

Doveleigh Care Limited

Arcot House Residential Home

Inspection report


Arcot House
Arcot Gardens
Sidmouth
Devon
EX10 9HR

Tel: 01395514397

Date of inspection visit:
27 January 2020
30 January 2020

Date of publication:
01 April 2020

Ratings

| | |
|---------------------------------|--|
| Overall rating for this service | Outstanding  |
| Is the service safe? | Outstanding  |
| Is the service effective? | Outstanding  |
| Is the service caring? | Outstanding  |
| Is the service responsive? | Outstanding  |
| Is the service well-led? | Outstanding  |

Summary of findings

Overall summary

About the service

Arcot House Residential Home provides personal care and support for up to 23 people aged 65 and over. The home does not provide nursing care. The home is a grade two listed Georgian manor house set in lovely gardens. At the time of the inspection there were 17 people living there.

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

Those people who used the service expressed unreserved satisfaction and spoke highly of all staff and services provided. Comments included, "It's the little things and attention to detail that always make a big difference" and "[Person's name] is [over 100] and in better health than when they came here five years ago. The attention to details, the care provided and the communication is second to none. Staff are always attentive and welcoming. It's a huge relief [person's name] lives in such an outstanding care home."

People and their relatives agreed the service was safe saying, "We are completely confident in their care. We know they are safe at Arcot."

Risks were assessed and extremely detailed plans put in place to keep people safe. Staff and people worked together, regularly reviewing risk and balancing risk with independence so people could live their best life. The provider over recruited to ensure there were enough staff to safely provide care and support to people, including monthly one to one sessions for people with their keyworkers.

Checks were carried out on staff before they started work to assess their suitability to support vulnerable people. Medicines were well managed and people received their medicines as prescribed. People were protected by the home's infection control policy and procedures.

The service provided an extremely effective service, taking into account small details to ensure people felt as well as they could and maintained mobility and independence. Training and development was based on research and best practice guidelines to enhance quality and safety of the service provision. Staff felt constantly supported, valued and praised. They told us, "We all strive to give outstanding care. It makes us so proud. Who wouldn't want to work here" and "I'm so happy to have the opportunity to spend time with the people here. I love it."

People continued to receive a nutritious, healthy diet that met individual preferences in an extremely personalised, sociable way. Staff all aimed to ensure people ate well and enjoyed their meals, including having fun trying out new foods.

The home was decorated and maintained to a very high standard whilst maintaining a homely feel. People were consulted about the adaptation and design of their home and new extension and choice and preferences were respected. There were various areas to enjoy activities, events and personal private time. The service had been creative in developing areas of the home that would enhance people's wellbeing, such

as hair salon, art therapy room and nail bar.

The service was exceptionally caring and put people at the heart of everything they did. People told us, "I think everyone's wonderfully friendly and caring, staff sat with [person's name] the other day when she was unwell, it's a very friendly atmosphere here, it's special." People were relaxed, comfortable and confident in their home. People were valued, had key workers they had become friends with and often had meaningful roles in household chores, received training and held ambassador roles.

Staff had an excellent awareness of individuals' needs and treated people in a warm and respectful manner. They were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that people's life experiences remained meaningful. The commitment of the staff was excellent. They told us, "We are building up a good trusting relationship and [person's name] is talking more. Today I've discovered we've both got a love of the lake district, we talked all about the walks and rocks, next time I'll find a book we can look at together."

The service was exceptionally responsive to people's health and social needs. People received extremely person centred care and support. Relatives told us, "[Staff name] is our care plan lead. She's superb, it's like a family really."

Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. Where necessary care and support had been changed to accurately reflect people's needs and improve their health and wellbeing.

People were offered a vast array of activities both at the service and in the local community. People, staff and relatives all came together as a community and built friendships.

The whole team were proud and privileged to support people with end of life care.

People benefitted from a service that was very well led. The provider, registered manager, deputy and staff team maintained a clear focus on continually seeking to improve the service people received. Staff told us the registered manager led by example and they had tremendous respect for her and their commitment.

Everyone demonstrated strong values and, a desire to learn about and implement best practice throughout the service. Good quality assurance systems were in place and based upon regular, scheduled audits, which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

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

Rating at last inspection

The last rating for this service was outstanding in all areas. (published 18 May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was exceptionally safe.

Details are in our safe findings below.

Outstanding 

Is the service effective?

The service was exceptionally effective.

Details are in our safe findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our safe findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our safe findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well led.

Details are in our safe findings below.

Outstanding 

Arcot House Residential Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and one assistant inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced on the first day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people and three relatives about their experience of the care provided. We observed how people were spending their time and the interactions between them and the staff team. We spoke with nine members of staff including the registered manager, assistant manager, deputy manager, senior care workers, care workers, domestic, activity co-ordinator and the chef. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received feedback from a further four relatives by email. We also received feedback by email from nine staff including staff ambassadors for dignity, safeguarding, continence, hydration, staff well being, oral care and Parkinson's disease. We also received feedback from the hairdresser, activity co-ordinator, the local authority quality assurance team, community speech and language therapist and a GP.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question remained the same. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk, safety monitoring and management

- An empowering culture encouraged positive risk taking. People said they all felt safe because staff saw people as individuals and paid attention to small details. A relative said, "We are completely confident in their care. We know they are safe at Arcot."
- People were supported to live their lives as they chose. Staff knew what people could and could not do as well as understanding their life style choices. They used this knowledge to create detailed individual risk assessments. For example, there were risk assessments around people wanting to wash small clothes items in their rooms, making hot drinks in peoples' bedrooms to entertain guests and accessing town by using a taxi service known to people.
- People knew what their personal emergency evacuation plans (PEEPS) meant and the local fire brigade had visited with a fire engine to talk to people about safety in the home. The fire crew fed-back, "Visits like these are a great way to look around large complex buildings. It's also an opportunity for fire crews to have a chat with residents, some who have known us for years. Although not a safety check, we can see how compliant the home is."
- Risks were managed to include people's input to work out ways for them to live a full life. One person living at the home was the wellbeing ambassador and had been trained in how to assist other people in wheelchairs safely. They had organised a 'Time to Change' mental wellbeing day for the home. One person was unable to go out unsupported due to frequent seizures so they now enjoyed visits to another home to see friends, whilst remaining safe and supported.
- Safety was considered by the whole team in all aspects of the care provided for people. This included, using a sensory light show to help a person stay calm and safe in bed, to making sure people were protected from known risks or hazards on trips out of the home. The national 'Sunflower scheme' was taught to relatives to promote confidence in feeling safe on trips out (the sunflower identifies hidden disabilities.) Relatives were trained up in how to manage people's needs when going out to empower them to remain practically involved. Staff, people and relatives had access to a council 'radar key' which enabled them to use any community disabled toilet. The maintenance man said, "I'm on call, we do daily checks everywhere. If a light goes, we can't have that. Someone might fall."
- Safety was looked at holistically and paid attention to detail. For example, ensuring a person had a warm wheat bag for their stiff knee, therefore promoting safer mobilising and sourcing a U-shape commode cushion to make its use more comfortable for delicate skin. One person ground their teeth so staff had sourced a chew device which reduced the risk of them biting their tongue. Staff hoist instructions were personalised with step by step details for each person, such as using a toy therapy dog when assisting a person with the hoist or weighing scales to reduce distress and aid distraction or using a specialised in-situ

sling to reduce discomfort.

- Risks relating to risk of choking were very well managed with detailed care plans. For example, they included; "I can have soft sponge with butter icing, only fruit with no skins, extra gravy and I like ketchup all over my meals." The speech and language specialist said, "Staff are pro-active and caring in recognising residents needs. Referral forms will be completed and sent – swallow diaries will be started. I have no concerns."
- Staff knew people very well and noticed any subtle changes in behaviour that might indicate the person was unwell. People had drinks bottles with measuring goals on to promote good hydration, making it a fun and shared task to reduce the risk of dehydration and falling. Staff said they did what they could to ensure people were living as well as could be, therefore promoting safer living.
- Good sleep was important, the registered manager told us how one person was not sleeping well, putting them at risk, so staff took them on a trip to a bed shop to try out some new mattresses where they picked the bed of their choice. They now slept much better and were safer mobilising. Risk assessments detailed when actions may be different depending on how people were feeling. For example instead of always walking to and fro to town, one person sometimes had a lift home or took the bus one way with staff.
- Thought was given to all risk scenarios. An easy access equipment box for staff to use when responding to a fall or other medical emergency had been created. This included a blood pressure monitor, thermometer, blood sugar monitor and relevant documents such as observation and assessment forms. Staff had successfully used emergency cardiopulmonary resuscitation (CPR) to save one person's life. One person with epilepsy had a stop watch on their wheelchair so staff could quickly time any seizure and take necessary actions as a result. The service had also invested in a device which enabled staff to assist people safely up from the floor if needed. People had been able to give it a test in case they had to use it.
- The service embraced technology to promote people's freedom and minimise risks. People had pendant call bells, that worked outdoors. Infrared movement sensors were fitted to people's bedrooms, with the person's agreement, to minimise falls. Call bells were silent to promote calm and aid sleep. Height adjustable beds were in place. Communal armchairs incorporated pressure relieving cushions. People had also had 'safe internet' training.
- Resident overview forms for new or staff from the sister homes, were easy to read and highlighted particular risks at a glance, whilst being very personalised. For example, "Likes to eat 'pom bear' crisps in bed but staff must stay with them", when and how to administer seizure medicines, "bed cradle used in bed" and "if has a headache will frown and put hand on head".

Learning lessons when things go wrong

- The service used a 'Safety Cross' system (used in the NHS) alongside their accident/incident reporting, to daily identify people at increased risk. The 'safety cross' calendar provided a visual prompt, helping staff spot trends and increased risk earlier and take proactive action. For example, where a person with epilepsy had several falls in the past due to seizures, staff used the 'Safety Cross' system to identify what time of day the person was most at risk and arrange one to one staffing and checks then. One person had had their medicine late so a timer had been bought. The service had been able to recognise higher fall trends associated with winter infections, prompting higher levels of monitoring during these times. Accidents/incidents resulting in serious injury to people continue remain very low showing measures were effective at promoting safety. Oral care and skin tears had been added to the Safety Cross, showing excellent oral care and significant reduction in skin tears following competency checks in manual handling.
- Learning was shared with staff at all levels in the home and with all of the services that were owned by the registered provider, so the risk of recurrence was reduced and managed.

Systems and processes to safeguard people from the risk of abuse

- People and relatives were confident people were protected from harm. Staff were very confident in

discussing safeguarding issues and said training had been positive and informative. Any issues they raised were listened to and acted upon. The Safeguarding Ambassadors swapped to other provider's homes to hold 'Tea and Chat' sessions for people, relatives and staff, as they found people talked more openly about concerns if there was an external staff member. Leaflets had been made to include keeping staff safe such as; alcohol and domestic abuse and post natal depression. Staff, people and relatives could access information in the ambassador folders. Issues had been resolved around homesickness. One person often removed their clothes so this had been raised and discreet layering bought. Another person had eaten buttons so button free clothes were bought, with ideas coming from the whole staff team.

- The registered manager had a good knowledge of safeguarding and understood how to raise concerns with the local authority if this became necessary. Staff carried flow chart safeguarding prompt cards. The local authority safeguarding team told us the service worked well with them. Staff were trained in adult mental health first aid, recognising signs of depression and 'tipping points' for people so one to one support could be increased. For example, resulting in regular chats with male staff for one person. Suitable and clear safeguarding policies and procedures were in place and available to staff, people and visitors.

Staffing and recruitment

- Recruitment practices were very safe and robust. The relevant checks had been completed before staff worked with people. Processes from application to interview and appointment were thorough and included input from people living at the home. The registered manager was aware that caring roles are vocational and people need to have a very clear set of values in order to succeed. Interviews were based on analysing people's values and matching these with the registered providers values.

- Everyone we spoke with told us there was always more than enough staff on duty whenever they visited the home. High staffing levels meant they could provide good, personalised care to people without rushing as the provider intentionally over recruited. One person said, "It's lovely here, the staff are very kind and see to all our needs, even bringing you a cup of tea in the middle of the night and coming out and enjoying trips with us individually!"

Using medicines safely

- Medicines administration was very well managed using a computerised system along with detailed audits. People received their medicines when they were needed, in ways that suited them. Some people had timers to ensure they received medicines outside the medicine rounds on time, such as those related to Parkinsons disease. The computer system enabled alerts across the screen to highlight important information to staff. Medicines were ordered in a timely way and stored securely.

- The service had worked closely with a community pharmacist to check people were only prescribed medicines that were necessary for them and to ensure people, especially those with little or no communication, received effective pain relief when it was needed. This had reduced the number of medicines people had to take to maintain good wellbeing. The registered manager had reviewed statin use (cholesterol reducing medicine) with GPs to ensure people were on the correct low fat diet if needed.

- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.

- Some people had their medicine administered covertly. Clear information and GP authorisation detailed why it may be necessary to administer medicines in this way, always when other approaches had failed. Staff administering medicines were very calm and unhurried, taking different approaches with people. They knew each person very well, knowing how to pick the perfect moment when people were receptive. Staff were knowledgeable and there were clear protocols for administering PRN (as required) medicine.

Preventing and controlling infection

- The service was very clean and well maintained. A domestic said, "It's a home from home -this is their

home and we are very privileged to be a part of that, and to make their time here as happy as it can be. I like to keep it lovely and clean for them." Relatives and professionals commented on how well the home was kept.

- People were also able to be involved in cleaning and household chores. One person was trained in how to clean and be safely in charge of ensuring the fish tank was kept clean and had turned it into their new hobby, requesting more cold water fish.
- Led by the Infection control ambassador, staff had regular training in infection control and safe food handling. They had devised an emergency outbreak box with disposable items. Protective equipment, such as disposable gloves and aprons, was readily available for staff.
- The kitchen had been assessed by the local food standards agency, receiving a grade 5 rating. This meant hygiene standards were very good and comply with the law.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question remained the same. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- People and relatives felt there was excellent care from well trained staff saying, "Staff are helpful and considerate at all times and any requests are attended to promptly" and "People are extremely well looked after and very happy. The care and family support was excellent."
- Staff continued to receive extremely good support and training. Staff completed a comprehensive induction and did not work unsupervised until they were confident they could do so. The service had more experienced staff mentors whose role was to help new staff in addition to the more formal supervision and support structures. Staff told us they had felt welcomed and supported and able to ask questions whenever they needed to. An ongoing programme of updates and refresher training was in place. Staff were knowledgeable about their roles and how to provide the correct support to meet people's needs.
- There were qualified manual handling trainers and 'strength and balance' trainers in the home to ensure exercises could be carried out without delay to maintain mobility for as long as possible. Staff were also trained in 'chair nursing' as research had been found to show people were more vulnerable to pressure damage when spending long periods in a chair. Training included experiential training in dementia and vision problems. Staff tried simulation spectacles seeing as people viewed their world with various eye conditions. This ensured they supported these people with insight and aided communication.
- The registered manager valued their staff team and provided opportunities for continuous learning and development for staff. Staff said they felt well supported by their manager and told us they had regular supervision meetings which allowed them to discuss their performance, concerns or training and development needs.
- Staff had been empowered to share knowledge and take responsibility with a comprehensive ambassador scheme. This was well embedded. Ambassador roles included falls, staff wellbeing, safeguarding, infection control and community liaison. Ideas were shared and implemented such as a 'do not disturb band' for medicine rounds, spot checks on staff wearing personal protection equipment and assessing people's footwear following a training day.
- The staff wellbeing ambassador held private staff drop in sessions on a regular basis. Records showed, where there had been issues with staff performance, these had been addressed promptly with support given to staff to make improvements. Staff received staff wellbeing kits with a stress ball, chocolate and information on staying well. All staff birthdays were celebrated with people and a shared cake. The adult mental health first aid training also included how to manage staff anxieties and barriers to care.
- An 'ambassador day' linked up with other homes and results included devising bespoke care plans to include how people were feeling with reflection sheets.
- The key worker system was well embedded and very meaningful. People all knew who their keyworker is

because once a month they were allocated one to one time in addition to the activities programme. Together they discussed how they would like to use their time, including weekends; visiting old 'stomping grounds', going shopping or out for coffee, seeing a show, evening walk or playing a game at home. Keyworkers found doing an activity helped people to share and talk about any worries or just about their life so care plans could be even more detailed and effective. Keyworkers sought personalised Christmas presents and had given a cushion with a couple's photo on, local souvenirs, electronic tablet lap trays and items related to hobbies.

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

- There was a very homely feel to Arcot House. The thought given to the décor was clear: when bedrooms were redecorated, people were given the choice of colours, fabrics and carpets, everyone was consulted on décor for the communal areas and consideration was also given to best practice guidance about how environments could be improved for people living with dementia. Lighting was good and contrasting colours had also been used to help people make sense of their surroundings.
- Everyone was fully engaged in the building of a new extension and garden landscaping, designing allotments and raised beds. The maintenance team met with people most days and asked if there was anything they would like such as shelving etc.

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

- People's nutrition and hydration needs were very well met with promoting independence and maintaining wellbeing the aim.
- The standard of catering and meal time experiences was excellent. Food was of a high quality and always presented to make it look appetising.
- Staff told us how people's individual likes and dislikes were catered for and personalised, with different coloured trays used for specialist diets. People went out to buy their own food and favourite ready meals.
- One person loved making curries and went to a specialist spice shop, making a curry in the home's kitchen. They also made a surprise curry for their family. Another person living with dementia would not eat unless they knew their blood sugar had been taken. Staff made a notebook so the person could check in their handbag themselves. Another person ate at various times of the day depending on how they felt. One person had their room drinks in two jugs to enable them to lift them up easily.
- Staff were pro-active in findings ways to encourage people to eat well. A soup kitchen with a soup machine offered a varied soup menu and was available every day at people's request. People chose from a homemade soup menu and people had gone from having a limited menu to trying new ideas and eating much better, often having seconds. One person chose to have a pureed menu and had an anxious relationship with food. Their key worker devised a personalised menu with them to ensure an appetising and balanced diet that made the person happy.
- Themed food months also tempted people with new foods such as American April, French February, and National Bread Day, all linked to reminiscence discussions. People said 'Try Tuesday' was fun and they had tried mince pie porridge. The chef met with people then added suggestions such as coronation chicken. A buffet breakfast option further promoted independence.
- Staff used a 'tray bingo' laminated card to ensure each meal was delivered and picked up from people who ate in their rooms, for example. This ensured staff could cross off the room number and knew who had eaten what, about their appetite or enjoyment of the meal. A staff member often dropped off a fish and chip takeaway from a person's old local, sharing tea with them. Others picked up a person's favourite ready meal. People were chatting with staff about what vegetables they had grown and what they wanted to try in the new garden.
- The service regularly assessed people's risks of malnutrition and dehydration and had introduced a nutrition and hydration boost programme.

- Food and drinks were available at all times for people to enjoy, this included 'snack stations' in all of the lounges and communal areas. People were involved in choosing snack bars items for in between meals and a mobile snack bar went around daily. People were offered choice either by discussion, use of picture cards or looking at plated meals.
- Staff ate meals with people, which helped promote a sociable atmosphere, encourage appetite and did not highlight those who needed some support. There was adapted cutlery, coloured crockery so people could use it independently and dignity aprons with patterns chosen by people. One person had an adapted stabilising mug to help living with tremors. Another person had a heated plate as they liked to take their time. Many condiments were offered on the table so that people could use them themselves. The registered manager was sourcing 'jelly drops' (hydration snacks to further promote hydration for people who were reluctant or living with dementia).
- Speech and language therapists had been consulted and some people had been assessed as requiring pureed foods. Special equipment including blenders and moulds had been purchased and the chefs went to great lengths to present the pureed items in such a way that the individual pureed items had the same look, colour and texture as the actual item. Records showed the number of people who were at high risk of malnutrition or dehydration was low.

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

- People were supported to maintain their health. The service worked in partnership with various other services including GP's, district nurses, mental health specialists, physiotherapist, occupational therapists, Speech and language therapists, opticians, podiatrists and dentists. There was an orientation information check list to help visiting health professionals.
- People, visitors and staff told us staff arranged access to health care any time they wished, or it was needed. Staff had a good understanding of people's healthcare needs and were able to recognise specific symptoms.
- One relative said, "Every time I visit [person's name] tells me they are happy and health issues are quickly dealt with." Staff let relatives know conditions meant for people such as possibly increased confusion with a urine infection. One person was noticed to have excessive sweating, restricting their life. Staff sourced a special 'sweat cooling towel' so the person could feel comfortable in company. Another person had stiff limbs so specialist adaptive clothing was bought so they could get clothes on and off themselves pain free.
- A 'hospital passport' had been created for each person that could be taken to appointments or hospital admissions which clearly set out all the necessary information to ensure that other people could fully understand the person and support them accordingly. The box also included items that were important to them to take, allergy stickers (including food), toiletries and medication lists. Staff visited everyone who had to go to hospital.

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

- People were supported by staff who had an excellent understanding of their care and support needs and could describe these with confidence. There were in-depth assessments of people's care needs and choices, including families, before any care or support was provided. For example, one tall person had an oversize bed and extender and a trouser press had been bought so they could continue to iron the 'military way'. Staff said, "We enable people to do as much as they can, starts at the assessment finding out what they are interested in. In a pre-assessment this morning [person's name] said they liked crochet and knitting, she's going to teach me when she comes in. We find ways of planning it into the activity planner. We'll do a little group so she can share her skills with the other residents.
- Care and support plans were very holistic and personalised, being constantly updated with any new knowledge. Staff confirmed these were clear, detailed and easy to follow, with photos. There was enough

information to guide staff to provide individual care whilst also meeting best practice guidelines, such as preventing and managing pressure ulcers (there were none), diabetes management, managing behaviour that challenges the service and dementia care.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had completed training in MCA and had a clear understanding of how to apply it in their daily work. People's care records included capacity assessments where needed and these were regularly reviewed. Where people were assessed as lacking capacity to make a decision best interest processes were followed and recorded.
- The registered manager had appropriately identified where people could be considered as deprived of their liberty and had applied to the relevant supervisory body (local authority) to authorise this under DoLS. Systems were in place to ensure staff were reminded about any special conditions which must be complied with and to ensure additional applications were made in a timely manner for any permissions which were due to expire.
- Staff all understood the importance of seeking the least restrictive option when providing care to people who could not consent and gave examples of how they sought to establish how a person wanted the support and care they were offering.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The registered manager, deputy, all staff and volunteers were highly motivated and inspired to offer care that was kind and compassionate. They were determined and creative in overcoming obstacles in achieving this. Staff treated each person as an individual and throughout the inspection showed little acts of kindness and attention to detail to ensure people felt cared for and had attention when they needed it.
- The registered manager and staff demonstrated a determined, positive commitment to people and their friends and family to ensure they felt valued and supported. For example, people had been able to visit the new extension in progress with hard hats if they wanted and were planning their outside spaces.
- Staff ensured that human rights and diversity were respected and promoted throughout the whole organisation. People were cared for by staff who had an excellent understanding of social and cultural diversity, values and beliefs and how they may influence people's needs and preferences. For example, having regular church services or supporting people to attend locally.
- The social and cultural diversity, values and beliefs of staff were identified, supported and celebrated. Staff felt empowered and confident to express their personal circumstances and lifestyles including their sexual identity and orientation, race, religion and language. This demonstrated an ethos of equality and respect amongst the whole staff team led by the staff wellbeing ambassador. This had enabled staff to adopt an approach to care that promoted individuality and embraced the differences in people they cared for and their families.
- People's spiritual needs were respected, celebrated and provided for, they were able to attend services, visit churches or talk about their beliefs.
- The service was exceptionally caring. Positive, meaningful relationships had been developed between staff, people and their families. The service respected and recognised the value of ageing and that this brought the gifts of life experience. One relative said, "I think everyone's wonderfully friendly and caring, they sat with [person's name] the other day when she was unwell, it's a very friendly atmosphere here, it's special." The maintenance man said, "Talking with people is part of the job. I just love it. Every day is different and you feel like you've helped out. I spend a lot of time with one person who used to love DIY."
- We received and read heartfelt comments from people and their relatives throughout our inspection visits and when gathering evidence. People and family members were unreservedly grateful and satisfied with the kindness and compassion shown to them. The home was rated 1st in the Top 20 South West Care Homes on the national care home review website and in the running to win an award for the second year as still in the Top 20. One award winner told us how they loved doing the little things like bringing in a dog magazine, oil for a person's scars and a Victorian Christmas book to talk with people about.
- People and their families told us it was 'little things and attention to detail that always made a big

difference'. People often missed their pets and pet therapy was well received where visitors brought in their dogs and small pets. One person had spent their life caring for dogs. They had a notice board showing photos of dogs they had cared for over the years. Staff said they could name them all and it was a good talking point. The registered manager had also considered the benefits of robotic pet companions. A lifelike dog had been purchased and proved to be successful in easing the person's anxiety, reducing loneliness and improved overall quality of life. Their relative said, "We have been delighted by everything that is provided for [person's name]'s wellbeing and care. Staff put a variety of interventions in place not only to provide their care but also to maintain their interests. [Person's name] is [over 100] and in better health than when they came here five years ago. The attention to details, (staff put a window view sticker on the wall when they couldn't look out the window and bought a table that tips up), the care provided and the communication with me is second to none. Staff are always attentive and welcoming to me and the family. It's a huge relief they live in such an outstanding care home."

- One staff member told us how they promoted positive family visits, supporting people with feelings of guilt or ensuring people were not distressed. They said, "One day I finished at 2pm and went and had a glass of port and lemonade with [person's name] as they'd been asking me if I had time for a drink for a while. They told me how they enjoyed family visits now." This relationship had taken time to rebuild with staff support.
- Another person had been self-neglecting at home, affecting their health. Staff slowly worked to help them find enjoyment in having a bath. Their key worker spent time with them and said it was the little things that helped. They went to a traditional sweet shop to buy Pontefract cakes the person had loved from childhood and eventually the person chose their bubble bath and enjoyed their first bath for years.

Respecting and promoting people's privacy, dignity and independence

- There was a holistic approach to promoting independence that captured both the physical and social aspects. There was also a strong sense of empowering people to remain socially independent. People had made friends during outings to the providers' other local homes. One person was visiting during the inspection and enjoying the change of scenery and a chance to talk about 'life in a care home' with friends with similar experiences. Some people were able to continue attending various clubs in the community as they had before moving into the home. One person regularly took a taxi to their usual club or staff picked them up. People also attended a local memory café. This ensured people remained part of their community and were able to continue with a very important aspect of social independence, enabling them to continue links with the community and continue with lifelong friendships.
- The service provided an environment where independence was encouraged and celebrated. Staff were exceptional in enabling people to remain independent and gain new skills. Through continual assessment and monitoring staff were able to identify if people's conditions had deteriorated and take appropriate action. The registered manager shared with us some examples where this had a positive impact on people's lives.
- Two people were reluctant to walk or eat so the registered manager had placed a snack station on the first floor with chairs so both people now walked out to the landing independently to meet each other and have a chat, both peoples' mobility and weight had improved. Other people liked to continue to wash small clothes items in their rooms. The registered manager had purchased small clothes airers and washing equipment and completed risk assessments to ensure this could happen safely. One person told us, "What I value the most of all is staff give me a lot of independence."
- Staff were proud of their approach towards people, they always made time for people and had good listening skills. Staff comments included, "It's like having another family outside of your own home, it's like a huge family, you can see on people's faces when you come in how happy they are to see you, I go home feeling really fulfilled." We saw various examples where dignity and respect was promoted. One person was not feeling very happy so staff asked them, "how can we help you feel better" and they sat reading the newspaper together. Another person was feeling sad about their health condition so staff moved their chair

to the window so they could monitor the builder's progress and report back. When offering support, staff spoke politely and made efforts to ensure they were at the person's eye level. They discreetly offered to help people with sensitive needs, for example assistance at mealtimes and when using toilet and bathroom facilities. Staff had their meals with people in the dining room and there was a sense of togetherness. A 'I'm happy to share my table' sign was used if people wanted company.

- People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, helping people to fasten their jewellery. People enjoyed going to the home's hair salon and nail bar. The hairdresser told us, "The staff are always trying to go the extra mile, for instance when a salon room was created to make it more of a true salon experience as most people had visited a hairdressers once a week for as long as they could remember." The nail bar had been moved to an area with a better view and stocked with items so people could visit independently with their friends or have one to one time in private with staff. The registered manager said, "Doing something also helps people feel able to talk."

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

- The service continued to have a strong, visible, person centred culture and was exceptional at helping people to express their views. Staff had a good awareness of individuals' needs and they were knowledgeable about people's lives before they lived at Arcot House Residential Home. One person signed their own turning chart to remain independent after developing a pressure sore at home. Another person used the kitchen regularly, having discussed that they must wear slippers to continue safely. Every effort was made to enhance this knowledge so that people's life experiences remained meaningful. The activity co-ordinator told us, "I've just found out that [person's name] used to play the cello. Now we use a blue tooth speaker to play classical music, you can see an immediate change in her. These are the things I love about the job, by getting to know people you get more out of them and they get more out of you." Care plans clearly evidenced how people had been empowered to tell staff what they liked and how they wished to be supported.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service truly enriched people's lives, including for people who lived with dementia, as well as making a significant difference to their family members, by helping people to remain engaged and stimulated and fulfil their wishes. Everything staff did focused on people's well-being and preferred activities and as a result people's well-being had greatly improved.
- There were many examples of how staff supported people to be fully occupied and engaged in enjoyable activities that were meaningful to the person and improved their quality of life. This was underpinned by a strong sense of local community as well as the community of Arcot House. For example, one person had enjoyed pottery at their social club so the registered manager had organised a pottery class with the person and their friends making Christmas decorations together. All staff at Christmas were given a wooden decoration saying, "Alone we can do so little, together we can do so much" and this sentiment included the people they supported as there was a lot of one to one together time.
- There was a wealth of environmental stimulation and activities and stimulation for people, including those who lived with dementia, to keep them engaged and orientated. People with a love of art had completed a mural to adorn the temporary wall in place while building work continued. As people enjoyed art, the activity co-ordinator was taking an art therapy class to help people express themselves. There was now a designated art therapy room with easels. Some people had designed their own tartan. Another person who often struggled to get to grips with tasks had drawn an amazing picture of some flowers. One person said, "So peaceful isn't it. I like doing this kind of thing. We do all sorts of things, music, 'we do the twist'. It's lovely, couldn't be better, better than being lonely on your own. The staff are lovely."
- Staff engaged with people as they walked around and went about their day. A jigsaw table had a sign encouraging people to work together to complete the puzzle. We saw people pottering over to add pieces. One person said, "I find Arcot House very good in every way. I also like that we don't just sit around but there are so many things we can do to stimulate us."
- There was an extensive programme of individual, group activities and engagement with the community. This was sent to all relatives who could come along if they wished. The activity programme included; singing, games, shopping trips, gardening, baking (heart biscuits for Valentine's Day) and movies. One person said, "We make a big thing of Strictly Come Dancing and all look forward to it." The home's transport (Dovebug and Dovebug two) were well used to take people to their clubs, outings such as local garden centres and cafes as well as regular trips to the provider's other homes to visit new friends. A joint outing to a Dartmoor pub was described as, "The best trip out."
- People had also been to visit someone who had moved to a nursing home. One person said, "Arcot is very, very nice, the staff and residents are very helpful. We have enjoyable rides out in the county or the seafront."

Some people said they had been able to visit their homes in the community or drive around places they had known well. One person hoping to return home said, "As soon as I need more help I will be hot footing it back here. I will miss everyone." The registered manager said, "It's wonderful to send photos to families showing how people can do something new. I sent one saying 'You're never too old to play draughts', so they know they could try and play together too."

- The home had signed up to a national scheme 'Postcards for Kindness'. People had written and received cards from community links and other care homes around the country sharing their experiences and interests. One person, an ex-teacher, was writing to a school near where they were born.
- Staff were allocated time to spend on a one to one basis with people every day, recognising if someone was feeling low or would like company and distraction. Staff said, "One lady loves dogs and we watched sheep dogs at work, She loved it and was tapping the screen."
- The registered manager believed strongly in the benefits to people and children of intergenerational work. There were various projects taking place with people and school children. For example, colouring and making crafts together, such as handprints for grandparents day. People had met local young mums at a local drop in centre, who now had visited the home. The activity co-ordinator was setting up further coffee mornings at the home.

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

- People received care and support truly centred around their individual needs and preferences. Their support plans were detailed and included what the person was able to do and how staff should support them. Care plans also included short term care plans such as for a chest infection. They included, "I am on a hourly comfort round check and I like a few sips of water. I am quite disorientated at the moment."
- Staff thought about the best ways to engage people and reviewed the success of all activities and how they could be improved or built on. When people enjoyed a gardening session, the activity co-ordinator explored this further and people visited their allotment, growing runner beans and sweet peas. They had fresh runner beans the next day. Another person who did not like to socialise had expressed an interest and grew seeds in their room, so a shed was being made as a 'man cave' for a change of scenery and private time.
- The management team went to great lengths to ensure staff were responsive to people's needs and to ensure they had the information to meet people's needs when they moved into the home. People's potential for achieving a fulfilling life were placed at the heart of care planning and with consistent staff support there had been a very positive impact on peoples' lives. For example, one gentleman was struggling with their health condition so a male staff member spent time chatting with them and discussing what they would like to see out of their window when new landscaping was carried out. They said, "We are building up a good trusting relationship and they are talking more. Today I've discovered we've both got a love of the lake district, we talked all about the walks and rocks, next time I'll find a book we can look at together."
- Staff had an excellent understanding of each person's life history and knowledge of their needs. Relatives and people were fully involved in devising comprehensive life history plans. This had enabled staff to support people to improve their lives, with excellent results. For example, one person had farmed all their life so they were sowing and potting up plants. Another person enjoyed regular chats about politics. One person regularly booked a taxi to go out and see friends.
- The service regularly reviewed people's needs and worked in close partnership with people and relatives to make changes. Relatives had seen peoples' care plans and felt confident and trusting of the staff. One relative said, "[Staff name] is our care plan lead. She's superb, it's like a family really."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the accessible information standard. Staff carried a laminated card reminder. Information was available in a different format, such as pictorial and large print to make it easier to read and understand. One person used a pictorial breakfast card they could point at. Hot water machines and snack stations had large print laminate information.
- Information was available in people's care records about how they communicated
- Staff supported people to use computer equipment, such as electronic tablets and speaking devices, to engage and stay in touch with those important to them.

End-of-life care and support

- Positive comments had been made by relatives about the compassionate care people received at the end stages of life. The home worked closely with other healthcare professionals to ensure that people were provided with the best end-of-life care possible whilst respecting the choices made by or on behalf of people to ensure a comfortable, dignified and pain free death.
- Advanced care planning using a 'When I Die' form was discussed sensitively with people and or their representative when they first moved into the home to find out their wishes of how they wished to be supported at this time. The registered manager said, "Its about opening up dialogue and ensuring no regrets. You only get one chance for people." Later, an end of life care box was used with optional information for families, an active end of life care plan and monitoring forms, which were used with a 'Just in Case box' (a box from the GP including appropriate symptom control drugs). The box also included religious books, a book of comfort, lavender spray, Vaseline and tissues and a special shampoo cap that enabled gentle hair washing in bed.
- End of life care plans were excellent and very detailed including, "I like to see my nieces and my sister so they can hold my hand. I like my vest and pyjama top in bed and my clock and tissues in my pocket." Additional activity co-ordinators had been employed to ensure there was time for one to one nail pampering and massages. Sensory sprays were used with CDs to evoke favourite places such as the beach or countryside. People remained valued and included. One person who was blind had been able to hold a newly hatched chick which had become a valued memory for all.
- People who had passed were remembered on Forget-me-not Day with a cream tea, reminiscence and memory book. Many relatives stayed in contact.

Improving care quality in response to complaints or concerns

- A complaints procedure was displayed. There had not been any complaints received since the previous inspection although people told us they knew how to raise concerns if needed. There were many compliments and cards of appreciation. These echoed the highly positive feedback we received at inspection.

Is the service well-led?

Our findings

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

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

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

- All people were at the heart of the service. The organisation led by example to create a culture which was incredibly caring and supportive to people and staff. There was a long-established staff team. Several staff said they "loved" coming to work.
- An exceptionally motivated and enthusiastic staff team was in place, led by a committed management team that worked together to follow best practice and achieve very positive outcomes for people who were referred to the service. They worked together as a team from all the providers' homes, sharing weekly overview emails and researching outstanding care examples in other reports.
- The management team visited other homes and welcomed other providers to visit them. Staff had prompt cards to encourage them to recognise good practice, to share and celebrate examples to feel good as a team. People knew who the other managers were and clearly enjoyed seeing them for a catch up. Any issues were dealt with at the time in a positive way so staff worked in a blame free culture.
- The organisation operated a staff recognition scheme. Arcot House and the staff team had been recognised and had won several awards internally within the organisation and also national care awards for the care provided.
- The organisation was committed to protecting people's rights with regard to equality and diversity, including people who live with dementia. Staff were trained to understand how they supported people's rights and this was embedded in their practice.
- There was exceptionally positive feedback from all people, relatives and professionals as evidenced throughout the report. The service was praised for the caring and dedicated nature of the staffing and management team and the support people received.
- The ambassador roles were clearly making a difference. Many improvements had stemmed from their research or ideas. The Community Liason Ambassador had arranged the fire crew visit. With Staff Wellbeing Ambassador support, one staff member had been supported with a family situation and been able to attend training in a family health condition.

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

- The quality assurance process was highly effective. The governance and improvement agenda were firmly embedded into all areas to improve service provision. It reduced the risk of harm to people and promoted reflective and outstanding practice.

The service was exceptionally well-led. One relative said, "You can tell the manager lives for Doveleigh Care, I

don't think she ever switches off thinking about people here. Staff are all really approachable too." The registered manager had sent each person a postcard whilst on holiday abroad and face timed everyone on Christmas Day. Another relative had commented on the national care homes website, "Staff -they're all extraordinary. I have huge respect for [registered manager]. She seems to have the right balance of knowing what needs to be done and getting it done without dominating the staff, you get a very strong feeling of teamwork when you come here. She's clearly got the respect of the staff." Relatives said they could talk to the registered manager at any time, including making appointments for the evenings and weekends.

- There was a busy, vibrant and welcoming atmosphere throughout the home and a camaraderie was observed amongst people, staff and visitors. Staff worked as equals with people and shared their lives.
- The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the running of the service. The provider and registered manager did regular 'walkarounds and part of the handover each shift was 'mobile' visiting each person. The provider visited every day and met each person and had a formal update from the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- There was consistent strong engagement with people, relatives, staff and external professionals. Staff had Google translate on their phones to aid any language difficulties. Action plans were developed which showed the management team and staff were persistently striving for excellence through consultation, research and reflective practice.
- The registered manager recognised the importance of involving people in developing the service, listening and acting on feedback saying, "communication is key". For example, the key worker system had developed into enabling individuals to choose meaningful and interesting activities which they booked with their key worker monthly. Various meetings such as 'Matron's Tea' were well established and everyone was encouraged to take an active role and in the development of service provision with ideas coming from all staff such as suggesting an in-situ sling or using the robotic dog to relieve anxiety when using it.
- One person told us proudly about their role as the Wellbeing Ambassador and others commented on their input to the new garden landscaping plans. They had organised a Mental Health 'Time to Change' event at the home. One person who was very private and usually stayed in their room said they were looking forward to using the new outside space. Staff told us many examples of how they celebrated peoples' achievements.
- There were excellent links with the local community including visits from local schools and churches led by the Community Liason Ambassador. One person had enjoyed visiting local churches with their key worker as they were also interested in local history. People were kept very well-informed about events in the service and initiatives in the community. The home also gave back to the community through charity initiatives, involving people living at Arcot House. For example, talking with the council about wheelchair access to the beach.
- There was an ethos of continual improvement and keeping up-to-date with best practice across the service such as checking statin diets or sourcing jelly drops.
- The provider and management team were passionate about ensuring all staff, regardless of their role, had the opportunity to develop their skills and receive the best training available. The emphasis was on 'how does it feel for the person and what life are they living.'
- The management team had grown their networks with other services, partnership agencies and local businesses. They took a pro-active and practical approach to involving themselves, people and relatives in local and national projects and initiatives.
- Relatives had made 'twiddle muffs' to engage people living with dementia. This resulted in people being less anxious as having a 'task' to do. Staff promoted working in care as members of 'Proud to Care' at local

events. Junior staff volunteers were encouraged to promote a future generation in care working to a good standard.

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

- The provider had robust procedures in place for reporting and acting and learning from when things went wrong. The registered manager and provider followed the duty of candour, being open and honest.