entrance to the building and in other areas to reduce the risk of cross infection.

People were protected by the safe recruitment practices followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role. These included obtaining references, full employment histories, and criminal records checks with the Disclosure and Barring Service. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

## Is the service effective?

### Our findings

People were supported by staff who were skilled and knowledgeable. Comments from people and their relatives included, "This lot (staff) are wonderful. They look after me very well..."; "The staff are very well trained and it shows. The care is excellent. I really admire their patience. I can sleep at night knowing (person) is safe and happy here" and "People are in expert hands here..." Professionals also expressed their confidence in the staff team. Comments included, "Staff are supportive and keen to learn and improve their knowledge".

New staff were supported with induction training, which followed the 'care certificate' (a nationally recognised tool for staff induction). New staff were assigned a mentor to support their induction and initial training. One new member of staff explained they had completed workbooks and worked with their mentor to reflect on each shift, what went well and what could have been done better.

Staff said they were very well supported by the registered manager and deputy manager. They described a variety of training opportunities which were delivered in different ways. Staff completed a range of core training including moving and handling, fire safety, health and safety and infection control. Additional training was also completed by some staff including end of life care, dementia awareness and challenging behaviour, as well as Parkinson's disease awareness. The registered manager fostered a learning culture and positively supported staff to access training and obtain qualifications. Feedback from professionals confirmed staff were keen to learn and improve their practice. Over 50 per cent of staff had achieved a nationally recognised qualification in health and social care; several other staff were working towards these qualifications.

Staff were supervised and supported to carry out their roles and responsibilities. They had opportunities to attend regular supervision and staff meetings, to enable them to discuss issues about work or training, and to receive feedback about their performance. For example, we received some less positive feedback from two people living at the service about the approach and style of one member of staff. A relative was aware of their loved one's view and said, "You can't get on with everyone..." They confirmed the staff member was not "vindictive" in any way and that it was more of a personality clash. The registered manager was aware of the concerns and was dealing with the staff member's style and approach through supervision. This showed the registered manager had listened to people's concerns and was taking action to improve their experience.

Prior to moving to the service, people's needs and choices were assessed by the registered manager or deputy manager, to ensure the service was suitable for them. People and their relatives were welcome to visit the service to look around and meet some of the staff. Relatives told us how successful the move to a new environment had been for their loved one. One explained, "We were very anxious about the move for (person) but we met the manager, she was so welcoming and kind...I am really pleased and can't say enough about this place..." Another relative said, "We just arrived one morning and asked to look around. The deputy couldn't have been more accommodating and reassuring...They (staff) couldn't have worked any harder to get to know (person). There was a good assessment. It was a long and detailed process... the

transition is working well."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA.

Individual mental capacity assessments had been completed when needed to determine a person's ability to make specific decisions about their care and treatment. Some people were given their medicines covertly, meaning they were disguised in food or drink. This was carried out in their best interest following assessment under the MCA. Relatives and GPs had been involved in the decision. The local pharmacist was being consulted to check that the proposed method of administration was safe.

Staff supported people to make decisions and choices and sought their permission and consent before providing any support. People were consulted about their daily choices and routines. One person said, "I get up whenever, have breakfast whenever I want it ... carers are very good. I get up 5a.m. and go to bed 11p.m..." One relative explained, "They (staff) always involve Mum. She likes to choose her own clothes and staff help her with that."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Appropriate applications for DoLS had been made to the local authority where necessary. This was because people required continuous staff support and supervision to ensure their safety. Records showed the registered manager reviewed applications to ensure they remained appropriate, in date and in the person's best interests.

The staff team worked effectively with other professional to ensure people's health needs were met. People were supported to access a variety of health care professionals. For example, GPs; community and specialist nurses; physiotherapist; speech and language therapist. Two relatives described the considerable improvements in their family member's health since moving to the service. One explained their loved one had put on weight since their admission. Another said the move to the service had seen their loved one "thrive".

Feedback from professionals was very positive. A GP said, "I have a good working relationship with (the registered manager and deputy) and I believe them to be honest, reliable and have their residents' best interests at heart. I think requests for review are timed appropriately and medical deterioration is identified promptly and acted upon by the home."

Three nurse specialists described how the service worked with them to improve people's overall health. For example, a mental health specialist told us how the team had worked to support one person with complex needs and challenging behaviours. They said, "Care and sensitive support was provided for the transition (the move to the service)."

People's nutritional and hydration needs were known to the chef and care staff and needs and preferences were met. Allergens were also recorded to ensure meals were safe for people. The standard of catering and meal time experience was good. People said they enjoyed the food provided. They were provided with a varied and nutritious diet and had been involved in developing menus to ensure they reflected people's preferences. A variety of special diets were provided, including diabetic and vegan meals, and soft or pureed meals if required. The menus provided by the organisation had been adapted to include some favourite recipes. For example, one person's cup cake recipe had been used and shared much to the delight of the person and their family.

The chef spoke with everyone daily to discuss the menu and enable people to make a choice. However, people could change their minds about their meal choice once in the dining room. A board displayed 'Today's Menu' with photographs of meals to remind people what was on offer. People were positive about the food provided. Comments included, "...best pasta ever had anywhere in my life... best Eton Mess!"; "The food is delicious here...no complaints from me..."; "The food is excellent. I really enjoy the cooked breakfast..." and "It always smells so good...I am salivating!"

People who required assistance with meals were fully supported; assisted by one member of staff and assisted at their own pace. Staff did not rush people. Staff were attentive to people's needs at meal times and made the occasion sociable by chatting as assisting people. People's independence was promoted with the use of adapted crockery and special cutlery.

People's weight was monitored and where concerns were identified about weight loss this was discussed with the GP. A relative said their family member had gained weight since living at the service as mealtimes were very sociable and encouraged eating. Some people had been assessed by the speech and language therapist (SALT) as they had swallowing difficulties. Care plans included recommendations from the SALT team about how the person should be assisted to eat. We observed staff followed these recommendations when assisting the person. The person clearly enjoyed their meal. It was unhurried and staff were considerate and kindly. Snacks and drinks were available throughout the day and staff ensured people were offered regular drinks.

The adaptation, design and decoration of the premises meet the needs of people using the service. There was an abundance of tactile and visually interesting stimuli positioned around the building. People said they found the premises and grounds very pleasant. Comments included, "It's a homely place, comfortable and well maintained..." and "The layout is good. There are several smaller rooms for private visits and quiet times. It is bright and airy and well decorated. The grounds are lovely."

Easy to read pictorial signage was used to guide people to communal areas, such as the lounge, dining room and toilets and bathrooms. There were various seating areas, including in the wide corridors and we saw several people choosing to use these areas. Points of interest had been set up to make the environment more interactive and engaging. There was a large hamper available which contained soft toys and empathy dolls. We saw that several people enjoyed engaging with the empathy dolls. Another area had a chest of drawers and coat stand, which contained hats, coats, scarfs and umbrellas. We saw several people going through the items and choosing something that appealed to them. For example, one person took an umbrella and another a scarf. Other people appeared to just enjoy fiddling with the items.

One of the sitting rooms had a variety of sensory equipment, which was used for quiet, relaxing times. People's bedroom doors were numbers and some also had photographs of objects or places important to people. This made it easier for people living with dementia to identify different rooms and orientate themselves.

Outside, there was a level walkway with seating areas, and an attractive secure area with raised flower beds. People had planted flowers and vegetables and tended them over the summer. The activities co-ordinator was planting bright winter flowers into giant tea cups to brighten up the view for winter. Further improvements were planned for outside area, including a chicken coop. In addition, 'life stations' were being created, for example a post office area.

## Is the service caring?

### Our findings

Feedback from people using the service and their relatives was extremely positive. People described a very caring and committed staff team. Comments included, "Carers are marvellous...will do anything for you...I would certainly recommend it."; "Very kind carers. Quite happy to recommend it. Very nice staff treat me with dignity and respect" and "They do everything for you... top stuff. I can't complain about anything. I love it here." Relatives were equally positive. Comments included, "The home is excellent. We could not find a better place..."; "Staff try incredibly hard. They have got to know Mum, they are supportive and understanding. They make her feel relaxed..." and "The staff treat everyone with respect and kindness. They are brilliant with people here."

Professionals also commented positively about the caring, kind approach of staff. Comments included, "It's obvious that they know everyone's foibles. I observed lovely care and gentle approach with respect and fun towards residents"; "I believe Gittisham to be a caring service and believe that they respect people's dignity. Residents are talked to in a kind manner..." and "The team are extremely supportive and kind. They understand people's distress and deal with any hostility in a positive way..."

The provider information return (PIR) said "Kindness is a fundamental value in the company..." Feedback from people, their relatives and professionals, and our observations and discussion with staff confirmed this to be the case in practice. The induction training covered all aspects of care, dignity and respect and how to care for people in a kind and compassionate way. Staff understood it was a person's right to be treated with respect and dignity. One staff member said, "I like to treat people as I would my own family. They deserve our care and love. I enjoy my job and find it very rewarding." Another said, "We are here for the residents. This is their home."

The service had a strong person-centred culture. Relatives explained staff had taken time to find out what was important to people to help them develop caring relationships. One relative said, "They (staff) asked all kinds of questions about (person's) life and interests so they really got to know her. We were impressed by the staff team. (Person) is settled and is very happy here." It was clear from the interactions that positive, caring relationships had been developed between people and staff. People greeted staff with a smile; staff were tactile and gentle with people and we heard laughter throughout the day. One person told us how kind and considerate the registered manager was. They then kissed and hugged the registered manager. A relative explained staff did not "browbeat" people or "put them down", but treated people as individuals. Another wrote, "The change in (person) is amazing, she has pride with dementia..."

A relative explained how staff came out to welcome one person on their return from hospital. They said, "It's very good here, he likes all the staff, his face lit up when he came back from hospital, they were all there to meet him and he was smiling."

Staff showed concern for people's well-being in caring and meaningful ways. Extra care and consideration was taken to ensure people moving to the service were warmly welcomed and assisted to settle as quickly as possible. For example, a relative and a professional gave us two examples of how staff had ensured

bedrooms were homely and familiar for people to help them settle and feel at home. Bedrooms had been reconfigured to suit each person and their personal effects had been brought in and displayed. A professional said, "The admission was very person centred and harmonised..." A relative said, "It was important for (person) to have a view, which was accommodated. They refurbished the room, set up the furniture as she wanted, like her bedroom at home, so it was so familiar to her. Even down to which side of the bed she likes to get out of... They (staff) have been excellent so (person) is settling..." Another relative said, "The care and support has been outstanding, giving us total confidence is their ability to look after (person)."

The staff team were exceptionally good at recognising and responding to people who were distressed or anxious. Staff ensured people were always treated with kindness and empathy. For example, one person started to cry. A staff member immediately approached them, and with a gentle arm around them asked them what was wrong. The person was unable to say. The staff member said, "Don't worry... dry your eyes. Let's go and get a nice cuppa and have a chat..." The person took staff's hand and was led away. We saw the person a little later and they were bright and happy, occupied with a group activity. We saw other similar interactions where staff intervention had a positive impact on the person's mood and peace of mind.

A relative explained, "(Person) can be hard work but staff are all lovely with her. Very kind and caring and understanding of her mood..." A professional described the "careful and sensitive" approach of staff with one person who had complex needs due to their dementia. They added, "The registered manager and staff put people and their family at ease. There are lots of positives about this place."

Staff were attuned to individual's interests and supported them. Two people benefitted from the use of empathy dolls. Empathy dolls are a recognised and effective therapy for reducing anxiety and agitation in people with dementia or Alzheimer's. They promote interaction and can be an invaluable comfort to people. Staff acknowledged when a person was caring for and cuddling a doll, to the person's obvious delight and smile. This showed staff were able to 'meet' people in their reality, which minimised upset and disorientation.

Staff were responsive to people's preferred routines. One person liked to stay up late. Staff involved the person in small domestic tasks at night, such as laying the tables. Because the person liked to sleep late in the morning, their main meal was served in the evening to suit their routine. Another person, who had worked in an office, liked to visit the registered manager's office every afternoon. There they did some typing and filing of sorts. This was a familiar environment and activity for the person, and we saw they obviously enjoyed it.

People's achievements were acknowledged and celebrated, which gave them a sense of worth and value. For example, one person was a talented artist and their work adorned the walls of the corridors. They were supported and encouraged to continue with their hobby and were planning to design Christmas cards for the service.

The registered manager had introduced the 'Resident of the day' initiative. This involved the nominated resident (and their family where appropriate) meeting with the registered manager to discuss their care. They also met with the chef to discuss their likes and dislikes. A review of their care records was completed to ensure these were accurate and up-to-date. Their bedroom was checked to ensure it was clean and comfortable and that any equipment was in good working order. It also afforded one to one time to discuss any wishes with regards to activity. As a result of this initiative one person was supported to visit the donkey sanctuary and to adopt a donkey. Another person wanted to visit China, which was not possible to support. So, a Chinese banquet was organised for the person. A relative wrote about this initiative saying, "(Person)

couldn't be in better hands and I love coming and feel so welcome...it is wonderful, thank you all."

People's birthdays were celebrated with specially made cakes and tea parties. One person told us their bedroom had been completely refurbished with new furniture and curtains as a birthday present from the service. They were thrilled with the results. They said, "It was a lovely surprise for me. I am very lucky to be here. They thought of everything and that goes a long way." The person described the registered manager as a "smashing person". Their relative also praised the service, saying it was going "above and beyond" to celebrate the person's birthday. They added, "It is excellent here..."

Staff were attentive to people and their individual interests. For example, one person living on the first floor particularly liked seeing the birds and feeding them daily. The registered manager had arranged for a bird table to be erected outside of the person's window, where they could enjoy feeding and watching the birds. They said, "It's just brilliant and so thoughtful..."

Another person told us how staff supported them to continue with their hobby. They said, "I like writing – staff have given me a small room, so that I could have quiet...I like writing stories and poems..."

People's aspirations and hopes were recognised by staff and people were encouraged and assisted to realise their aspirations. For example, one person wanted to return home. Staff worked with an occupational therapist and physiotherapist to improve the person's mobility and safety. They had been unable to stand on admission to the service but following support and encouragement from staff, they were able to stand and visit their home to enable an assessment for their discharge. Feedback from their relative about the person's progress was very positive. They wrote, "It is thanks to you (staff) we are even thinking that (person) could come home again..."

People were encouraged to maintain their independence. People were supported to move independently where possible with staff ensuring they had any necessary equipment to keep them safe. For example, walking frames and sticks. Staff also remained nearby to provide additional assurance. Referrals were made to other professionals, such as physiotherapists to ensure people had the correct equipment to support their independence.

The activities team actively encouraged people to participate in a range of physical exercises to improve their stamina and core strength. This help to reduce the risk of falls for some people. Chair based exercises, dancing and games, such as throwing and catching were used to improve people's physical strength and abilities. We saw that several people enjoyed an exercise session during the inspection. There was music and laughter. Some people enjoyed doing small domestic tasks and we saw staff supporting one person to lay tables in the dining room. Staff said it was a familiar and reassuring task for the person.

Staff ensured people's privacy and dignity was respected. A GP confirmed when people needed to be examined or reviewed, staff assisted them to an appropriate environment to maintain dignity and privacy. When people required assistance with personal care, this was done in a discrete way. Personal care was delivered in private.

People's personal care was well attended to, which promoted their dignity and well-being. One person had become attached to a particular top and was reluctant to remove it to have it washed. Staff asked the family to buy two more identical tops so the person could wear their preferred clothing. This meant their clothes could be changed and washed regularly without causing the person distress. One person was wearing a beautiful necklace and they proudly told us they had made it during an arts and crafts session at the service. They added the necklace was blue, "...to match my blue eyes..." Several people said they enjoyed the

regular visits from the hairdresser. One person, "I like to keep up my standards. I feel good when my hair is done." Staff offered regular pampering including, manicures and nail care.

The registered manager and staff adopted a caring approach towards family and friends. Relatives said they were always made to feel welcome, refreshments were offered and time was given to them to be up-dated on their relative's progress. One relative said the service had set up a small quiet room like a restaurant when friends and family came to visit, so they could all enjoy a meal together. They added that the service was "...so very personalised." Two relatives described the support for them and how they had made friends with other relatives at the service, which was also a source of support. Two relatives met at the service regularly for afternoon tea and took part in activities, even though their family member no longer lived at the service. They told us, "The manager introduced us and we have become friends. You really can't fault this place. I was so happy with the care..."

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. People said they were happy with the care and support they received. Comments included, "I am very lucky to be here..." and "Everything you need and want is here. The staff are terrific, so helpful and kind..." Relatives said, "It is such a relief to have (person) settled here. We can see an improvement already..." and "When you walk in the door there is a lovely atmosphere...you can feel the warmth and happy atmosphere..."

There were suitable arrangements in place to respond to people's concerns and complaints. Any complaints were taken seriously, investigated, responded to and lessons were learnt, shared and acted on. Two complaints had been received in the past twelve months. Both had been fully investigated, responded to and resolved to the person's satisfaction. People and their relatives knew how to raise any concerns and were confident any concerns would be dealt with.

The service had received 25 compliments and thank you's from relatives and professionals since January 2018. Themes included the excellent standard of care; food and activities; working professionally with others and end of life care. One relative wrote to us directly saying their family member was very happy and settled and that they were reassured the person was safe. They added the person would be very vulnerable without the "excellent care" they received at the service.

People had a range of meaningful and interesting activities, which reflected their interests, preferences and abilities. People and their relatives were positive about the activities on offer. Feedback included, "There is always something to do...I like the music. It was fun this afternoon...": "I enjoy company. Can't complain about anything ... I love it here"; "(Person) has a better quality of life here. She has a better social life and more company of her own age. There is lots to join in with which she enjoys..." and "Thanks again for all the trouble you and the staff take with Mum, it is great to see her so happy and enjoying being sociable, something I haven't seen for years..." A relative explained how their family member enjoyed a game called 'banker'. The person had been an accountant dealing with wages and money. Despite the person's dementia the person enjoyed the familiar activity, which their relative said brought them "comfort."

Two activities co-ordinators were employed, which meant there was a full programme of events for people to enjoy. For example, regular weekly trips to places of interest; baking sessions; musical events; visits from therapy animals, games and adapted quizzes (to enable people of all abilities to join in); arts and crafts and discussion groups. The activities co-ordinator was enthusiastic and skilled. The programme of activities aimed to be flexible and group and one to one activities were adapted according to people's moods, preferences and abilities. During the summer months the registered manager had arranged for a local ice-cream van to visit the site. Staff supported people to visit the van to choose and buy their own ice-cream. People enjoyed this very much.

A local musical group visited and people so enjoyed listening to the music and singing that the registered manager bought three ukulele kits which the people had made and decorated. People enjoyed playing along when the Ukulele Group come to the service. This benefitted people's well-being particularly the men,

who found 'making' something, and then being able to play it incredibly rewarding. A relative commented, "I have not seen Dad so engaged doing something positive in the Home for a long time; he is much happier as a result, and then being able to play the ukulele for me and with the group was amazing – I have my old Dad back'. Another said, "(Person) absolutely loved making her ukulele. We were stunned when we saw the enjoyment on her face during the process. She was totally engaged in the experience."

In addition to group activities, people also pursued their hobbies and interests. Some people enjoyed receiving a copy of the daily newspaper and chatted about the news of the day.

One relative explained how important gardening had been for their loved one. They said the person was involved in tending the garden and collecting tomatoes. They added, "It was so important that this interest was kept up. (Person) gets out with staff into the garden and grounds up to three times a day to support their physical fitness. There is some different activity everyday..."

A chicken coop and vegetable patch were being planned. This registered manager explained this would help with people's 'memory care' in a different way. Many people lived and worked in farming communities in the area, and the new space would offer people a link back into their comforting memories.

Staff had given one person a vintage photograph of the local town and they were looking intently at it. This picture clearly engaged the person and prompted them to point to cars in the street and tell us the make of cars and how the pub was still in the same place. The photograph encouraged positive and pleasurable recall. Some people and their family members were supported to participate in the monthly screening of old films in the local town. This enabled people and their loved ones to do things 'as they would have done' and contributed to their wellbeing.

The service had introduced a 'men's afternoon' on a Monday. The provider information return (PIR) stated the men's afternoon had a "...specific focus on our chaps and trip to the pub and continue to look for activities that appeal to our gentlemen residents."

Staff ensured people who preferred or needed to stay in their bedrooms were protected from social isolation. One to one activities were offered, with staff visiting people frequent to offer social contact.

The use of memory boxes had been introduced since the last inspection. A memory box can improve orientation and encourage increased levels of communication. Keepsakes in each box reflected the person's interest or moments in their life, to help recall events and people from the past. This was work in progress. One person said, "I have a memory box – not much in it at the moment ..."

People's diversity was acknowledged and arrangements had been made for people to worship either at the service or in the community. One relative explained that religion was very important to their family member. The service had arranged for visits from the local priest to meet the person's needs and preferences. A small group of people liked to read the Bible together and discuss elements and this was supported and led by the registered manager.

People's culture and background was celebrated. For example, one person shared stories about their life in their home country and their move to England. The person's family also helped people to sample food from the region, helping the person to share memories at the service.

People's care and support was well planned, and delivered in a way the person wished. This was because people, or where appropriate, their relatives, contributed to planning their care and support. The service

was in the process of transitioning care records to the provider's new format. We viewed both formats in use. The old style care plan was large and repetitive. The new format was more person centred and concise.

People's care records contained information about their health and social care needs; considered their mental capacity; their life histories, and preferences about how people wished to receive their care. All aspects of the person's daily activities were considered and there was guidance for staff on how to support people. Care plans were reviewed regularly to reflect people's changing needs.

Good communication had been established within the team. Senior staff, including the registered manager, held daily meetings to discuss and share concerns and any changes. In addition, regular handover sessions were held to ensure staff had up to date information about people's needs and preferences. Staff confirmed communication was good. There was a detailed handover sheet which contained relevant information about each person. Two agency staff said they were well informed of people's needs and treated as part of the team. One said, "This is a really good place to work. I had an induction and have got to know people well."

People's wishes regarding their end of their life care were discussed with them when they felt able to talk about this sensitive subject. Some people had chosen not to discuss the subject. Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.

Two people were receiving end of life care at the time of the inspection. The emphasis was to provide dignified and pain free end of life care. We observed that staff monitored people's condition regularly. Medicines were given as prescribed to reduce any unwanted symptoms, such as pain. Staff visited people frequently, providing company, comfort, repositioning and food and fluids. A visiting health professional described end of life care at the service as "very good".

During a person's end of life, visitors were welcome and encouraged to visit. Relatives were provided with a comfortable bed if they wish to stay. Visiting relatives said they were very happy with the care their loved one received. They added, "Staff are wonderful with (person). (Person) is in safe hands. They are a helpful team, kind and gentle..." Many of the thank you cards and letters related the end of life care provided to a loved one.

The provider complied with the Accessible Information Standard (AIS). The AIS sets out a specific approach to identifying, recording, sharing and meeting the information and communication support needs of people with disabilities, impairment or sensory losses.

Care plans provided information about people's sensory or hearing impairment and communication needs. Staff were aware of those people who relied upon hearing aids or glasses to enhance communication. A relative explained their family member had a hearing problem and staff ensured the text was used on the TV so the person could watch the news and take an interest. They added, "They are always thinking of the person...nothing is too much trouble here..."

One person with poor vision received audio books, which had been a huge success for them.

There was helpful signage to guide people around the building. Daily menu choices were displayed on a pictorial board to help people recognise meal choices. The service provided information in different formats to enhance communication. For example, large print, or in a different language.

## Is the service well-led?

### Our findings

The registered manager provided strong leadership and support. People using the service, their relatives, staff and professionals acknowledged the improvements achieved since the registered manager's appointment. They described her as friendly, professional, accessible and willing to listen. One person said, "(The registered manager) is just lovely..." Relatives said, "The home is very well managed...the care is excellent. If I have any problems I speak with (the registered manager). I find (her) very caring and always willing to speak with me..."; "The manager couldn't have been more helpful and reassuring, which allayed any concerns we had about placing (person) here" and "(The registered manager) is a very good manager. We can see the improvements since she came here...it feels like a home from home here..."

Professionals were equally confident that the service was well managed. They all described good working relationships, which benefitted people using the service. Comments included, "I thought the manager was very hands on, approachable and caring and knew her staff and the residents well and showed respect for all" and "I think (the registered manager) has been very sound in her role of manager ...I find her trustworthy, approachable, caring and a good manager."

The registered manager was qualified and experienced with many years of experience working in senior nursing positions with the NHS. They had been in post for 17 months and in that time, had developed a culture which was open and transparent. They had established an ethos whereby a positive culture of challenge for staff ensured they were accountable for maintaining high standards. The registered manager explained, "The standard you walk past is the standard you expect". All staff expressed confidence in the registered manager and said they were well supported in their role.

Since our site visit to the service, the registered manager had been promoted within the organisation and was no longer in day to day charge of the service.

An open-door policy was operated by the registered manager and they were also visible on the 'floor' during all shifts. They had spent time working with every team across the service to understand their roles and responsibilities and to make suggestions for improvements. They had worked with housekeeping staff and catering staff to make improvements across the service. This had resulted in improvement such as, an increased safety score for the catering department from 40 per cent compliance to 94 per cent.

The registered manager was developing a learning culture. Lessons were learnt when things went wrong and actions were taken to reduce the risks. For example, significant improvements had been made to reduce the number of falls at the service. The registered manager and staff team had successfully worked with other professionals to improve people's safety and promote their independence. A professional said, "The manager is very honest and open and wants to get things right for people...I have been very reassured by her in-put".

The collaborative approach of working with a range of professionals meant staff's practice was influenced by current best practice and research. For example, in dementia care and Parkinson's disease. A nurse

specialist for Parkinson's disease said time critical medicines were managed well. Additional precautions were also in place to reduce the risk of falls for people living with Parkinson's disease. Comments from other professionals included, "They (staff) went a step beyond to support the person with very complex needs." Another nurse specialist said the service was "really good" in relation to skin care. They said they did not see a high number of pressure ulcers, that the service had appropriate equipment to prevent pressure damage and that their advice was sought and recommendations acted on. They added, "They follow instructions to ensure effective treatment. We have no current concerns." A third nurse said, "I observed good practice... staff were friendly and showed good personalised care." This showed best practice was adhered to and staff used their learning to drive improvement.

The provider was also keen to improve the experience of people living with dementia. They had introduced an innovative approach to dementia care which was reflective of best practice guidelines from The National Institute for Health and Care Excellence (NICE) and the Alzheimer's society. 'Harmony' was the name of their dementia care strategy and 'memory care communities' were where people with dementia lived. Harmony Memory Care aimed to bring "more joy and meaning" into the lives of people living with dementia. The new approach focused on wellbeing and comfort, learning and development, and the environment. A 'memory trunk' had been created with various objects, including empathy dolls and was placed in a communal area for people to freely access. We saw several people engaged with the contents of the 'trunk'. Improved access to the garden enabled people to safely and easily use the space. Improved signage promoted people's independence and helped them find their way. A creative and flexible activities programme was in place, which people said they enjoyed very much. A regular 'harmony' newsletter was produced with advice and tips about behaviours, activities, the environment and shared experiences and learning from other services. This was shared with staff and relatives so the vision of the initiative could be fully understood and supported.

The registered manager also engaged with the Hospital Catering Association to trial drinking cups with a voice enabled recording and/or a flashing light at the bottom of the cup to prompt people to maintain their hydration. The cups were utilised successfully with some people and the provider said they had observed an increase with improved hydration, health and wellbeing and reduction in urinary tract infections.

The registered manager was promoting inter-generational activities and had approached four local schools to invite young people to become involved in activities with people living at the service. For example, creative writing and learning how to use basic IT. A local school had shown interest and this project was due to start in September 2018. The PIR stated, "We are building on this currently, but over the coming year will see this flourish with more visits by local schools and children of all ages, giving our Residents contact and interaction with both young children and teenagers as part of the Honiton Dementia Community." Whilst building upon the interaction with the local community, the team at Gittisham had also built positive relationships with a local school and had provided work experience opportunities and voluntary placements for students. This supported students to have a better understanding of adult social care provision. Feedback from the school included, "On behalf of the staff and the students of (name) School, I just wanted to say a heartfelt thank you for hosting one of our students for work experience" and "Work experience is an incredibly important opportunity for students. We do appreciate that hosting a student asks for time and commitment from the employer, and therefore we are very grateful to you for participating."

The registered provider engaged with local community initiatives to support learning and development across the staff team and to promote a positive quality of life for people using the service. The registered manager was a member of the local community Dementia Alliance group, which shared practice, knowledge and experiences to improve care and support outcomes for people living with dementia. Their involvement helped to shape plans for future developments for people living with dementia. The group had been

recognised nationally as drivers of the 'Admiral Nurse' project. This project is a partnership initiative with nurses providing specialist support for people living with dementia and their families. People living at Gittisham and their relatives had received positive emotional and psychological support from the team and there have also been instances where hospital admission had been prevented due to the positive and timely interventions.

The registered manager was constantly looking at different ways to involve people when making decisions about the service. For example, people living with dementia took part in staff interviews during their recruitment. They were supported and encouraged to ask questions of potential candidates and to give their feedback. The 'resident of the day' initiative ensured people were at the heart of the care provided, with their feedback sought regularly. The registered manager had introduced 'You said...we did...' quality improvement tool, which enabled 'quick wins'. This empowered people to provide on-going feedback about possible improvements, with the registered manager addressing issues and feeding back to people. For example, the telephone was not always answered quickly. Following investigation, it was found the mobile did not work effectively in parts of the building. The phone was up-grade with no further problems reported. People asked for more frequent hand and nail care. Manicure sets were bought and people were offered regular hand and nail care.

Regular meetings were held for people using the service and their relatives, which provided an opportunity to share news and any changes and to hear about any suggestions for improvements or any concerns. Relatives said if they had been unable to attend, minutes of the meetings were shared with them, so they were kept up to date. One said, "The communication is excellent. I find (the registered manager) and staff very willing to listen to any comments or suggestions. I can't think of any improvements to be made..." Annual satisfaction were used to obtain additional feedback about all aspects of the service.

Staff learning and development was a priority. The registered manager was developing a programme for a 'nursing assistant' role to provide an opportunity for progression for staff. Staff described a supportive work environment. Comments included, "This is a lovely place to work. The manager and deputy are fantastic. I have lots of respect for them both" and "The manager is always approachable. She is ready to hear about problems or ideas we might have." An agency worker said, "This is one of the best services I have been too. Staff value service users and their happiness. They work well as a team. I have never seen poor practice. Staff have an excellent knowledge of people here." Regular staff meetings were held for all staff groups and minutes demonstrate there was good communication between the team. Staff could raise issues freely and were expected to be part of the solution.

To develop and support staff's individual learning needs, the registered provider and manager had introduced champions in key areas. For example, champions for dignity, infection control, falls, mental capacity, and nutrition. This was work in progress and aimed to help ensure the delivery of consistent care and support and promoted best practice across the service.

The registered manager and provider cared for and valued the staff employed. Staff told us about the subsidised taxis service they could use from the town, as the service was not easily reached by public transport. Staff were congratulated when positive interactions were observed. There was a reward system in place with thank you cards and vouchers to encourage the very best from the team. As a result of positive feedback from people using the service and their relatives, the Chairperson of the registered provider presented staff with a 'kindness in care' award in recognition of their work.

The registered manager was planning to introduce Schwartz Rounds, which provides a safe space for staff to reflect on the emotional aspects of work. The meetings aimed to help staff and reduce any feelings of stress

and isolation which make it more difficult to provide compassionate care to people. The registered manager explained the aim was to make the service even better for people living and working there.

The CareHomeUK website uses feedback from people and relatives from online reviews of services. The comments and ratings were independently verified by CareHomeUK. Gittisham had seen a significant improvement in the overall score from 2017 to 2018, from 7.1 to 9.6. The majority of reviews rated the service as excellent, with people 'extremely likely' to recommend the service to others. On-line feedback demonstrated the caring ethos at the service. Comments included, "The team, in particular, senior management, are kind and approachable and always have time, despite being very busy."; "This is a kind and caring home with patient staff. It is extremely well led. Senior management, although always busy, find time to discuss problems which are well dealt with..." and "All staff have a real connection with residents and display genuine love and affection. Standards of care together with facilities, activities and entertainment have all improved considerably since the new manager took over..."

Effective quality monitoring systems were in place. The registered manager or a delegated staff member, carried out a range of audits to monitor the quality and safety of the care and facilities. These included medication audits, catering and dining experience audits, environmental health and safety audits and infection prevention audits. Where shortfalls were identified, action plans were put in place and steps were taken to address any issues. For example, considerable work had been completed to improve the catering audit and various aspects of the building. As a result of a dining experience audit, a variety of finger foods were being introduced to maintain people's independence and choice. The registered manager had a comprehensive improvement plan to help focus on and drive improvement in all aspects of the service.