

Brandon Care Limited

Sheridan House

Inspection report

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Date of inspection visit:
24 September 2019
25 September 2019

Date of publication:
27 April 2020

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?	Outstanding ☆

Summary of findings

Overall summary

Sheridan House is a residential care home providing personal care to 24 people aged 65 and over at the time of the inspection. During our inspection, 22 people were living at the home.

People's experience of using this service:

Sheridan House continued to be led by an experienced registered manager and management team who worked closely together. There was a positive culture that was person-centred, open, inclusive and empowering. The registered manager was also one of the directors of the service. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was a strong role model for all staff and constantly looked for ways to improve practice to provide people with opportunities. They spent time at the home and people living there knew who they were. The registered manager was supported by the other directors and family members who worked with her to sustain the standard of care and introduce new processes to improve the service further. The management team knew everyone living at the home well and provided day to day support and care. They were passionate about the service being people's home. They employed a team of dedicated staff to ensure they had the same ethos as they did. The registered manager said they had worked hard to get the right staff. Staff said there was a good team spirit at the service.

People and relatives described the service in positive terms. Everybody without exception praised the care and support provided by the staff team. They said they were caring, approachable and always available if they wanted to talk with them. People were consistent in their response. For example, "Since entering Sheridan, I feel 20 years younger." Visitors echoed these views, saying "I can't recommend Sheridan highly enough" and "they are willing to 'go the extra mile'." People were supported to lead as independent life as possible for example managing their own medicines. People said how important it was to feel in control of their lives.

There was an on-going sense of collaboration between the management team, staff, relatives, visitors and people living at the home; all with the goal to make the home a pleasant and vibrant place to live, work and visit. Staff worked as a team to create a better quality of life for people and ensured they were at the heart of the way the service was run. Staff spoke with respect and affection about the people they cared for. They were attentive and reassured people and ensured people were comfortable and had all they needed. They were intuitive to people's specific needs and responded proactively to them.

People said how important it was to them to stay connected to friends and family; there continued to be a strong sense from a number of people that they were in charge of their life. This approach was promoted by the registered manager, including encouraging people to visit at different times before making a decision to

move in.

People had a clear understanding of the purpose of the pre-admission assessment before they moved in. They had received information about the service, so they knew this was part of the process of making a decision around the suitability of the home. People, or where appropriate their relatives, were involved in developing their care, support and treatment plans. People understood the purpose of their care plan and told us they had agreed the content. People's description of their level of support showed they were in control and care was provided on their terms.

People living at the home discussed how their sense of identity and maintaining their dignity was extremely important to them. It was clear they viewed their rooms as their private space and had personalised them to reflect their interests and previous livelihoods. The providers had created an enabling environment to support people's independence. The layout of the home meant corridors were short to enable people to access their rooms more easily. As a result, the style of the home was not institutional. People took their time to walking independently with some having daily routines to maintain their mobility.

People living at the home were at the heart of the events and activities that were arranged. All staff took a pride in their work and our conversations with them showed they worked as a team to create a better quality of life for people. There was a wide range of activities and social events based on feedback from the people living at the home. Staff worked as a team to make activities and events as social and pleasurable as possible.

Staff said they worked in a culture where their views and suggestions were listened to and implemented. The registered manager and the management team had established a service where staff were clear about the values and ethos of the home. There was a commitment to reflection and learning so that the service was continually evolving in line with good practice guidance and research. People said they did not have any cause for complaint, but that they would be able to raise concerns with staff or the registered manager if they needed to. Complaints and concerns were taken seriously and used as an opportunity to improve the service. There were systems to monitor the quality of the service, including responding to suggestions for improvements.

There was a commitment to care for people at the end of their life. Staff were proud of their skills in caring for people who were dying and were committed to enable people to have a dignified death.

The home was built to a high standard and reflected the provider's ethos to put people at the heart of the service. In a written statement the providers explained their aim, which included 'the building should be bright with as much natural light as possible to promote wellbeing.' People told us the positive impact the design had made on their daily lives and their sense of well-being. There was a large garden with uninterrupted sea views, which people said they used in good weather. There was a patio area with seating that provided ample room for a group of people to meet. Several people had direct access to the garden from their rooms, and where possible these rooms were matched to people whose well-being was improved by being close to the garden.

People were complimentary about the approach of staff, such as "The staff are kind to all and just like a happy family. Nothing is too much trouble." Throughout our inspection, the atmosphere was relaxed. People were at ease with one another and with staff. Staff knew people as individuals and carefully changed their approach to ensure people felt included and valued.

People felt safe living at the home. They did not have concerns regarding the staffing levels which met their

physical and emotional needs. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. There were checks carried out on the building and equipment to ensure these were safe.

People were positive about the standard of the food and were able to make choices about what they had to eat. The chef explained how they worked with people to ensure they understood their individual likes. They ensured food was not repetitive and was adapted, if people's care needs changed, for example if they became unwell.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. People received their medicines in a safe and caring way. People visiting and living at the home praised the standard of cleanliness and the lack of unpleasant odours. People expressed satisfaction with the standard of the laundry. All these factors helped maintain people's dignity.

People living at the home said they were confident staff could meet their care needs because they had the right skills. A common theme from their feedback was the staff were "friendly" and put them at ease. Visitors to the home praised the qualities of the staff group and the registered manager. They told us they had a good rapport with staff and described the peace of mind it gave them knowing the staff group's commitment to provide a good standard of care and support.

We met with staff who held different roles within the home; communication amongst the staff team was good which meant the staff group was kept up to date with people's care needs. People were supported with their health and had access to health and social care professionals, when necessary. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and demonstrated through their practice an understanding of how this impacted in the way they worked.

Rating at last inspection (and update):

The last rating for this service was Outstanding (published January 2017). At this inspection, the service was rated as Good.

Why we inspected: This inspection was scheduled for follow up based on the last report rating.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received, we may inspect sooner.

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

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 service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Sheridan House

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 an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Sheridan House 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 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.

What we did: Before the inspection, we reviewed relevant information we had about the service, including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We checked the last inspection report and contacted the local authority for information.

The service completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.

During the inspection, we spoke with nine people living at the home, two relatives, five staff members and the registered manager/provider. A few people using the service were living with dementia or illnesses that limited their ability to communicate and tell us about their experience of living there. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the

experience of people who could not speak with us and share their experience fully.

We reviewed three people's care records, including assessments, staff files, records of accidents, incidents and complaints, audits and quality assurance reports. We contacted a range of health professionals; two GPs responded.

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 good. At this inspection this key question has remained as good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- ☐ Staff understood their responsibilities to protect people's safety and had been trained on safeguarding people from abuse. Actions by the management team showed that people's well-being was central to their practice. For example, carrying out spot checks and taking time to ensure people living at the home felt at ease with new staff. They knew when to raise safeguarding concerns and protect people in their care.
- ☐ People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. Policies linked to data protection and the use of mobile phones were updated to promote people's dignity and privacy.
- ☐ People said they felt safe saying staff were "always popping head round the door to see how I am" and commenting that there were "plenty of staff around."
- ☐ The registered manager explained how they had encouraged people to have 'Find my Phone' activated on their mobile-phones so their whereabouts could be tracked in case they lost their way or had an accident. They explained how this was not intrusive and enabled people to remain independent for longer, "especially when venturing into Exeter."

Using medicines safely

- ☐ People were supported to have their medicines at the right times and in a safe way. People received their medicines safely, and in the way prescribed for them. For example, there were systems in place to guide staff when to use 'as required' medicines. However, many people managed their own medicines and were provided with a suitable storage area in their room. People's ability to safely administer their own prescribed medicine was assessed, and if their needs or wishes changed, this was reviewed with them.
- ☐ Staff were trained before they administered medicines and regular audits were carried out to ensure staff practice was safe. The competency of new staff with medicine experience was assessed and observed.
- ☐ Medicines were held securely, including medicines requiring extra security. The provider told us additional storage safeguards had been introduced to manage medicines held at the home for those people nearing the end of their life. Body maps showed staff where to apply topical creams. Since the last inspection, the provider said improvements had been made in the creation of individualised Medication Plans to explain to both staff and the person what the purpose of medicines, when to take them, how it should be taken and possible side effects.

Preventing and controlling infection

- ☐ Staff maintained a clean and odour free environment. Visitors and people living at the home praised the standard of cleanliness. Staff undertook training to enable them to work in a safe way and personal protective equipment (PPE) such as gloves and aprons were readily available.

- The laundry was well organised to promote good infection control practice.

Assessing risk, safety monitoring and management

- People were protected because risks for each person were identified and managed. Risk assessments identified when people could be at risk of harm and the action to be taken by care workers to minimise the risks. Individual risk assessments in the care records covered people's physical and mental health needs. Recognised national assessment tools were used to monitor people's health risks, for example malnutrition.
- Care records contained risk assessments for each person which identified measures taken to reduce risks as much as possible. Where people were identified as being at an increased risk of weight loss staff took action to consult health professionals and increase the person's food intake. Where a person had become frail and at risk of skin damage, pressure relieving equipment was used to protect them from developing pressure ulcers.
- People and relatives said the practice of staff made them feel safe. A person said, "I feel that nothing is too much trouble." The registered manager said, 'We support people to do what they want to do, if they want to go for a paddle, we support them; if they want to attend the races we support them; if they want to go to Australia to visit family we ensure they get the necessary healthcare checks to enable them to fulfil their dream; we believe age shouldn't be a barrier. Individuals were involved in decisions around risk, such as catching the bus outside the home to Exeter.
- The atmosphere was relaxed, staff were not rushed, and call bells were answered promptly. People and their relatives said care workers had time to do their job properly.
- Environmental checks took place regularly to ensure people were protected from scalds from hot water. Window restrictors were in place and fire equipment was checked at appropriate time scales.
- People had an individual risk assessment for evacuation in the event of a fire, which was regularly reviewed. Following advice from a fire officer, the provider had addressed recommendations promptly.
- Accidents and incidents were reported by staff and appropriate action taken. They were reviewed by the registered manager to identify ways to reduce risks as much as possible. An update to the service's falls protocol ensured people were monitored post fall for up to 48 hours and body maps completed detailing any injury or bruising. The registered manager said this was because sometimes a serious injury might not become apparent until several hours post fall. For example, staff monitored a person who had fallen and identified a fracture, which hospital staff had not detected. They said this formalised way of monitoring people meant prompt medical attention could be sought if their condition changed.

Staffing and recruitment

- People benefited from a conscientious staff team who knew them well and could meet their current care needs.
- Newly recruited staff suited the caring values of the service. Staff recognised the importance of team work to provide consistent and safe care. The registered manager said they involved people in the recruitment of care to ensure people felt partners in the staffing of the service.
- Recruitment procedures ensured necessary checks were made before new staff commenced employment.
- New staff had a full employment history and the provider had ensured they had relevant references, for example from previous employers in care. Disclosure and barring service checks (DBS) were carried out to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

Learning lessons when things go wrong

- Accidents and incidents were reported, investigated and monitored for themes and patterns. The registered manager said they had benefited from feedback in another of their homes regarding improving the level of detail in care plans. As a result, they had made improvements to care planning across all three of

their care homes.

- Strategies to manage further accidents and incidents were used to update people's care plans and risk assessments. Staff were strongly encouraged to report incidents. For example, following an audit developed to look at people's skin integrity, it was identified there was a higher number of incidents of accidental skin damage, skin tear injuries. The registered manager explained this was addressed by staff receiving updated moving and handling guidance, skin care and weekly body maps were completed. They said this action was successful in reducing the number of incidents occurring. The service requested external advice, if required.

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 good. At this inspection this key question has remained as good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ The home was built to a high standard and reflected the provider's ethos to put people at the heart of the service. For example, the provider explained, "the building should be bright with as much natural light as possible to promote wellbeing."
- ☐ People told us the positive impact the design had made on their daily lives and their sense of well-being. For example, one person said the design reminded them of their previous home and this brought comfort to them. Another person said, "My daughter looked everywhere for somewhere nice, as my home had a sea view, so this is almost the same." The large windows with low window frames meant people could appreciate the views whether standing, sitting or in bed. Changes were made to meet to people's personal preferences. For example, one person who used a wheelchair had their bathroom mirror extended so it was at the correct level for them. Another person requested a mirror on the wall opposite the existing bathroom mirror together with a shaving mirror. This enabled them to continue shaving independently.
- ☐ The size of the bedrooms meant people were able to create different areas to represent different aspects of their lives, such as a dining space or seating area. Rooms facing the beach had spacious balconies while rooms looking onto the road had a larger internal space. Best practice had been used in the design of the bathrooms, for example, contrasting coloured hand rails to help people living with dementia or with sight loss maintain their independence.
- ☐ There was a large garden with uninterrupted sea views, which we saw people using. There was a patio area with seating that provided ample room for a group of people to meet. Several people had direct access to the garden from their rooms. One person who was given a bench as a retirement present was encouraged to bring it to the home when they moved in, so they could still enjoy their gift.
- ☐ The commitment of the providers to create an enabling environment meant a great deal of thought had taken place to how staff and the environment could support people's independence. Design features, such as contrasting colour light switches, wide doorways with level access and wet rooms were all features to maximise people's independence, including people with sight loss or who were less mobile.
- ☐ A recent decision to limit staff access to the lift had been based on ensuring the lift was free for people living at the home to use. The layout of the home meant corridors were short to enable people to access their rooms more easily. It also meant that the style of the home did not look institutional. Some people said this design feature meant they did not need the support of staff; we saw people taking their time to move around the building independently.

Staff support: induction, training, skills and experience

- □ Staff had the right competencies, knowledge and qualifications to provide a high standard of care. They received regular training and had the experience, skills and attitudes to support the complexities of people living at the service. One person said, "Staff know exactly what to do" and another described them as "Simply brilliant." The registered manager said training from the Alzheimer's Society had explained "the principles of the model of care that rests on the belief that for people experiencing dementia or short-term memory loss, feelings matter most." They said staff understanding that people living with a dementia can thrive well in a nurturing environment, reflected the ethos of the home. They said this had "resulted in our staff better understanding people's behaviour and how they can be best supported."
- □ New staff completed a period of induction. The provider described how they operated a trial shift system for potential staff to see if they had the right attitude towards care and fit into the staff team. People living at the home were positive about the calibre of the staff. New staff were well supported until they were confident and competent. This was confirmed by staff, who also described how their practice was observed by experienced staff members.
- □ Staff new to care completed the Care Certificate, which is a nationally recognised training programme. Staff were positive about their induction enabled them to perform their role well and benefited from regular supervision. The registered manager said, 'Competency checks were routinely carried out to ensure staff promoted dignity, privacy and independence.' The provider employed a dedicated training co-ordinator covering who had introduced additional competencies to enhance the comprehensive programme of training competencies such as oral hygiene, care of hearing aids and spectacles and catheter care.
- □ Staff were encouraged to develop their skills, including undertaking nationally recognised qualifications, which is a competence-based qualification with a series of levels. Staff were supported to complete Diplomas in Social care through to Foundation Degrees resulting in a higher standard of knowledge and skills to support people living at Sheridan House.

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

- □ There was a strong emphasis on the importance of eating and drinking well. Each person had their individual nutrition and hydration plan which was reviewed monthly. Additionally, nutrition and hydration stations have been introduced on each floor of the home. We saw people popping out of their rooms to choose a drink or a sweet or savoury snack. A well filled fruit bowl was also available in the dining room. And in the dining room a café style patisserie and drinks station with choices of cakes, biscuits, chocolates, juices, soft and hot drinks for people to help themselves to snacks and drinks. The registered manager said helped improve calorific and fluid intake leading to improved well-being, weight gain and reduced urine infections. Nutritional risk assessments identified people at risk of malnourishment. The chef was one of the Champions for Nutrition and Hydration and prepared fortified foods for relevant people and created personalised menus to increase their calorie intake. The registered manager said this had improved people's well-being and meant they were no longer at risk of malnutrition.
- □ Care plans held information about their dietary needs, including likes and dislikes. People praised the quality of the food commenting on the range of choice, the quantity and the taste. For example, a person compared the menu to the standard of a hotel. People called out compliments to the chef or asked care staff to pass on their thanks.
- □ Regular themed restaurant evenings enabled people to invite their family members and friends to enjoy a sociable meal including a Mexican night, Indian night, Parisian night. The registered manager said feedback from people had been very positive
- □ The registered manager said guests were welcomed and had the option of dining privately with their relative or friend or together with other people. For example, one person chose to regularly dine with all of their family including wife, son, daughter in law and grandchild. Staff recognised the importance for people to continue eating together to feel like a family who they could invite to their home.
- □ People's dietary needs and preferences were documented and known by the catering staff and care staff.

There were records of people's individual dietary needs including allergies. The chef explained how they worked with people to ensure they understood their individual likes. There was an on-going commitment to ensure food was not repetitive and was adapted, for example if people became unwell.

- Some people had chosen to have their food prepared in a specific way, which was respected by the chef because of personal preference or religious belief.
- The chef attended NHS training about specific dietary needs using the new guidance and meeting the needs of people who live with allergies to ensure he followed their specialist advice regarding people's intake and food consistency. The provider's catering manager applied research which showed changing people's diets could help improve their medical conditions such as dementia, arthritis and coeliac. Some of these recommendations were then implemented into the menu choices.
- People ate in a leisurely manner without being rushed; people were supported with their meal by attentive staff.

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

- Staff were quick to recognise changes in people's health and request an assessment from health professionals. Staff at the home worked closely with health professionals, following their advice and ensuring appropriate equipment was in place. The staff team worked with external agencies, including commissioners and healthcare professionals, to provide effective care. Staff trained to become champions in certain aspects of care to offer support and advice for example skin and pressure care, oral health, dementia care, nutrition and hydration, continence and infection control. The registered manager said this meant staff supported people in ways that reflected best practice, and resulted in people feeling valued, listened to, improving their sense of well-being.
- People said they had access to health and social care professionals such as GPs, community nurses and dentists, which records confirmed. Some people chose to contact them direct while others appreciated the support of staff to make appointments. GPs said the staff group worked well with them, contacted them in a timely way and communicated effectively as a staff group.
- People's care plans clearly documented their health needs and were updated when people's care needs changed or increased. For example, when people became frailer due to end of life care and needed increased support and new equipment. Work had taken place to enable staff in an emergency to access vital information quickly to assist the emergency services.
- Champions within the service actively supported all staff to continually improve the care and support being provided and people experienced excellent healthcare and well-being outcomes. For example, staff received training from the community dental service on best practice methods to improve oral health outcomes for people. The registered manager said this had led to reduced oral health problems such as gingivitis, oral thrush, tartar build up on teeth and dentures. Oral health care assessments were completed to ensure staff knew what level of assistance people needed.
- The registered manager explained how they and their deputy worked collaboratively with agencies, such as the local NHS trust to reduce hospital admissions through promoting good practice. This meant staff were able to proactively recognise deterioration in people's health and avoid unnecessary hospital admissions.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

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). We checked whether the service was working within the principles of the MCA.

- ☐ The registered manager checked if relatives had the legal authority to be involved in decisions relating to health and welfare or finances. This meant people's legal rights were protected. Staff asked for people's consent before they received care or support.
- ☐ People had signed their medicine risk assessments and care plans to show their agreement with how their care and medicine was provided. The registered manager said people were also encouraged to make amendments.
- ☐ Assessments of people's needs were carried out before they came to live at the service. These were then regularly updated and used as a foundation for the person's plan of care. Care plans were accurate as the content described the people we met. Our discussions with staff showed they knew individuals well.

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 was rated as good.

- ☐ There was a strong ethos to empower people which was woven into the way the home was run. Staff recognised their central role in putting the ethos of the home at the core of their practice. The registered manager said 'Respecting people's privacy and dignity is at the heart of our culture and values. It is embedded in everything that our staff do, and people feel respected and listened to.'
- ☐ People were treated like they mattered. They were empowered to share their skills and experience. Staff were skilled at identifying what was important to people's wellbeing. Staff practice showed they got to know each person individually and we saw they recognised when a person was feeling unwell. The registered manager said additional care and support was then provided, for example, reading to them, holding their hand, providing extra drinks to keep fluid intake good, reassuring and alleviating concerns of being on their own.
- ☐ People and relatives said the service was excellent at meeting their individual needs. For example, it was recognised for one person, gardening was fundamental to their well-being. They had their own accessible area of the garden which they managed and planted.
- ☐ The registered manager and staff strived to provide person-centred care and support for people. In one person's care plan, there was a detailed guidance sheet to look for signs of depression. It included the words, "Sometimes depression can hide behind a smiling face" and gave guidance to staff regarding their actions and approach.
- ☐ Other people said how much they had missed their own garden and had initially been actively involved in gardening at Sheridan House. Staff showed their caring nature by giving people space to discuss their feelings, so they could understand why an activity did not work for them. For some people gardening had made them too sad as it reminded them of their loss. Instead, staff created alternative gardening activities, such as potting up. They also recognised some people preferred to spend time talking about memories of their garden rather than trying to recreate an experience.
- ☐ All staff recognised their role was significant to maintaining the well-being of people which reflected the strong person-centred ethos of the home. For example, people praised the skills of the night staff who spent time with them when they dwelled on worries during the night. One person said, "Most of my friends are dead now or can't make it in" and then described how staff reassured them and understood why they could become low in spirits. Staff recognised how certain activities could hold bittersweet memories, they understood people needed time to express their sadness and loss.
- ☐ People viewed their rooms as their private space and had personalised them to reflect their interests and previous livelihoods. There was a strong sense of ownership, which was reflected in the ethos of the home where people regularly locked their door as they would have at their own home. And then invited people in to their space. People described how they differentiated between communal life and their life in their own

home, which was their room. The design of the rooms reflected studio apartments; people met with their friends in their room because the design reflected the ethos of the home to ensure people felt in control of their lives and could entertain people in their own private space.

- People's well-being was central to staff practice; this came across strongly in our conversations with staff. Staff described actions to support people, for example being sensitive to the losses some people had experienced and spending more time with them. The success of this approach was reflected in people's feedback, "Like family, especially nice, as mine is a long way away" and "Next best thing to home."

- People's sense of identity and maintaining their dignity was extremely important to them. For example, "All in all, first class. I would be more than happy to live out my own "twilight" days at Sheridan." Many had previously led very active lives. For example, staff supported people to carry on with everyday tasks, such as going to the bank. People could retain their life skills and independence. For example, they could make their own hot drinks, one person came into the dining room to top up their cafetière, calling out a morning greeting to everyone. They received a welcoming response from staff, and other people, adding to the friendly feel of the environment. A person commented they had lived elsewhere but had not experienced this level of sociability.

- People's autonomy, independence and involvement in the community was maintained. For example, "I come and go as I please really - depending on the weather" and "I walk down the road, not too far as it's hilly coming back." We saw people pressing a button to leave the building; a person said they had been given the code to open the front door but said they chose to ring the bell instead. A person said, "I like it here - I can do what I want really, and they look after me very well." People's dignity was maintained by a choice of methods to request support from staff, for example pagers or pendants or watch style wi-fi devices.

- People were complimentary about the approach of staff, calling them, "simply brilliant." They told us how staff and their good practice made them feel. For example, "It means independence to me" and "They don't take over." Staff did not presume people's response but checked first how and if they wanted assistance. For example, a person said, "They help me if I want but don't rush me." We saw staff were patient and kind. For example, staff supported a person to visit their spouse in another care home by providing practical support during the visit.

- People mattered, and care and attention were given to every small detail. Staff knew people as individuals and carefully changed their approach to ensure people felt listened to. For example, one person wrote specific daily requests the chef. The chef recognised how important it was to the individual to be in control of their diet and its presentation. The chef's positive and caring approach meant they worked hard to meet each person's preferences, consulting people so they could be involved in decisions relating to food and drink served in the home.

- During lunch, there were several staff within the dining room, but none were intrusive to what was a sociable experience. There was an inclusive atmosphere, a person commented, "The staff are kind to all and just like a happy family. Nothing is too much trouble." One person's health needs had increased, they were not always aware of the impact their style of communication had on others. Staff sat and ate with them at meal times, so they had company. This helped reduce their anxiety and enabled staff to respond quickly to their requests.

- People had their own phones and broadband access. The PIR said, "We have had a new telephone system fitted which allows every person to have their own phone without the need of a contract with a phone provider." People told us how important it was to them to stay connected to friends and family by phone or using WiFi; there was a strong sense from people that they were in charge of their own life. This approach was promoted by the registered manager, including encouraging people to visit at different times before making a decision to move in. People's description of how they made a decision to move to Sheridan House showed they had a clear understanding of the purpose of the assessment before they moved in and had been very much a part of the decision.

- Some people particularly drew comfort from social events, choosing films to watch together or having a

table set up so they could meet up with friends and family to play cards. Staff recognised the importance of companionship. People's friendships were supported and encouraged. Staff took time to ensure a person who had recently moved to the home was introduced to others. The person participated in a word board game with the staff member and two other people. As the game proceeded, people relaxed with one another, cheered each other on as they gained points, praising each other's skills and celebrating a good word choice. Staff stopped by to help out or to encourage, there was a friendly and relaxed atmosphere.

- In monthly reviews, staff were asked to reflect on people's well-being and to take time to consider changes. Staff were encouraged to review how they interacted with people and consider how they could change their approach to support a person whose dementia had progressed. When we spoke with staff, they were able to reflect on their practice and training and recognised the impact of their behaviour on others. Our conversations with staff demonstrated their insightful and caring nature.

- Staff were attentive. For example, people were offered a choice of wine with their meal, one person wanted to know about the wine's origins. A staff member went to get the wine bottle, so the person could read the label and they discussed the taste. A person commented, "I never say anything - they just know what I need." □ Staff and people living at the home put together a special scrap book which held photos and recorded special events so people could show visitors about their experiences. The registered manager said, "Our digital photo frame in reception is often a source of conversation between relatives and staff when they see their relative on-screen taking part in one of varied activities."

- The approach by staff was gentle and subtle in the way they ensured people with some memory loss did not feel embarrassed. This light touch meant people could ask for help without feeling awkward, for example one person mislaid their handbag. A staff member responded in a calm manner, checking what type of assistance they would like. They went with them to help look for the bag and made a phone call to the place in town where the person had visited. The bag was later found by the person in their room, much to their relief which they shared with staff.

- In their feedback, staff highlighted their sense of pride in their job and recognised their responsibilities to the people who lived at Sheridan House. A person praised the attention to detail, they said staff were "amazing with the laundry" commenting it was "all beautifully ironed." They said a conversation with a staff member about clothing showed how the staff member knew their fashion style, which they thought was a wonderful example of the staff knowing them well.

- People were at ease with one another and with staff. They laughed and chatted together as they met one another in the corridor. They described people in the rooms next door as neighbours.

- Staff had a checklist to follow if a person was admitted to hospital. This included reminders, for example, to consider packing items such as face cream and money. This thoughtfulness would help people maintain their dignity and independence. GPs confirmed people were treated with dignity and respect; they confirmed the atmosphere was calm.

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 was rated as good. This meant people's needs were met through good organisation and delivery.

People received personalised care and support specific to their needs and preferences. There was a good understanding of seeing each person as an individual, with their own social and cultural diversity, values and beliefs.

- ☐ Staff ensured people living at the home were at the heart of everything at the service with regular meetings, with written information supported by an accessible management team. The management team and staff showed their knowledge and interest in the people they cared for and worked as a team to create a better quality of life for people. For example, the deputy manager brought in her Shetland ponies, which people had expressed an interest in, which meant people could spend time with them in the grounds, including grooming them.
- ☐ People living at the home had strong links with the local community. The service had forged important links with the community and these links are encouraged to grow so people still felt they have a role within the wider community. These included contact with local churches. For example, staff understood the importance of equality, diversity and inclusion, including respecting people's religious and cultural beliefs for example, arranging for people to receive religious offices in the privacy of their room or attend a monthly holy communion. The registered manager said, 'This year we were presented with a commemorative picture by the Royal British Legion in appreciation of the support we provide to the local branch in Exmouth. We all felt very honoured to receive it and it has pride of place on the lounge wall.' A person living at the home was supported to publicise their memoirs published in a book by attending the Devon County show. Another person had written a poem which was included in the local Remembrance Day Celebrations. This was then featured on a local television programme as part of the Remembrance Day celebrations. The registered manager described how proud staff were of these achievements and celebrated people's skills and knowledge with them.
- ☐ In the PIR, the registered manager said, "Our staff will discuss with each resident the level of care and support they may want, always being aware of the need to keep their independence. During our appraisals staff told me that they believed in person centred care and being able to have time to do the little things for the residents was so important." Our discussions with staff and people living at Sheridan House confirmed this had been achieved. A relative said, "The Home enables him to continue with his own lifestyle programme, meeting all his wants and needs, including the little comforts such as cheese and biscuits with his night time whisky."
- ☐ The provider recognised the importance of social activities. People were encouraged to engage in meaningful activity to aid both their physical and emotional well-being. A staff member was responsible for co-ordinating activities and there was a weekly timetable of events decided with the people living at Sheridan House.
- ☐ Regular activities included card games, board games, holy communion and sessions from visiting musicians. People told us how they enjoyed the 'knit and natter' social group. In the service's PIR, the

registered manager said, "Our residents are helped to achieve their optimum well-being by the staff and they work with them to maintain this for as long as possible." For example, there were regular exercise classes, which were very well-attended. A relative said, "It's so good they do this."

- People looked through the library of films and chose titles they wished to watch during which popcorn and chocolate were served. Music was a regular form of entertainment in the home, as well as regular exercise in various styles. The registered manager described how one person relocated a book and poetry club to the home. This enabled other people to join the club, which became a social evening with wine and a buffet provided by staff at the home.

- People were supported to go on trips to local places of interest, such as an art exhibition or a garden centre. Another relative said the staff "are cheerful and very willing to help according to mum's needs which have increased during the past four years. There is something to suit everyone in the choice of activities, mum particularly enjoys the whist, knit and natter, flower arranging and visiting speakers. Visitors are always made welcome and Sheridan House has kept me informed about mum's wellbeing."

- People living at the home chose a charity which they wished to support, for example the MacMillan coffee morning to raise funds to donate. This meant they felt they could give back to the community and help others. The registered manager said, 'Our Summer garden fete was a great success, very well attended ... people feel they can still contribute to their community and get great enjoyment from the planning and social interaction the events provide.'

- In the PIR, the registered manager said, "Our visiting is unrestricted, we advocate the principle that this is our residents' home, so they dictate their visits." People confirmed they could entertain visitors whenever they chose and could offer them a selection of drinks or meals prepared in the kitchen. For example, "They cook for my family too if I let them know when they are coming." A visitor described how they enjoyed visiting their mum to celebrate seasonal events, commenting, "The spread at the Christmas party is legendary."

- People received personalised care that met their individual needs. People, or where appropriate their relatives, were involved in developing their care, support and treatment plans. They understood the purpose of their care plan and said they had agreed the content. It was clear from our discussions with people they had been consulted by staff, and records showed they had signed their care plan to agree the content. They were involved in monthly reviews of their care plan and understood the purpose of them. Care plans were personalised and detailed daily routines specific to each person. Speaking with staff they were able to explain how they worked alongside different people and their different approaches to suit their individual needs.

- Staff and the registered manager were responsive to people's changing needs. For example, they were able to update us on their change of approach for a person living at the home and how they needed more reassurance and understanding. The person's care plan reflected these changes and provided clear guidance for staff to follow. The person had been involved in reviewing their care. Other care plans had similar levels of individualised information, which was up to date and reviewed regularly.

End of life care and support

- People were supported to have a peaceful, comfortable and dignified end of life care in line with national best practice guidance. It was evident the registered manager and staff were passionate about looking after people at the end of their life in a caring and compassionate way and ensuring they respected the person's wishes. People had Treatment Escalation Plans (TEP) in place that recorded people's wishes regarding resuscitation in the event of a collapse. End of life care decisions were documented in people's care plans. A person commented in feedback, "A lovely place to end your life in."

- At the time of the inspection, nobody was receiving end of life care. However, the registered manager explained how end of life care plans were reviewed collaboratively with health professionals as people's health and emotional needs changed to include the practical considerations of changes of equipment and

mattresses, the frequency of monitoring risk, changes to diet, as well as pain and anxiety relief.

- Conversations with staff showed a commitment to making people feel safe and comfortable in their final days. This also included a personalised approach. For example, one person at the end of their life commented how they had always wanted to have their nails painted but had never got around to it. Staff listened and then provided a full manicure, including gel nails. The person chose a nail colour with sparkles; she told staff she was overwhelmed by their kindness and said they were now ready to meet their maker. Staff also agreed to do her make-up when she died as this was important to her.
- Staff listened to people's requests and their action brought comfort to people. For example, a person requested fish and chips from a local popular restaurant which staff brought to them. The registered manager said the person was overwhelmed by the kindness of staff.
- The registered manager said, 'Our staff are extremely well trained in End of Life care and support.' They said staff were 'excellent at delivering the care but also in providing emotional support to both the person receiving their care and family members who can be very distressed at this time. They will offer refreshments and drinks, a shoulder to cry on, we will even put an extra bed into the room if anyone wants to stay overnight.' Staff were trained by the local Trust and hospice, in addition to their Diploma knowledge.□
- The registered manager and staff had received numerous thank you cards from relatives of people they had supported at the end of their lives. These included a family member who recognised their relative could be demanding and hard to care for but praised the staff for their professional and considerate approach. The result was their relative became fond of the staff and appreciated their care and concern.
- In the PIR, the registered manager said, "We request hospice care visits to help us ensure our residents get the best support and care." A daughter praised a staff member's persistence to ensure a GP visited when their relative was fearful and needed medical reassurance. The home was well equipped.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which made people aware of how they could make a complaint. The complaints procedure included outside agencies people could contact if their complaint was not resolved to their satisfaction. This included the local government ombudsman, local authority and the Care Quality Commission (CQC). The registered manager could demonstrate how they responded to concerns about the suitability of staff.
- People said they did not have any cause for complaint, but that they would be able to raise concerns with staff or the registered manager if they needed to. For example, "I'd be happy to have a word if I didn't like something."
- Complaints and concerns were taken seriously and used as an opportunity to improve the service. A relative had complained about the actions of a health professional. The registered manager was able to provide detailed records of the person's care to aid the investigation into the complaint.
- The registered manager explained how as a team they reflected on any lessons learned and implemented changes across the care homes group to minimise a similar complaint or concern arising. For example, the front covers of people's files were changed to include more relevant information. This was based on feedback from the ambulance service, who had not been given enough medical history details for a person and needed a quicker response from staff to provide this information.

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.

- Care records contained communication plans explaining how each person communicated. Attention was paid to equipment used by people who had a sensory loss. For example, regular checks of people's hearing

aids, supplies of batteries, sight tests and referrals to audiology.

- The registered manager said, 'the service had installed a new telephone system with inbuilt speakers which aid people with hearing impairment, the buttons are larger to aid dexterity.' They explained how each person had a dedicated personal phone number to allow people to keep in contact with each other without the worry of rental costs or phone bills.' They said this was a complementary service. A new wi-fi system had improved the signal; staff supported people to stay in touch in with their family network through Skype.

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

- □ The ethos of the home continued to ensure people were able to maintain their sense of identity. This included the design of Sheridan House which was purpose built. The providers explained how the architectural design fulfilled their ambition to create a modern care home to enable people "to lead a joyful and fulfilling life." People told us how the design brought comfort to them. For some it reminded them of their previous home because of the unobstructed sea views. For others, it was the sense of space and light which positively impacted on their well-being.
- □ The service was person-centred, open, inclusive and empowering. The provider's ethos was summed up in their website information. They said their aim was to enhance people's "quality of life by providing a safe, manageable and comfortable environment; plus, support and stimulation to help them to maximise their potential physical, intellectual, emotional and social capacity. Residents should be involved in all decisions affecting their lives." People gave us positive feedback, for example a person said, "Lots going on - keeps me young" and a relative commented, "Mum has even learnt some new skills!" The ethos of the service was an embedded part of the everyday practice. In the service's PIR, the registered manager said, "The team at Sheridan is very strong, they work to not only support the residents but each other too, they have worked hard to develop a complete team ethos and truly believe in team work..." Feedback from people living at Sheridan House showed staff supported their independence and well-being by working alongside them as equals.
- □ The registered manager described how people living at the home were treated as equals, for example "to be educators for our staff, they are supported to teach our staff craft skills, painting, knitting, creative writing and of course singing is important too. Our knit and natter group includes staff attending even on their days off. Their enthusiasm for their newfound skills promotes well-being amongst the people, dispelling any feelings of helplessness at always receiving but never giving." Continuous learning and improving care;
- □ People and staff were confident in the leadership of the service. The registered manager has won the Great British Care Awards 2019 registered manager's award for the South West. The judges said, "This person stood out with their ethos of offering a great life not just a great service home from home giving people a real sense of purpose and belonging. A nurturing approach for all and commitment to continual improvement over many years." They will now go through to the national competition in February 2020. The registered manager was one of the directors. They were very experienced and were supported by other directors who were family members. The registered manager worked with the two other services owned by

the company, by sharing learning, best practice ideas and to discuss challenges. The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). We saw the registered manager knew people well, and sat, and chatted with them about topics of interest to them. A relative commented how these conversations with the registered manager meant a lot to their mother.

- The registered manager said "Our staff team go above and beyond the expectations of the management team and their dedication and commitment to providing excellent care and support ... This was recognised by two of our staff receiving highly commended in the Great British Care awards in the Newcomer to Care category, our catering team winning Care Home Catering Team of the year ..."
- The registered manager provided many examples of where staff had been given opportunities to expand their knowledge and increase their sense of self-worth. Staff told how this approach had influenced their wish to remain in the care industry as they felt valued. People living at the home gave us positive feedback about the staff members who undertaken new responsibilities and said they had been well chosen.
- The registered manager and staff were Ambassadors for Proud to Care Devon, attending meetings and promoting the ethos of the campaign. People living at Sheridan House contributed to the campaign by talking about their personal experiences. Care staff attended Eden Alternative training with the Devon Kite Mark Group. The registered manager said 'This training helped embed the principles, culture and ethos of the service, helping staff understand the importance of true person-centred care. Regular attendance at regional multi-agency meetings ensured staff remained updated and current with adult social care matters.
- Staff were supported to reach their true potential. For example, two staff were working on management qualifications. The provider worked with the local college and had apprentices working at the service. The registered manager recognised the importance of creating a workforce who felt proud of their work and therefore chose to stay in the care industry creating a committed workforce for the future.
- Staff were encouraged to use their initiative; they said they enjoyed sharing learning with team members, including in the role of being a champion. They acted as educators and led by example. We saw staff displaying leadership skills, creating positive role models, and acting as mentors.
- Staff were proud of the service. They demonstrated a clear understanding of the impact of their role in people's wellbeing, and a commitment to making a difference to people's lives. A staff member said, "I love working here." People described how the supportive atmosphere and the lack of restrictions encouraged them to continue with previous social activities, such as going into town for a coffee. An independent review website showed the service was rated highly in the South West.
- Part of the ethos of the home was to promote best practice within the staff group by the creation of staff champions, including in areas such as dementia, medicines, hydration and nutrition and oral health. The registered manager said, "By encouraging our staff to accept responsibility for their specialism, it encourages best practice across the team within the areas, it gives them a deeper understanding of the importance of being properly person centred." For example, the oral health champion role was a proactive role they recognised some people were undernourished when they moved into care. The champion ensured people did not have ill-fitting dentures, broken teeth or gum disease, which might have led to weight loss. They ensured people had access to a dentist and each oral health care plan was individualised. They worked with other team members to increase calorie intake if this was needed or liaised with health professionals, such as GPs to monitor people's weight.
- People, relatives and staff praised the management team, registered manager and their staff team. They said they were approachable and always available if they wanted to talk with them. People commented on the hardworking and cheerful nature of the staff team; they connected this to the positive way the home was run. For example, "They must be looked after as always happy - it can't be an easy job" and "The girls wouldn't be so happy if they didn't like the job."□

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

- □ Staff views were listened to and acted upon. A decision was made in response to staff feedback that they all wished to be champions in end of life care. This was because they recognised the importance of this aspect of their role to ensure people felt safe and comforted in their final days. Training and support was arranged to ensure everyone was equally confident and skilled in this area of care. This showed the staff worked as a team to have equal skills and confidence to meet the needs of people who were at the end of their life. Staff had the confidence to reassure people who were fearful of dying. A relative praised the compassion of staff, they said how one staff member had sat with her mum "holding her hand and making sure she wasn't on her own." Staff described how they had changed one person's bed to be by the window, so they could look out at the sea which gave them comfort.
- □ The registered manager said, "People living at the home are also free to attend staff meetings, this is another way they feel partners in the running of the services, their input helps us understand things from their perspective."
- □ The registered manager is an ambassador for Skills for Care and said they regularly contributed to online webinars discussing important social care issues. They also described how the service had become part of the Devon County Council's Nursing Associate Pilot Program, which is planned to start in March 2020. They said "We are very excited about this as we believe it will provide our staff with a recognised career pathway into nursing. But equally important our staff will have their extensive knowledge and skills recognised with a formal nursing qualification enabling them to better support our district nurses."
- □ The registered manager said, 'Meetings for our people and their relatives are held regularly and any matters raised during the meetings are documented, a copy of the minutes given to each person in a suitable format to meet their individual needs. Any agreed actions are given a timetable for completion.'
- □ Staff were motivated and proud of the service; they said they loved working at the home, they said they looked forward to coming to work. They described the culture as a big family and fully recognised it was people's home. Staff were treated as equals and said the registered manager listened to them and took on board their suggestions. For example, the PIR said, "Our staff who attend college often bring ideas and suggestions into the home and these are discussed as a team and those thought to be beneficial are implemented." The whole team demonstrated they shared responsibility for promoting people's wellbeing, safety and quality of life.
- □ The registered manager researched best practice to continually improve the service. They used recommendations from the Bradford university, Alzheimer's Society and visual impairments guidance. This ensured people's independence was maintained by the design of the building, for example accessible bathrooms with contrasting colour handrails. The registered manager had also used guidance from the Social Care Institute for Excellence (SCIE). They recorded in their PIR, "Our residents' care plans, we believe, are very comprehensive and demonstrate our commitment to best practice, we have updated our oral health assessments and now use the SCIE recommended assessment which replaced our previous assessment form. Our nutritional health assessment helps us ensure our residents receive the best nutritional support from ourselves and their primary healthcare provider."
- □ The provider used a range of quality monitoring systems, including audits to continually review and improve the service. For example, a monthly audit covered all areas about the running of the service. This included falls, pressure area care, nutrition, continence, manual handling, activities, staff ratio, call bell response time, accidents and incidents, medicines, training and supervisions. When they received concerns, they took action. For example, one person had commented the sink in their en-suite was too small so new larger sinks were installed throughout the home.
- □ The provider was committed to Sheridan House and the people living there to be an integral part of the local community. Several people living at the home were from the local area and had family and friends who visited regularly. Based on an experience at another of their care homes, Hillside House, they were looking at developing the Open Studios art event to include Sheridan House. This year people living at Sheridan House had exhibited their art work at this event and had built friendships with people living at Hillside House. The

registered manager had built good relationships with several local community groups who visited the home, including enabling people to have private worship in their rooms from a local church.

- Feedback from a residents' meeting led a new venue for a book and poetry group run by a person living at the home, which meant the club did not have to disband. The home had forged important links with the community and these links are encouraged to grow so people still felt they have a role within the wider community. These included local churches, Royal British Legion, Probus, The Normandy Veterans' Society, Scouts, Brownies, The Lifeboats, Budleigh & Exmouth museums and History society.

- Staff confirmed they had regular discussions with the registered manager. They were kept up to date with things affecting the service. There were clear lines of communication between the registered manager and the staff team and a number of communication methods were used. These included team meetings, supervision, and daily handovers. Between each shift there was a handover to give staff key information about each person's care and any issues brought forward. Senior staff attended daily handovers and chatted regularly with staff about what was happening at the service.

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;

- People and relatives were asked to complete surveys. They were asked if they were satisfied with all aspects of their care, including meals, laundry and activities. The registered manager confirmed people and staff were advised of the survey responses and any changes which had been made as an outcome. For example, responses had led to a meeting to review social events at the home and changes were made to include the suggestions of people new to the home.

- The service had been inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained.

- Records were stored securely in the front reception area in locked filing cabinets. This meant information was secure and not accessible to unauthorised people.

- The registered manager is required by law to notify CQC of specific events that have occurred within the service. For example, serious injuries, allegations of abuse and deaths. We found notifications were made in a timely way and that appropriate records were maintained. The registered manager said staff worked in an open and transparent way when incidents occurred at the service, in line with their responsibilities under the duty of candour. They said their investigations were thorough and shared with all relevant persons or organisations.