

Moorstone Opco Limited

Pippins Residential Care Home

Inspection report

Mead Lane
Paignton
Devon
TQ3 2AT

Tel: 01803525757

Date of inspection visit:
13 October 2018

Date of publication:
27 November 2018

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 13 October 2018 and was announced. This was the first inspection of Pippins Residential Home since it was taken over by a new provider Moorstone Opco Limited on 1 November 2017.

Pippins Residential Home, referred to as 'Pippins' in this report is registered to provide accommodation and personal care for up to 21 people. At the time of our inspection there were 19 people living in the service. Most people in the home were older people with some physical health needs, some people were in the early stages of dementia.

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

The service accommodates people in one large adapted house. The building is over two floors and has a lift, dining areas, library and quiet space, a sun room and lounge. There are well tended gardens surrounding the property. There are shops and the seafront nearby.

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

Care staff were motivated to provide a kind, caring service so people would feel appreciated and happy in their home. People told us staff were patient and gentle, but also fun when it was needed.

People were treated as equals in the creating of their care plans, and exercised choice and control over how they spent their days, what they wore, what they ate and where they went. Family members visited when they liked and told us they were always made to feel welcome and kept up to date.

The food was of a high quality, thoughtfully prepared so it looked and tasted delicious with healthy options available. There were a range of flavours of drinks available at any time of the day and people always had a drink within reach.

The service was organised, efficient and effective. It met people's health needs and noticed any small changes that might indicate the onset of an infection or worsening of a medical condition. Recent training had been provided in end of life care and diabetes to better equip the care staff with the knowledge to support people.

People were safeguarded from harm and abuse through training, risk management documents, robust

systems and excellent communication.

Care staff responded quickly and with enthusiasm to support people's changing moods throughout the day and tailored their responses with thought and compassion.

The management team were passionate about providing outstanding individualised care to people, and had made several changes to improve the running of the service. People were placed at the centre of the service and they told us they felt happy and loved by care staff.

The service was extremely person centred, it captured people's preferences in detail and was innovative in how to meet people's needs. The registered manager and provider recognised people had a range of unique social, physical and emotional needs and supported staff to go out of their way to meet these individual needs.

People felt valued as people that had led and were leading rich and fulfilling lives and were more than people paying for a service. People were celebrated as special in the service and key aspects of their histories explored with them. An interesting and varied range of activities were planned for people in groups or as individuals, based on their unique 'wish list.'

The quality of the service was closely monitored through regular audits, a wide range of feedback mechanisms and continuous communication between the registered manager and provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Safeguarding procedures were robust and all staff had been on training and understood how to report concerns.

Risks were appropriately managed and risk assessments were updated regularly.

Medicines were stored, administered, and recorded safely.

The environment was kept clean and building checks were regular and thorough.

Good ●

Is the service effective?

The service was effective.

Staffing structures and effective organisation meant people's needs were met and information handed over.

The service was in keeping with the principles of the MCA. Staff understood the need to gain consent from people before delivering care.

Staff were supported with appropriate training and supervision.

People's mental and physical wellbeing were considered to achieve positive outcomes. People and relatives told us the food was excellent.

Good ●

Is the service caring?

The service was caring. People and relatives said there was a family feel in the service.

The environment was welcoming and staff were caring and kind.

People felt respected and were treated with dignity. People were offered choice throughout the day.

Good ●

Is the service responsive?

Outstanding ☆

The service was exceedingly responsive and person centred and thought creatively about how to meet people's needs and to lead a fulfilling life. People were partners in designing their support.

Care staff knew people's needs, personalities and preferences in detail and went out of their way to make sure people were happy and enjoyed their day. Care plans matched the support provided.

Activities were based on people's goals and a wide range of fun, social and quieter activities and day trips were on offer.

Complaints were well managed, recorded and learned from. People and relatives knew where to go to complain and how to do it.

End of life care was approached sensitively and peoples wishes respected. Excellent feedback was provided on how the service supported people and families at the end of their lives.

Is the service well-led?

The service was well led. The registered manager and provider were visible and well respected by people and care staff.

Care staff felt supported and the values of the service were clearly communicated.

People and relatives had multiple opportunities to feed their views into the running of the service and people felt listened to.

Quality systems were robust and checked risk management, day to day care and health and safety aspects in the day to day running of the service.

Good 

Pippins Residential Care Home

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 13 October 2018 and was announced.

We gave the service 24 hours' notice of the inspection site visit because we were inspecting on a weekend and wanted to make sure we could have access to records.

The inspection team consisted of one adult social care inspector. Prior to the inspection we gathered and reviewed the information we already held on the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications that had been sent to us informing us of key events such as safeguarding alerts or incidents. We asked the local authority for feedback on the service and reviewed previous reports.

We spoke with eight people living in the service, and one relative on the day of the inspection. We also contacted three other relatives for feedback in the days following the inspection. We interviewed four care staff, the deputy manager, the registered manager and the nominated individual who was also the owner. We spoke with two professionals who visit or work with the service.

We reviewed records relating to fire, health and safety, incidents, complaints, key policies, safeguarding, and reviewed the paper and electronic care files for five people living in the service. This included care plans, risk assessments and daily recording notes and charts. We observed the lunch time meal experience, took part

in an exercise activity and observed interactions between care staff and people.

Is the service safe?

Our findings

The service was safe and had robust policies and procedures to keep people safe. People said, "I am safe" and "I'm definitely safe, I have fallen less since I moved here." Relatives we spoke with all said they felt their family member was safe and risks were discussed and managed well.

All staff we spoke with could confidently describe potential signs of abuse and knew what to do and who to tell in case they suspected it. The service had a safeguarding policy and procedure and had on display in the dining room details of the local authority safeguarding team. There had been no safeguarding concerns in the last 12 months prior to the inspection. Care staff were aware of whistleblowing and one said, "I 100% feel comfortable whistleblowing."

Incidents such as falls were recorded and the registered manager analysed these to look for patterns so the cause could be worked out and addressed. For example, we saw a falls analysis for one person which identified they were falling around the same time in the evening. The registered manager discussed with the person, their GP and their family a change in medicines and a referral to the continence service. They also put a sensor mat in their room so when the person wanted to move around at night, staff could support them with this. The registered manager said, "We try and look at any accidents and incidents that have occurred and learn from them."

There were thorough building checks to ensure the environment was safe for people to move around the home freely. Upstairs rooms all had window restrictors which were checked monthly. All fire exits were labelled, with fire equipment in working order and fire tests completed regularly. Water temperatures in people's rooms were checked to make sure they weren't too hot. There were no trip hazards around the home on the day of inspection, and food and fridge temperatures were tested and recorded in the kitchen. There was a lift for people with mobility issues to use and stairs with an additional handrail. Every person had the freedom to leave the home whenever they wished and could access the garden at any time.

People faced a range of different risks relating to their health such as epilepsy, diabetes, skin integrity, choking and falls. There were risk assessments in place for each person relating to their health and emotional needs. These risk assessments included sections on observations, goals and interventions required. Risk assessments were detailed about how risks could be mitigated, how people had the freedom to make choices that might impact on their health and explained staff had ensured they understood how their decision might affect them. For example, one person liked to sleep in their chair rather than their bed and their risk assessment noted this posed a risk to the person through retaining water in their feet. When we spoke with the person they said, "The staff they have told me what might happen but it's my choice to sleep here and I'm happy doing it." Risk assessments were reviewed monthly and discussed with people and families and updated accordingly.

People were kept safe through adequate numbers of staff being on shift to meet people's needs. The service had four staff on in the morning and two in the afternoon and domestic staff at intermittent points during the day. The registered manager was also an addition to the care staff on shift each day. Care staff all said

there were rare times where there could be more staff if a person was ill and needed more time but there were enough staff on the rota. We saw people's needs being met and call bells being answered promptly. Every room we went into the call bell was within reach and some people had an additional alarm pendant if they had been assessed as needing it so they could call for assistance if they had a fall. Three people told us there could be more staff. One person said, "I would like more staff so they could sit with us and chat for longer." Despite this, we saw enough staff to meet people's needs and one person said, "There are enough staff here, my needs are met." Relatives told us there were enough staff to meet needs, and they had not seen any agency staff or unfamiliar faces in the home. The registered manager said "For the sake of the residents we like the continuity of the staff. If I was a resident it would be a big thing to have a stranger come in so we avoid it."

The provider completed checks on staff before they started working in the home to verify if they were safe to work with vulnerable people. All the five staff files we looked at contained details of police background checks, two relevant references from previous employers and identification and interview documents.

Medicines were managed safely. Storage was secure, lockable and well organised. We looked at eight medicine administration records and they had no gaps which told us people were getting their medicines as prescribed. Staff completed training and were competency tested before being allowed to administer medicines and then re-tested periodically. The service had recently changed to a new pharmacy providing medicines and were using a pod system to prevent medicines errors as staff no longer had to unpackage medicines from boxes. We found one bottle of eyedrops that had not been labelled on opening and this was disposed of when we pointed it out. All other medicines we looked at were appropriately labelled and dated. We checked stock amounts of some medicines prescribed for PRN or as required and the records matched the amounts in stock. Some people administered their own medicines and there were risk assessments in place for these people and details of medicines were captured in care records.

The home was clean and there was no malodour. Care staff wore gloves and aprons whilst supporting people with personal care and there were hand washing facilities throughout the home. People told us "it's very clean here" and "they keep it lovely, it's always fresh." All care staff had completed infection control training and described how they could keep people safe from cross contamination and infection.

Is the service effective?

Our findings

We looked at whether the service was acting in accordance with The Mental Capacity Act 2005 (MCA) and found that it was. The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found care staff had a basic knowledge of the MCA and had been on training. The registered manager had been through some best interest's decision-making processes for some people where their capacity may have been fluctuating.

Care staff were constantly asking for consent from people. We heard this when people were supported to move. For example, "Is it ok if I lift your foot?" and "Would you like me to help you with that?" People told us care staff always asked permission before starting personal care and respected people's decisions to not give consent if they didn't want to do something.

The training matrix for the service showed staff had been on mandatory training such as safeguarding, infection control and moving and handling. Training was a mixture of face to face practical sessions and e-learning. Care staff could not think of extra training that might help them better meet people's needs and said, "We have had a really good amount of training." Where people had specific needs around dementia, cognitive impairment or diabetes, specialist training had been provided. People told us staff were competent and relatives were confident in the ability of staff to meet people's needs. One person said, "They know what they are doing."

There was a constant flow of information moving around the home, from people to the care staff and registered manager and back again. There were three handover meetings a day to discuss people's needs in detail. These were focussed on the kind of day people had and how they were feeling and this then informed the tasks staff coming on shift needed to follow up on. For example, it was handed over that one person was feeling anxious so new staff coming on shift made a point of checking on that person more frequently and encouraging them to do an activity they found relaxing. The structure of the staffing was such that there was always a senior staff member or the deputy manager on the floor giving care so they took the lead in ensuring everyone's needs were met and handing over important information.

The registered manager and owner recognised that supporting people with their general wellbeing as well as their physical health would make them happier and help achieve positive health outcomes. There were good links with local healthcare services and people were supported to access a GP swiftly if needed. Referrals to external services such as the speech and language therapist and continence service were made promptly and followed up. A visiting health care professional told us, "They know how to and pick up on the signs of chest and water infections quickly."

There was a range of food and drink on offer and every person had a drink within reach. During the summer heatwave the service started offering a different drink every day to encourage people to stay hydrated. On

the inspection day people were offered a non-alcoholic sangria presented in a glass with a drinks stirrer, fruit and ice. Everyone enjoyed this and it created a talking point amongst people. The food at lunch time was presented attractively with a range of vegetables. One person at times needed support to eat and had specialist cutlery to make it easier for them to eat independently, rather than having constant assistance. People were overwhelmingly positive about the food. They said, "It's delicious" and, "I can't fault the food." We saw evidence that people helped to create the menu through feedback and occasionally a person helped in the kitchen. A relative said, "The food always smells absolutely delicious and mum says the food is gorgeous, its top notch." Several people had fresh fruit in reach in their rooms to snack on and two people told us they always had something different and the chef and care staff were happy to accommodate their preferences. One person said, "I'm fussy, I like a steak so they buy one in special and cook it for me, I like it medium." For one person with specific dietary requirements they were cooked the same meal with alternative ingredients, for example they had a dairy free bread and butter pudding.

Is the service caring?

Our findings

People and relatives were overwhelmingly positive about how caring the service was. One relative said, "It's the best place in the world" and, "I've looked around about 20 care homes, Pippins was by far the most beautiful caring home and its stayed that way." One person said, "the staff are just lovely" and another said, "they [the staff] would do anything for us."

The atmosphere in the home was calm but with lively moments when activities were taking place and during mealtimes. There was a sense of fun in the interactions between people and staff and a relative said "They have fun there, the staff make it fun when its needed." People told us the décor was how they would have had it in their previous home before moving into a care setting. The service had considered small details that made the environment more homely, there were ornaments and soft furnishings and fresh flowers on display. One relative told us they were impressed with how, "They press all the linen and present the tea tray and the dinner table beautifully." At times there was classical music playing and the television remained off throughout the day in communal spaces. The registered manager said, "We don't think it's healthy for people to sit in front of the television in large groups all day like zombies. Sometimes they might watch a film, but we like to encourage conversation and being busy." Some people did prefer to sit in their rooms and watch television and this was documented in their care plan.

The registered manager said, "We are like a family here." The notion of family was repeated by most people we spoke with and every relative mentioned it. One relative said, "She feels like staff are like family" and another gave the service written feedback; "You...and your wonderful team create a very loving and caring environment." Another relative told us the service was very welcoming every time she visited and was never made to feel there was an inconvenient time to see her relative.

Staff spoke with great warmth for people and were appropriately affectionate. Humour was used throughout the day to support people through transitions and situations they might have found uncomfortable. People spoke fondly of staff and how they enjoyed their company and said they were very kind. We saw evidence care staff sometimes came in on their day off to sit with people because they enjoyed their company and took people shopping or for a day out. A relative told us how staff, "Pandered to [their relative's] every wish." We also saw care staff brought a sense of community into the home by inviting their families in, lots of the people in the home spoke fondly of the children of the care staff.

The registered manager explained they look for the right staff to work in the service, that they should have the right characteristics, "of kindness, compassion, patience, and respect for others." They said they looked at how staff interacted with people. Then asked people how the new staff were doing to ensure they had the values that aligned with those of the service.

Staff were thoughtful about people's needs and went out of their way to make sure people enjoyed their day and felt special. One person told us they had their nails done earlier in the day and when they went out for any occasion the care staff would do their makeup as directed. They said they felt more confident and how they used to, before they couldn't apply it themselves. We also saw examples of how Pippins was involved in

the local community. People had been knitting blankets and hats for the local special care baby unit and visited the unit with the support of care staff to make their donation. Local school children had also recently visited the service.

People told us they were offered choices throughout the day and these choices were respected. One person said, "I choose what to wear" and another said, "I can choose what to do, it's my choice to stay here so I do." People were offered a choice of meals and drinks and said, "There's always a choice of food." Care staff were confident in describing how they ensured people were treated with respect and we saw them knocking on doors and being discreet about continence needs and privacy.

People were encouraged to be independent, mobilise often and remain linked with their lives from before they moved to Pippins. For example, one person had been supported to visit the site of their family run shop from their childhood. People were supported to take control of their mobility using walking aids and remaining active by going for walks and doing exercises.

Is the service responsive?

Our findings

The service was exceedingly responsive to people's historic and changing needs and the personal goals or ambitions they had. We saw a service that was thoughtful and innovative in how it approached making people feel they were reaching their potential, and ensuring they led fulfilling lives at a time when they might be unwell or have reduced mobility. The service went over and above their contractual care obligations to people to provide them with an outstanding service. People said, "They go above what any other care home would do" and, "It has exceeded my expectations, I was sad to leave home but now I'm happy."

At 11am daily, each staff member stopped what they were doing and went and spoke with a different person, or a person they had not spoken with recently and spent at least ten minutes in conversation. The registered manager told us this was the idea of the deputy manager, was a step towards making sure people didn't become isolated, and a fun and normal thing for staff and people to take part in. We saw people enjoying this experience, resuming previous conversations and reminiscing. One staff member said, "I could spend hours chatting with people."

Every Saturday there was a holistic therapist employed by the service and offered tailored treatments to people which resulted in positive outcomes. Every person we spoke with said they looked forward to and enjoyed the treatments, especially massage, and felt their health had improved as a result. One person was more able to use their arthritic hands after they had a hand massage and treatment from the visiting therapist. Throughout the day care staff spoke of people's moods and mental wellbeing and came up with ideas of how they could make people feel better, and then put their ideas into practise. For example, one staff member noticed one person was anxious so ensured they spent time with them doing an art activity that soothed them. During our visit one person said they were feeling low. Care staff took the time to walk in the garden with them and supported them to cut flowers they had grown. They then brought them into the home so the person could arrange them to their liking and choose where to display them. The person said they felt cheered by this.

The service recognised the different backgrounds people came from and celebrated their lives with thoughtfulness and sincerity. Care staff told us how much they enjoyed learning from people about their lives. The service went out of their way to help people feel special. For example; the service arranged a visit to the local midwifery unit for a person who used to be a midwife. Some people in the home had been knitting blankets and hats to donate to the special care baby unit. Care staff thought to make it more special and for people to make new connections they could go to the hospital with people to make the donations in person. This made the person feel valued and was a recognition of the skills and knowledge they possessed. The registered manager told us it was wonderful to see this person so proud and happy and that was why she came into work every day. The service also supported people to reminisce, through making scrapbooks with people. One person looked at their scrapbook every day and said it made them smile. The service ran in house reminiscing sessions, but also made sure people were informed about the wider community and what was happening.

The service innovatively gave every person the opportunity to connect with the wider community through

social media and the internet. One staff member said, "People sometimes lose track with what goes on in the world and it's our job to let them know about change and how things are moving on." People had access to newspapers and trips out in the local community. The service also provided free Wi-Fi access so those people with laptops could conduct research and communication electronically. The nominated individual bought five tablet computers for any people who didn't have a laptop and staff could sit with people giving them one to one instruction on how to use them if they needed it. This opened opportunities for people to skype their relatives and email when they would not have been able to do this otherwise. The service also installed a voice activated search engine and speaker so people could use technology to change their living experiences and play the music they wanted. In a quiet area of the home there was a library for people to choose books from and several talking books for people with visual impairments. One person had a talking clock to enable them to tell the time so they didn't have to rely on care staff to do this. This promoted their independence and made them feel less reliant on staff.

Pippins co-created a 'wish list' with people as an innovative way of helping people to express the things they really wanted to do but might not feel confident asking for them in a care review meeting. The wish lists were being worked through. One person said they had not been in the sea for over sixty years until care staff arranged for three people to go down to the local beach and paddle in the water and sit in their wheelchairs in the shallow waves on a warm day. Another person said they missed their favourite restaurant so were supported to dress up and taken out for dinner. Another planned activity was a trip to the theatre in line with a person's goals. This showed the service was thinking creatively about how to meet people's needs that they might not have otherwise expressed or thought of.

People were supported to lead varied, interesting and fulfilled lives to the extent that they wished. We saw evidence of visits from the donkey sanctuary, exotic animals centre, singers and performers and trips out for cream tea, lunch, to the local garden centre to buy plants for the garden and walks around the local area. In the summer there was an extra rota put in place for care staff to support people to enjoy the sunshine in the local park, buy an ice-cream if they wished and enjoy the sea breeze. One person said, "The singer was fantastic, we had wine and nibbles, it was like a proper night out dancing." People were also supported where needed to pursue activities in their rooms. This included knitting, sudoku, or watching television, and some group activities in the communal lounge depending on what they preferred doing. One relative said "There were lots of activities, my [family member was] quite a recluse and not sociable, they got her joining in with everything. She loved it there".

People told us they dictated how their care was delivered and every person said what they asked for they got, and they were 'in charge'. One person said, "I make the choices and tell the staff how I want things." People were partners with their named key worker in developing their support plan and what it contained. Needs were reviewed in depth every month with a named key worker sitting with a person either in their rooms or when out on an activity and discussing what they wanted from the service. This information was updated on the electronic system which recorded regular reviews and general conversations about needs and wishes. Every person we spoke with said they felt listened to and we could see how the service empowered people by giving them a voice and enabling them to live as they wished. One person said they missed their favourite restaurant so the provider and two care staff had taken the person to the restaurant for dinner, this made the person feel they were valued and not just a person receiving a service.

When people's needs changed support plans were altered, but also when the needs of the family changed the service responded to this and adapted the support. For example, one relative we spoke with explained how due to a change in their circumstances they could not always now go to health appointments with their relative. They explained the service called them up to ask how much involvement they wanted the care staff to have as they did not want to be too involved if the family or person did not wish for this. This family

member said they felt supported by the service and were very happy with how thoughtful and flexible they were with supporting people to attend external appointments. This showed the service looked at all aspects of a person's life that affected them, considering that people had lives outside of the service.

Care records had detailed information about each person's life and what they had achieved and their family connections. Records showed clear instructions on how a person liked to be supported. Details such as wanting to be offered an alternative to fish, where hearing aids were kept in a person's room and whom they liked to sit next to at lunch time. The care provided matched what was written in care plans, for example; preferred portion size and how a person liked their food cut up. We observed this taking place. This showed the care plans were person centred, relevant and being acted upon to meet people's needs.

We asked the registered manager how they knew if the service was person centred, they said, "The use of pen pictures, this is me forms, and key workers together with the size of our home and stable work force means that all the staff members get to know the residents well. This, together with our underlying principal of trying to listen to what residents want and then acting on that to try and enrich their lives are fundamental ways in which we ensure each resident receives person centred care". A visiting health and social care professional told us the service was "Extremely person centred, the residents are at the heart of that home."

Care staff stressed the importance of respecting each person's individuality and noted which people were religious, their desired level of practise and how this affected their support. For example, some people received holy communion in the home on a regular basis through a visiting priest. Care staff all attended equality and diversity training and said they had the opportunity in supervisions and staff meeting to talk about people's diverse needs and how they could be met. The registered manager told us they didn't want to create an environment where, "People feel patronised and the only activity is bingo and a ball being thrown around." They were open about making the whole service inclusive and making sure people didn't get treated differently or left out because of their age or illness or mobility.

Care staff told us one way they worked with people to stay well was through movement and exercise. One staff member said, "We try keep people active by doing exercises." We took part in an exercise session for people in the morning which had the nine people who took part singing, moving and stretching different parts of their body and socialising in a communal area. The deputy manager told us if people regularly exercised it helped with mobility and reduced the number of falls people had, as well as lifting spirits. We saw one person walking outside the perimeter of the home with the assistance of a staff member, this was part of their support plan and showed care staff viewed staying active as an important part of being healthy.

The service investigated all complaints thoroughly and recorded any communication and findings relating to this. There had only been two complaints in the last 12 months but lots of feedback and suggestions from people on how the service could do things differently. For example, one person asked for the newsletter to be sent out at the start of the month rather than retrospectively so that people could look forward to the events outlined in the newsletter rather than read about what had already happened. This change was implemented. People all told us they were happy to complain and felt comfortable talking to any staff member, or the registered manager or the provider. Relatives said, "I've not had to make a complaint but feel fine doing so" and "I know where to go to complain."

The service recognised that part of their role was to support people in all aspects of their life, including when they became unwell and the time leading up to the end of their life. Feedback from relatives about end of life discussions and care was positive. One relative said "It's a rare place, they looked after the family during end of life care" and the service was "very respectful and gave us space when we needed it." Family

members of people who had passed away in the home said Pippins staff cried with them and offered them a bed so they could be close to their relative at the end of their life, gave them food and make them drinks. Another relative said they trusted "Pippins will allow us as a family to take over and deal with it" when the time came. People we spoke with said they had told the registered manager what they wanted and one person said they didn't want to talk about it and the home didn't push them to talk about it if they weren't ready. We saw in care records details about what arrangements people wanted including if they wanted a priest and which family members they would like to be with them if possible at their time of passing. A health and social care professional fed back they were very impressed with how the service supported people at the end of their lives and had not seen another service like it.

Is the service well-led?

Our findings

The registered manager of Pippins was very visible in the service. They had a hands approach and every person knew them by sight and name, as did the relatives we spoke with. They were well respected by every staff member and person and used their experience, skills and personality to manage the service with thoughtfulness and compassion. A relative told us, "it's absolutely well run" and one person said, "I highly respect the manager." The registered manager said, "My main aim here is for the residents to feel like this is their home, to feel safe and loved and have a great workforce." The provider was also well known in the service and liked by staff and people. Their commitment to providing an excellent service was evidenced in the carefully thought out changes that had been implemented since they had taken over.

Lots of change had been introduced in the previous 12 months, including new electronic care planning, risk assessments and care notes, policies, extra activities and new staff and staffing structure. These changes were managed sensitively asking the opinion of people and staff at each stage. Feedback was gathered in different ways both casually and formally. It was recorded so the service could learn from the feedback and implement change with a solid reason for doing so. We asked the provider and registered manager what their focus was for the next 12 months. The registered manager told us, "We want to continuously provide good care but also learn about what we are missing" and the provider said, "Bedding in the good things that we do even better."

Pippins had a clear management structure. There was clear accountability, the staff on shift knew who to report to and what to do with significant information. The communication was good with staff discussing needs with the deputy and registered manager throughout the day. The service's values were evident throughout the home, on display and being echoed in the messages the registered manager gave during the handover we observed.

Staff felt supported and made comments such as "This is the best place I've ever worked in", "I think its special here and it's the way its run" and, "The manager is an amazing person." Supervisions were provided regularly and care staff were given ongoing feedback about where they had done well and what improvements they could make. Staff were given incentives by the provider such as a gift voucher for the staff member getting the highest score on the policy quizzes run to test staff knowledge.

Quality assurance systems were robust. There were regular audits for care plans, risk assessments, medicines, health and safety, staff files, and tools for gathering feedback from people regarding the quality of the service. The registered manager completed a weekly audit on records and conduct of senior care staff. The provider completed a full monthly audit of all aspects involved in the running of the service. The service had shown it could learn from incidents and improve on its learning. It had implemented a new medicine ordering system and a staff member said the "Medication change has been good, [its] a clearer system now."

We saw how changes had been made in the service based on people's feedback, for example a holistic therapist was invited to the service on Saturdays because people said they felt the weekend was long with less staff around. People's views were gathered through daily interactions, comments books left on dining

tables, residents meetings and monthly care reviews. Records showed the last residents meeting had 14 attendees. One suggestion from a person who loved gardening was to have a greenhouse so people could grow their own vegetables. A greenhouse was then bought and installed in the garden. The registered manager said, "We have a number of robust tools to gather feedback from people." Family members said they were always updated with any changes and they had many opportunities to feed back to the service through formal and informal routes.

The service worked in partnership with other agencies such as dieticians, podiatrist, mental health services, the local hospice and nursing services to ensure people's specialist needs were met. The provider said, "We welcome the expertise and involvement of others" and explained the service wants to learn from other agencies and best practise demonstrated in other homes and through research.

The provider and registered manager had a good understanding of when and how to make notifications to us in line with registration and regulatory requirements.