Devon County Council

Mapleton

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 10 August 2016 and was unannounced. The inspection started at 07:25am to allow us to see how staff were deployed for the day.

Mapleton is a care home without nursing, registered to provide accommodation and care for up to 20 people. At the time of the inspection there were 16 people living at the home. The service provides some respite care as well as a permanent home for people, and was a specialist home catering for the needs of people living with dementia. Some also had physical care needs or were living with long term health conditions. This was the third rated inspection of the home.

The home comprised two separate units, one on the ground and first floor. Each unit had its own kitchen, dining area and lounges, and had been designed in partnership with the University of Stirling Dementia centre to reflect best practice standards in dementia friendly buildings. People had access to safe outdoor space and were able to be active around the building. All bedrooms were en-suite and for one person use. There was also a large communal room on the ground floor, and a hairdressing salon and activities room on the first floor.

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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found there was good management and leadership at the home. Staff, visitors and people were positive and enthusiastic about their experiences of living, visiting or working there. Staff regularly referred to being "proud" of the support they gave people, and contrasted this with other places they had worked. There was a clear vision and ethos about the type of care being delivered that was understood by staff, people using the service and their families. This was aimed at enabling people to receive care and support that was individualised, respectful and in line with the person's wishes and best practice. It meant that people received consistent care from people who had time to get to know them well. The manager had made themselves more accessible to people by moving their office nearer to where people spent their time. We saw this had been successful and people and visitors came in to speak with them throughout the day.

People were encouraged to be as independent and active as they wished, and we saw people's special events and achievements were celebrated with them. This helped people feel valued and respected. Care files and plans reflected people's needs or wishes about their care and how this was to be delivered. Plans were clear about the impact of living with dementia on every aspect of each person's life. They reflected how people could be supported positively in ways that recognised the skills and independence they retained rather than focussing on areas of loss. Activities provided met people's individual needs and wishes, and were based on replicating ordinary daily life and people's previous lifestyle choices.

We saw much positive practice and evidence of caring relationships in place. We found good consistent practice across the staff team, which meant people's needs could be met in a calm way. Staff and people respected the registered manager and management team, and staff understood their roles. People's dignity was respected, and staff demonstrated respect for people's individuality, for example, people's wishes regarding their style of dress were respected. Staff took time to understand people's wishes and spoke with them discreetly about their care. Information was given in ways people could understand, and care was delivered in private.

Visitors were encouraged to visit at any time, and enabled to continue to have positive relationships, including taking an active role with people's support if they wished. For example, one relative told us they regularly came in to have breakfast with their relation on their way to work. This helped to maintain a normal family relationship, and the visitor helped prepare their relation's breakfast for them. Visitors who were actively involved in their relation's care spoke positively about this and the relationships at the home. One told us "I don't just come to visit my Mum, I feel like I am coming to see everyone".

People were supported to make choices about meals. Staff prepared some meals individually for people when they wanted them. People told us they enjoyed their meals, and gave feedback to the chef about likes and dislikes. Information was available for the catering team about different dietary needs and preferences. Staff sat and shared meals with people which encouraged a homely and comfortable feel to the mealtime, as well as ensuring people received discreet monitoring and support.

People received support from community healthcare services such as GPs and community nurses where this was needed. We saw people had been assessed for specialist seating and were supported to attend hospital appointments if needed. Staff had acted promptly to ensure people received medical care in an emergency.

Risks to people's health and welfare were being assessed and mitigated. People were protected from the risks associated with medicines and from infections. Audits were in place to assess the quality of the services provided and practices were well understood by staff we spoke with or observed. The environment was well maintained and any issues or risks that arose were mitigated wherever possible. The environment was supportive to people living with dementia, with use of signage, colours, lighting and furnishings based on best practice advice.

Staff understood how to safeguard people from abuse. Staff told us they would report any concerns about people's well being. There were enough staff on duty, and a full staff recruitment process had been followed to ensure any staff were safe to work with people. The home had effective complaints policies and procedures for people to use to raise any concerns.

Staff had the skills and training they needed for their job role and were knowledgeable about people's care needs. Systems were in place to ensure their competency and to ensure they received the support they needed in their job role.

The service was supporting people in line with the Mental Capacity Act, and protecting their rights. Assessments of people's best interests were being carried out where they lacked the capacity to make a decision. Applications had been made for authorisations under the Deprivation of Liberty Safeguards (DoLS) to deprive some people of their liberty at Mapleton. These had been made following individual risk assessments relating to the person and their living with dementia.

Regular audits ensured people had a chance to share their views and experiences. This was both through questionnaires and immediate feedback on a computer screen in the entrance area. There was a clear

management structure at the home. The registered manager received support from the wider provider organisation, for example with regard to health and safety issues. Where any concerns had been identified there were clear action plans in place to address them. The governance systems at the home had improved, with increased oversight and regular management meetings to ensure improvements were sustained. Learning took place from incidents or accidents to help prevent a re-occurrence.

Records were well maintained. Staff recording in the plans was respectful and positive. Records were stored securely. The registered manager was planning to develop electronic records systems for people. Policies and procedures seen were up to date.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The home was safe.

Risks to people's care were being assessed and mitigated. The environment was well maintained and any issues or risks that arose were reduced wherever possible.

Staff understood how to safeguard people from abuse.

There were enough staff on duty, and a full staff recruitment process had been followed to ensure they were safe to work with people.

People were supported to receive their medicines safely and live in a clean environment.

Is the service effective?

Good

The home was effective.

Staff had the skills and training they needed for their job role and were knowledgeable about people's care needs.

The service was supporting people in line with the Mental Capacity Act, and protecting their rights. Assessments of people's best interests were being carried out where they lacked the capacity to make a decision. Applications for DoLS authorisations had been made where needed.

People received support from community healthcare services.

People were supported to make choices about meals. Staff prepared some meals individually for people when they wanted them.

The environment was supportive to people living with dementia.

Is the service caring?

Good

The home was caring.

We saw positive practice and evidence of caring relationships in

place. Staff were passionate about the care they were delivering to people.

Staff took time to understand people's wishes and spoke with them discreetly about their care. Information was given in ways people could understand.

Visitors were encouraged at any time, and enabled to continue to have positive relationships.

Staff demonstrated respect for people's dignity and individuality.

Is the service responsive?

Good

The home was responsive.

Care files and plans reflected people's needs or wishes about their care and how this was to be delivered. Staff understood people's needs and wishes and carried these out.

Activities met people's individual needs and wishes. People were encouraged to be as independent and active as they wished, and continue to follow their chosen lifestyles. Events and achievements were celebrated.

Visitors were welcome to the home at any time, and could maintain an involvement with people's care if they wished.

The home had complaints policies and procedures for people to use to raise any concerns.

Is the service well-led?

Good

The home was well-led.

Staff and people respected the registered manager and management team, and staff understood their roles. There was a clear vision for the home that was shared with stakeholders.

Systems and audits were in place to identify and manage quality and safety issues.

Quality assurance and quality management systems ensured people had a chance to share their views and experiences.

Records were well maintained.

Mapleton

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 inspection took place on 10 August 2016. The inspection was unannounced and started at 7:25 am to enable us to see how staff were organised for the day. The inspection visit was carried out by one adult social care inspector.

We looked at information the provider had sent us in a provider information return (PIR), and information and notifications that we had received since the last inspection. We contacted the local quality team to gather their views about the service.

We spent time observing the care and support people received, including staff supporting people with their moving and transferring. Many of the people living at the home were able to share their views with us about their experience of care at Mapleton. We also spent several short periods of time carrying out a SOFI observation. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care. On the inspection we spoke with or spent time with seven of the sixteen people who lived at the home, five visitors, and seven staff. We spoke with the staff about their role and the people they were supporting. We also spoke with the registered manager and deputy manager.

We looked at the care plans, records and daily notes for four people with a range of needs, and looked at other policies and procedures in relation to the operation of the home, such as the safeguarding and complaints policies. We looked at two staff files to check that the home was operating a full recruitment procedure, and also looked at their training and supervision records. We looked at the accommodation provided for people and risk assessments for the premises, as well as for individuals receiving care and staff providing it.

Good

Is the service safe?

Our findings

People living at Mapleton were living with dementia, which meant that they were not always able to make safe or reliable judgements about risks to their own health and welfare. Visitors told us they felt that people's safety was supported by the home. Positive risk taking was encouraged where it helped people experience a full life or continue to enjoy a pre-existing lifestyle, for example by going out independently to local shops to buy a daily paper.

Risks to people's health and welfare were assessed and plans were in place to mitigate them where possible. Individual risk assessments were completed in people's care files. These included assessments of people's risk from pressure damage to their skin, falls, risks from poor nutrition or choking, and moving and positioning needs. Action had been taken where possible to prevent a re-occurrence. For example we saw one person had a pressure mat in place to alert staff to when they were getting out of their bed at night as they were at high risk of falls at that time. This gave staff the opportunity to attend to the person when they needed this but also maintain their privacy at other times.

Where people had been assessed as being at risk of poor nutrition and hydration for example by having a poor appetite or unintentional weight loss action had been taken to monitor and improve their food and fluid intake. Where concerns were identified we saw that referrals had been made to appropriate medical services such as the GP or dieticians. For some people this had led to the prescribing of dietary supplements to help boost their calorie intake and overall health or thickened fluids to aid swallowing. Other people's meals were being boosted with cream, butter or other higher calorie foods.

Risks to people from the environment were being managed. The environment had been designed to support people living with dementia to be safe but also to maintain their independence as far as possible. For example, people had free access around the building and enclosed safe garden areas. Staff were aware of where people were but because the environment was safe risks to people were minimised. The home's maintenance person showed us how systems for reporting routine maintenance issues worked, and this included a log of when areas identified had been completed. Regular tests were carried out of fire alarms, water temperature regulation systems, and contracts were in place for the management of clinical waste. Servicing and maintenance contracts were in place for the lift and hoists. Systems were in place for the management of emergencies including personal evacuation plans for people in the case of a fire.

Staff understood how to work in safe ways. For example, we saw staff supporting people and being aware of their safety and whereabouts throughout the day. This included when people were being supported to move and transfer using equipment. Where risks had been identified for example from bed rails there were assessments and plans in place to mitigate these. The registered manager or deputy manager regularly checked the environment to ensure any new risks were identified. Where there had been accidents or incidents there were systems in place for these to be regularly reviewed to see if further occurrences could be prevented. All incidents or accidents were reviewed by the registered manager, and information was collated and analysed regularly to identify any patterns or trends where action could be taken. This helped to ensure risks to people were reduced, for example from falls.

There were enough staff on duty to help keep people safe and meet their needs. Staff told us they had sufficient time to support people and get to know them well. We saw people receiving support throughout the day at a comfortable pace and in accordance with their wishes. This included people being supported to get up when they wanted and follow activities of their choosing. The registered manager told us they had the flexibility to manage staff hours to ensure people's needs and wishes were being met. A relative told us there were "always plenty of staff" to support their relation when they needed this.

People were being protected by the systems in place for the safe recruitment of staff. A recruitment process was in place that was designed to identify concerns or risks when employing new staff including disclosure and barring (police) checks. We sampled two staff files, and saw a full recruitment process had been followed in each file.

Systems for reporting concerns about people's welfare or potential abuse were well understood. Staff told us they had no concerns over the quality of care or safety people were experiencing at the home, but would report them if they did. One told us "I really would go and talk to (registered manager's name) if I was worried about anything". Staff had received training in identifying different types of abuse and how to keep people safe, and policies and procedures were in place for staff to follow.

People received their medicines safely and as prescribed. We observed staff giving people their medicines. This was done with sufficient time to allow them to understand what they were taking, and appropriate explanations were given where needed. Staff were clear about people's rights to refuse medicines. One person did this while we were observing, and the staff member told us they would try again later, when the person may be more amenable.

Medicines were taken around the home in locked trolleys or taken individually from the medicines trolley when the person wanted and was ready to take them. This meant that people's medicines could be given more flexibly, for example if the person wanted to take them mid-morning. There was a medicine refrigerator which was monitored to ensure it maintained the correct temperature for the safe storage of medicines. Staff had received training in the administration of medicines, and information was available on any side effects. Prescriptions were clear and protocols were in place for any "as required" medicines, such as for pain relief. Records for the administration of medicines were clear.

People were being protected from the risks of cross infection, and were living in a comfortable and clean environment. Staff had access to aprons and gloves to help control the risks of cross infection, and these were being used throughout the inspection. All areas of the home were clean and smelled fresh. An infection control audit was carried out the day before our inspection. This had identified only minor issues in relation to one wall which needed filling to ensure it could easily be cleaned.

Good

Is the service effective?

Our findings

People received effective care that met their needs and wishes and respected their rights.

People told us they liked the food served at the home and had a good choice available to them. Meals were served in each unit and cooked or prepared individually for each person when they got up. We saw people enjoying a variety of breakfasts from bacon and eggs, poached eggs to toast and cereals. People were given choice about what they wanted and where they wanted to sit. We saw one person enjoying their meal on a table in the lounge. They told us it was "marvellous". A member of staff told us this was the meal the person most enjoyed in their day, so staff ensured it was 'just as they liked it'. We saw the person ate it all independently, although staff monitored this from a distance to ensure the person did not need assistance. People were offered snacks and drinks throughout the day. Jugs of juice were out in the lounges for people to help themselves and people were supported to make their own drinks if they wished. Some people needed their food or drinks provided in a specific texture to prevent choking risks. We saw this was done. We spoke with the chef who showed us information in the kitchen about people's meal choices and preferences, including required textures.

People were offered a visual choice about their meals to help them understand what they were being offered. The evening meal for example consisted of several choices, and people were shown the options to select from. Visual menu charts were in each unit to help people identify what the next meal was going to be. People were offered choices, for example of brown or white bread and if they wanted seasoning added to their food. One person told us the meals were great "especially the beef hot pot". They told us they gave feedback to the chef about the meals, both positive and if they hadn't enjoyed something.

Staff received the training and support they needed to do their job and told us they felt confident they had the skills they needed to help support people. Staff had received training in supporting people living with dementia. The training had been thorough and had ensured that staff had the skills they needed to work consistently with people. For example we saw staff had a good understanding of positive communication with people living with dementia and we saw this being used in practice, with clear and simplified language delivered at a pace people could understand. Staff files contained copies of certificates that staff had achieved, and training undertaken was recorded on an online system. This identified when updates were needed, and covered core training areas such as moving and positioning and first aid. Records showed that although there had been training delivered to the staff group in most elements of care, training needs assessments had not always covered the needs of people at the home. For example, there were people living at the home living with Parkinson's disease. Staff we spoke with had a basic understanding of the disease, but had not received training in supporting people with Parkinson's disease. The registered manager took action immediately after the inspection to put this in place.

Staff told us they felt they received enough support to fulfil their role. They told us they always had access to senior staff to refer to if they had any concerns, and could call into the office at any time to discuss anything they wished. The registered manager told us that they had moved their office to make them more visible in the home and more accessible to people. We saw this worked during the inspection, with people and

visitors 'popping in' to discuss day to day issues or share their experiences. A member of staff told us they had no concerns for example about being 'in charge' in the evenings when management was not always at the home, but on call. They said they always felt supported by the service's management and would feel free to call them at any time. On the day of the inspection the registered manager came into the home later in the morning as they were planning to meet with the night staff team that evening.

There were formal arrangements for supervision of staff, which staff told us were around every six weeks. Records showed this to be the case. Areas covered included training needs, performance and any concerns staff had. Supervision also looked at ways of ensuring the staff member's skills were acknowledged and positive support was available to them in their working role. We saw for example that the registered manager had identified that some staff would benefit from support with language skills. This had been provided, with booklets and classes to help people whose first language was not English communicate more easily with people.

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.

We checked whether the home was working within the principles of the MCA. We found the home was taking appropriate actions to protect people's rights. Staff were aware of people's rights to refuse support and could tell us what actions they would take to ensure the person was safe and cared for. We saw this happening during the day, with staff asking people for their consent before carrying out care and support tasks.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made for authorisation to deprive some people of their liberty at Mapleton in accordance with assessments of risk, which mainly related to people's safety and poor understanding of risks due to their dementia.

People received support from community medical support services such as dentists, podiatrists and opticians to meet their healthcare needs. Information was recorded in people's files about the outcome of their visits. This included in one instance a meeting to determine if further and more invasive dental care was in the person's 'best interests'. We saw in people's files that staff sought early medical advice, including for emergency care and paramedic support appropriately. Where there had been changes in people's needs we saw referrals were made quickly to services such as GPs, district nurses or the local older person's mental health team for advice and review. At the time of the inspection no-one at the home needed community nursing support.

The premises at Mapleton had been designed in accordance with best practice to support people living with dementia, and in partnership with the dementia services at Stirling University. People had free access around the building and into the gardens, which were designed to help people experience a comfortable and homely living environment. Each of the two units had a small kitchen and dining area, which meant people could experience an informal and flexible dining experience, enjoying the smells of cooking and participate in meal preparation. Staff sat and shared meals with people which encouraged a homely and comfortable feel to the mealtime, as well as ensuring people received discreet monitoring and support. Visitors spent time interacting with everyone in the units when they visited which helped in creating a sense

of shared community space. People were able to personalise their bedrooms, and we saw people using these spaces to relax or enjoy quiet time.

Lounges were bright and attractive, with items for people to engage with, such as objects to stimulate people's memory or promote discussion and interaction. Environmental design had included the use of colours to help people identify specific areas such as all yellow doors for toilets, and clear signage to help people orientate themselves around the building. We saw people using the information to help them find their way around and identify meals being served.

The accommodation had been designed to maximise people's independence and social stimulation. For example lounges had a variety of seating including sofas so that people could sit together if they wished. Call bells were sited prominently with a large button to help people identify how to call for staff assistance. People were supported to assist staff with tasks of daily living, for example we saw people helping wash up and lay tables. The gardens had been landscaped to provide an attractive sensory experience for people, including comfortable seating and activity areas. People had free access to this space throughout the day. One person told us how much they enjoyed spending time outside as they had always loved their garden. Relatives and friends were encouraged to work with people who lived at the home in this area by replanting and weeding.

Good

Is the service caring?

Our findings

We observed staff supporting people throughout the day of the inspection, and spoke with staff about people's needs. Staff had a good understanding of people's social and personal history before their admission to the home. They understood what was important to the person, and how they liked their care delivered. They spoke passionately about the care they gave people, and were affectionate and respectful towards them. This was also reflected in people's care plans.

Staff were appropriately affectionate towards the people they were supporting. We saw people seeking out staff for support and guidance during the inspection. Staff guided people by putting an arm round them and giving them information in a way they could understand, for example using simple clear language. Although there were some people living at Mapleton who had complex needs there were few incidents of distressed behaviours. This told us that people's needs were being met. The atmosphere in the home was calm and people's care and support was unhurried. We saw staff helping people to walk at their own pace and given time to make choices and to take in information before reaching a decision.

We saw many examples of staff supporting people to retain their individuality and self-respect. Staff had taken time to support people with their personal grooming, respecting their dignity. Attention had been paid to areas such as people's hair, nails and removal of unwanted facial hair. People wore jewellery and co-ordinated clothing which was ironed and clean. One person's care plan stated that the person "likes to be smart and well groomed". We saw that they were. The home had a small hairdressing salon but people could choose to keep their previous hairdresser if they wished. People's hair was individually styled.

Feedback from relatives to the home had been positive about the caring environment. The home's PIR showed that themes running through compliments received about the home in the last 12 months focussed on "The care and kindness provided to people. Dedication and sensitive support at the end of life. Kind and caring staff."

Visitors told us they were welcomed to the home at any time. We spoke with one relative who had come to the home in the morning. They told us they quite often came to the home at that time to have breakfast with their relation. We saw them making tea for their relation and others in the unit, who they clearly knew well. They told us "I have nothing but praise for it here." Another relation told us "It's like we are all one big family" and "I don't just come to visit my Mum, I feel like I am coming to see everyone".

People's privacy was respected and all personal care was provided in private in people's rooms. Staff spoke with people discreetly when they needed support and made sure that they did not discuss other people's care needs in front of people. Staff used appropriate and respectful language when speaking with people, and there was a lot of laughter and smiling around the units. Many of the people living at the home and the staff lived locally so spent time discussing local landmarks or events which were well known to people. We saw people being consulted about music they wanted playing, and if they wanted windows opened.

People were encouraged to interact with each other, maintain some independence and to take part in daily

living activities in the home. We saw one person helped staff with drying dishes after breakfast. Other people were asked by staff to help them do other small tasks, which made them feel valued and involved, for example helping to lay a table. Tables were laid with cups, milk jugs and sugar bowls for people to serve themselves. We saw this encouraged people to both serve themselves and help others, for example by offering them sugar when they had taken some. This also helped increase conversation between people and help reduce any risks of social isolation. Staff did not wear uniforms which helped to create an informal and homely atmosphere.

Good

Is the service responsive?

Our findings

We saw evidence throughout the inspection of staff responding to people's needs and wishes about their care. There was a positive approach to supporting people living with dementia. Care delivered was personal and individual.

Each person living at Mapleton had received an assessment prior to their admission to the home. This identified their needs, wishes and any risks in relation to their care. Assessments were carried out with the person and their representatives wherever this was possible. This also included gathering information about the person's previous lifestyle choices and experiences and wishes about their care to ensure Mapleton was the right place for them. From the assessment a plan was drawn up to support them with their care. Plans were being reviewed regularly, and covered the impact of living with dementia on each aspect of the person's life. Where there were specific issues in relation to living with dementia that presented risky or distressed behaviours there was clear guidance for staff on how this impacted upon the person's experience and how they could be supported in a positive way. For example one person could experience hallucinations as a result of living with their dementia. Their care plan included detail of the types of hallucinations the person experienced and strategies to support them at that time, including contacting a specific person to re-assure them. Their care records indicated this had been successful in the past in helping reduce the person's distress.

Plans contained detailed information about the person's social and personal history, and further information was being sought from families where this was possible. This helped staff understand the person's behaviours and experiences in the context of the life they have lived. It was also being used to help identify resources to help staff support people to maintain connections with their personal history, such as books about wartime experiences. We heard staff using this information in day to day conversation, helping to maintain a sense of identity for the person, and respecting their past and personal history. Care plans covered people's needs for social and psychological comfort as well as physical care needs. They also included specialist documents and recognised tools for supporting people with dementia, for example pain assessment tools to help people who would not be able to communicate any pain they had verbally.

We saw staff delivering care and support to people in accordance with their plans and preferred personal routines. Routines at the home were kept to a minimum, and people were enabled to follow the day as they chose, for example some people did not get up until later in the morning. People's care records indicated they also did not go to bed until they were ready. One person liked to have a shave after their breakfast. We saw that staff got their wheelchair to take them to their room to do this themselves after their meal. Throughout the inspection we saw staff checking with people what they wanted to do, or where they wanted to go.

We saw many examples of people being supported to remain active at the home. There were some formal activities provided but we also saw people being supported to follow their chosen lifestyle, hobbies or interests on an individual basis. For example we spoke with one person who told us they had always enjoyed gardening. This was also recorded in their care plan. During the morning we saw them outside with

a member of staff digging up potatoes that they had planted earlier in the year. These were then taken by the person to the chef to be cooked. Their care records also showed they had been involved in watering tomato plants in the garden. Another person also enjoyed gardening. We found they were seated outside enjoying the sunshine with a cup of tea and another person with whom they were chatting. They told us they had been in discussions about the planting in the garden and that the "hebe needed attention". They told us they would tell the registered manager. There was a greenhouse and seating outside as well as a water feature and level paved pathways to enable people to access all parts independently. A barbeque was planned for the weekend to which relatives were also invited. A raffle was set up in the hallway to encourage funds for an amenities fund. This was independently audited, and accounts were on display on the notice board. The home was also planning a summer fete. People had free access to this outside space, which was safe and enclosed as well as attractive.

We saw people being engaged to take part in activities of daily life at the home, and staff told us they understood how important it was for people to experience things such as the smell of bacon cooking to orientate themselves to the time of the day. We saw people being encouraged to be independent with their care. For example we saw one person being supported to walk for a short period. Their care plan told us they could walk a short distance with support and we saw staff celebrating with them when they had done this. People had been referred for wheelchairs or appropriate postural seating to ensure they were able to enjoy the opportunities and social interaction available. The staff team at all levels worked consistently to involve people in the life of the home. For example, the home's maintenance person sat with several men who lived at the home and discussed DIY and his planned work for the day, which they enjoyed. This helped them reminisce about the work they had done in the past.

Staff also had an understanding that people did not always want to be active, and sometimes just wanted quiet time to themselves.

Staff and relatives worked together to ensure people had positive experiences. During the afternoon a large party had been organised by relatives to celebrate one person's birthday. This was on a "Strictly come dancing" theme which reflected the person's interests, and included professional dancers. The party was open to everyone and was held in the large communal space. Staff and other relatives attended and encouraged people to join in. Refreshments were provided by the home, including a full afternoon tea served on tiered cake stands to ensure the experience was special. People really enjoyed the event, and this was used by staff throughout the evening to encourage people to reflect on and reminisce about their life experiences.

Other people's skills were acknowledged. One person used to train people in archery. The home had obtained a small archery set which the person had really enjoyed using. The registered manager was helping the person source more equipment to continue with this. We saw this person was very active around the home, and was positively engaged with staff in helping them. We saw evidence that the home's chef had been supporting people with baking cakes in the separate units, and photographs were on display of the results. A wall chart was provided in a picture format telling people what activities were available and there was a newsletter, including local information and quizzes.

There were complaints policies and procedures in place at the home. We reviewed the complaints and comments that had been made to the home in the last year. Complaints were responded to by senior people within either the home or externally to the home from Devon County Council as appropriate. Visitors we spoke with told us they had no concerns. One said "I have no concerns at all, but would raise them if I was worried".

Good

Is the service well-led?

Our findings

Management systems were in place to ensure the safety and quality of services provided. People and staff gave us positive feedback about the registered manager. They told us they were approachable and committed. Improved governance structures had been put into place since the previous inspections. For example, the PIR told us that the registered manager received "regular, well-structured supervisions" from the resource manager. The registered manager told us they had found these and the guidance and action planning provided very supportive in making improvements to the home. There were monthly meetings to review the unit improvement plans and the Quality board at Devon County Council reviewed any safeguarding concerns, incidents and accidents.

The registered manager and others within the management team carried out a series of audits, looking at ensuring the quality and safety of services. Where issues were identified, action plans were put in place to address them. The registered manager completed a monthly report to their line manager reviewing progress on action plans and any new issues that arose. The registered manager also received support from other teams within Devon County Council, for example with people management systems or health and safety issues. The home's PIR said "Internal quality audits are carried out quarterly, by the quality assurance team to ensure the service provision is of a high standard." We looked at the quality audits that had been carried out. Medicines practice at the home had been regularly audited both by the home and by the external quality team from Devon County Council. The home's PIR had identified a high number of medicines 'errors' over the last year. We discussed these with the registered manager who could demonstrate they had looked at the medicines practice by staff and identified that the majority had been minor recording errors. Improvements had been made to the medicines management systems and training updated as a result. This and other audits seen told us the auditing and review systems were being operated effectively.

The registered manager had developed a clear and positive culture at the home, which was shared throughout the staff team. This was aimed at enabling people received care and support that was individualised, respectful and in line with the person's wishes and best practice. This had been shared with staff through training, supervisions, positive role modelling by senior staff and in regular practice meetings. The registered manager had undertaken training in making positive changes in cultures in care homes, and was sharing this amongst the management team. For example staff had been challenged to ensure they used appropriate language to describe 'distressed behaviours' rather than 'challenging behaviours' as this reflected the reasons behind the behaviours better and helped increase staff understanding. Changes to the culture meant that people received consistent care from people who had time to get to know them well, and supported them to experience a dignified, meaningful and respected life.

There were clear lines of reporting within the organisation and staff understood their roles. Staff told us "We've got our positivity back" and "I'm really proud to work here now – I feel really privileged". We saw good and consistent practice and a positive person centred focus in evidence throughout the home at all levels. Staff worked well as a team. There were regular management team meetings but staff meetings had not been well supported recently. The manager was looking into ways to increase attendance.

Feedback was sought from people living at the home, visitors and visiting professionals through annual questionnaires. We saw visitors calling into the manager's office to discuss people's care or plans throughout the time they were there. We saw that changes had been made as a result of feedback received. For example decals had been fixed to glass screens to prevent birds flying into them. People were also encouraged to give instant feedback on a computerised screen when leaving the building. The registered manager told us that they were keen to ensure that people could raise any issues at any time.

The management team used information about 'best practice' and developments in care to improve services at the home. For example the registered manager was making arrangements to learn more about new care planning systems on electronic records to help increase time available for direct care for people. They had access to resources on best practice in dementia care and had used these to develop the models of care being delivered.

Records were well maintained. Plans were regularly updated and all policies and procedures were easily accessible to staff at all levels. Information about the operation of the home was available on notice boards, including information for people about future plans. The home had good administrative support and systems in place for the secure storage and destruction of records that were no longer needed.