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The Rise Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The Rise is a residential care home on the outskirts of Dawlish. It is registered to provide accommodation and personal care for up to 26 older people. At the time of our inspection there were 24 people living at the home.

At the time of our inspection there were two managers at the service who worked on a job-share basis. One was a registered manager and the other was in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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.

This inspection took place on 07 and 15 January 2016 and was unannounced.

People expressed a high level of confidence in home. They told us they felt safe and happy living at The Rise. Relatives were also confident in the care provided at home and believed their loved ones were safe and well looked after. The atmosphere of the home was calm and relaxed throughout our inspection. Staff were happy in their demeanour and they spoke respectfully and warmly to people. People were supported to continue with their interests and hobbies and encouraged to maintain their independence.
Staff had received training in safeguarding adults and knew how to raise concerns if they were worried about anybody being harmed or neglected. They felt confident that if they had any concerns they could raise them with the managers and they would be acted upon quickly and effectively.

People said there were enough staff on duty to meet their needs and spoke very highly of the care they received. One person said "The staff are very helpful and attentive" and another said "the staff are splendid". We saw that staff met people's care needs in an unhurried way and that people responded warmly to staff. Staff told us they had enough time to effectively meet people's care needs. Staffing levels were increased when necessary in recognition of particularly busy times of the day or people's changing care needs. Staff told us they were a happy team and committed to the well being and care of the people they supported.

We observed medicines being administered and this was done safely and unhurriedly. Medicines were stored safely and all stock entering and leaving the home was accounted for. Staff received regular training in medicines and medicines audits were completed regularly to ensure consistent safe practice.

There were robust recruitment processes in place to ensure that suitable staff were employed. Staff were well supported by managers through regular supervision and appraisals. High standards of care were encouraged through staff training and development. Staff participated in a wide range of training courses in topics relating to people's care needs such as medicines management, skin care and dementia care. The provider was a member of 'Dignity in Care', a national initiative to encourage good practice and high

standards of care.

Staff were knowledgeable and confident when they spoke about people's care needs. Staff had received training in, and understood the principles of the Mental Capacity Act 2005 and the presumption that people could make their own decisions about their care and treatment. We found that managers were not completely up to date with changes in the law regarding the Deprivation of Liberty Safeguards (DoLS). However this was quickly remedied for the small number of people affected and appropriate actions were taken to make DoLs applications and quickly access appropriate training. There was no detrimental effect on people living at the service.

Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Where risks were identified there were detailed measures in place to reduce these. In some records we found that risk assessments did not contain a consistent level of detail in order to ensure clear guidance for staff. Some records were cluttered with out of date information which made it difficult to quickly access up to date and relevant information. This could mean people were placed at risk of not having their needs known and understood by care staff and of receiving inconsistent care. However we found that the stable staff team at the Rise knew people's care needs extremely well and held detailed knowledge about people's care needs. During the inspection managers took immediate steps to review and update records.

People were supported to eat and drink enough to ensure they maintained good health. There was a wide choice of meals and drinks, which people told us they enjoyed. The cook knew people's preferences well and made sure people had what they wanted. Comments included "they know what I like and what I don't and they accommodate that. I just say what I'd like and I have it".

People confirmed they were able to continue with their interests and hobbies. There was also a wide range of organised activities within the home which many people enjoyed. For people who preferred not to join in or could not join in, staff spent time with them individually.

The culture of the home was welcoming, open and friendly. There was clear leadership from both of the managers. The registered provider had a range of quality monitoring systems in place which were used to continually review and improve the service. There was ongoing investment in the home to ensure that the environment was well maintained and updated. The environment was safe, clean, homely and welcoming.

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.

People told us they felt safe and happy

Staff were knowledgeable about their responsibilities with regard to safeguarding people.

Risks to people were assessed and regularly reviewed and staff understood how to keep people safe. Risk assessments did not always show a consistent level of detail, but immediate steps were taken to address this.

People were supported by sufficient numbers of safely recruited and well trained staff.

Medicines were administered and managed safely.

Is the service effective?

Good

The service was effective

Staff received training in a wide range of care topics and were knowledgeable about people's care needs.

Managers recognised that training in relation to the Deprivation of Liberty Safeguards needed updating.

People told us they had great confidence in the staff to support them. They spoke positively about the care they received.

People told us they liked the food and always had choice available to them.

People had prompt access to healthcare professionals, such as GPs and community nurses.

Is the service caring?

Good

The home was caring.

The atmosphere of the home was calm and welcoming.

People spoke very highly of the care they received. They said staff were always kind and thoughtful.

Staff respected people's right to privacy and dignity.

Staff worked effectively with other healthcare professionals to care for people with skill and compassion at the end of their life.

Is the service responsive?

Good

The home was responsive.

People told us their preferences and choices were respected.

Care plans provided descriptions of people's care needs and guidance for staff to meet those needs. Managers were taking immediate steps to improve the organisation of files to ensure staff could easily access guidance.

People were supported to take part in a wide range of activities.

People and staff were confident the managers and registered providers would welcome and listen to their comments and deal with any concerns promptly and effectively.

Is the service well-led?

Good

The home was well-led.

The culture was open, friendly and welcoming. People were at the heart of the service.

People, relatives and staff expressed confidence in the management and leadership of the home.

People, relatives' and staff views were sought and taken into account in how the service was run and suggestions for improvement were implemented.

The provider had a variety of systems in place to monitor the quality of care provided and made changes and improvements in response to findings.

The Rise 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.

At our previous inspection in July 2014, the home was meeting the regulations at that time.

The inspection took place on 7 and 15 January 2016 and was announced. The inspection team comprised of three social care inspectors on the first day and one social care inspector on the second day. Before the inspection we reviewed information we held about the service. This included feedback from health and social care professionals and notifications. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We looked around the premises, spent time with people in their rooms and in the lounge and dining room, and observed how staff interacted with people throughout the day. We met with 12 people using the service and spent time with people over the lunchtime meal. We observed the staff handover meeting between the morning and afternoon staff and spoke with nine staff members, including the provider and registered manager. We also looked in detail at three sets of records relating to people's individual care needs; two staff recruitment files; staff training, supervision and appraisal records and records relating to the management of the home, including quality audits. We looked at the way in which medicines were recorded, stored and administered to people. We sought feedback from health and social care professionals who regularly visited the home including community nurses and social workers and received a response from three of them.

Good

Is the service safe?

Our findings

Most people living at The Rise were able to communicate their needs and wishes and they told us they felt safe living at the home. One person said "I wouldn't want to live anywhere else. I feel safe and happy". Relatives also told us that they felt their loved one was safe and well looked after and if they had any concerns, they felt confident to raise these with the manager or other staff.

Staff had completed safeguarding adults training and were knowledgeable about signs of abuse and how to report concerns. Contact details about how to report concerns to the local authority safeguarding team were clearly displayed in the staff office and on the resident noticeboard. Staff felt confident in the management team and told us any concerns they raised would be promptly investigated and any necessary actions would be taken to keep people safe. Staff also knew what action to take in order to raise a safeguarding concern if the registered manager or providers were not at the home. They were aware of whistle-blowing procedures, whereby they could report any concerns outside of the organisation if the manager were not to take action, without repercussions.

Staff understood and respected people's rights to make decisions about their care and treatment and held these in high regard. The home's 'Residents Charter of Rights' was displayed throughout the home and was part of introductory discussions when people moved in and during staff inductions. The charter stressed the importance of personal privacy. We saw that some people preferred to spend time in their room. Staff respected this, but also encouraged them to spend time in communal areas, such as at mealtimes.

Risks to each person's health, safety and well being had been individually assessed before admission to The Rise. These assessments had been reviewed monthly since their move into the home so that changes could be identified and needs met. We saw risk assessments covered a range of issues including falls, moving and handling, nutritional needs and dementia. People told us their moving and handling was well managed and they felt safe and secure. The majority of the practice that we witnessed supported this view. Although people had risk assessments and care plans in place, they did not always contain enough detail to support staff to meet people's needs safely. For example, one person had a partially completed risk assessment for safe moving and handling. We observed staff did not follow good practice for assisting this person from a chair to their wheelchair. When we told the manager about this they took immediate action to review risk assessments and address staff practice.

Risks in other areas were well managed. For instance we saw that one person had a detailed risk assessment in relation to falls. A plan had been developed with their consent to help manage this. It included consideration of mobility aids and environmental factors as well as clear signage to remind the person to use the alarm bell to call for assistance. A pressure mat had been placed by this person's chair which alerted staff that assistance may be needed when the person stood on it.
Staff were regularly consulting with healthcare professionals for guidance on how to safely support people. For example, one person had arrived at the home with a sore area of skin. Staff had recognized the risk of this worsening and contacted the community nursing team in a timely way. The advice given had been clearly recorded and added to the person's care plan. We received feedback from the community nursing

team saying that this person's treatment needs were being well met by staff at The Rise.

People said there were enough staff on duty to meet their needs. They told us call bells were answered quickly and they never had to wait long. One person said "They never give me the impression they are too busy to help". Staff were described by relatives as "helpful and attentive" and "excellent". At the time of the inspection there were four care staff on duty. There was also a cook, a housekeeper and two cleaners and additional staff member to help with tea time meals and drinks. An activities coordinator worked throughout the week, including weekends. Care staff told us that they were well supported by managers, who were always willing to "roll their sleeves up and help out". Managers told us that the registered provider respected their judgement about staffing needs and would recruit additional staffing when necessary. We saw that additional staffing had been introduced at tea time to help at this busy time with meals and drinks. The registered provider told us they felt a stable staff team was important in providing the best quality care and really knowing people's care needs. They used no agency staff and resolved any staffing shortfalls through new recruitment and the flexibility of the existing staff team.

Safe staff recruitment procedures were in place. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with vulnerable people. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained. The registered providers told us that they only employed staff who they felt displayed a caring attitude and that staff were carefully monitored in their induction period to make sure they were suitable.

People received their medicines safely and at the time they needed them. We saw that medicines were dispensed by a senior member of care staff to each person directly from the medicine trolley. The member of staff wore a tabard identifying they were not to be disturbed. This reduced the risk of errors occurring. People were supported to take their medicines in a calm and unhurried way and staff explained to people what medicines they were being given. Medicines were stored safely and Medication Administration Records (MAR) were correctly completed. All medicines that require stricter controls by law were stored securely and were accurately documented. Where dosages of medicines varied for a person, depending on their blood results, there was a clear system in place to confirm the required dose with their GP. Medicines were audited regularly internally and by an external company and prompt action was taken to follow up any discrepancies or gaps in documentation. All medicines were securely stored and all stock entering and leaving the home was accounted for. The temperature of the medicines refrigerator was monitored to ensure medicines were stored at manufactures recommended temperatures.

We saw from people's files that they were offered a choice about whether they wished to manage their own medicines. One person had chosen to partially self-administer their medicines. We saw that their medicine needs were well described in records and a safe system was in place to store medicines securely in their room. All staff who dispensed medicines had received training as well as additional pharmaceutical training from an external provider. Refresher training was provided annually or more frequently if needed and competency checks were completed by peers and managers.

Good

Is the service effective?

Our findings

Most people living at The Rise had the mental capacity to be able to consent to live in the home and receive care. However, for a small number of people who were living with dementia, this was not the case. For these people, we checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

An application for a DoLS order had been made for one person but there were a small number of people who were having their liberty restricted to maintain their safety for whom applications had not been made. Managers at the service did not fully understand the implications of changes to the law made in March 2014 that widened the definition of deprivation of liberty for people living in care home settings. If a person is under continuous supervision and is not free to leave on their own and does not have the capacity to consent to these arrangements, then they are being deprived of their liberty. An application must be made to the local authority for legal authorisation. However, on the second day of the inspection we saw that further applications had been made and that managers had booked on to a training course about the Deprivation of Liberty Safeguards run by Devon County Council. There had been no detrimental effects to the people affected by this.

The home used a keypad lock on the front door which prevented some people from leaving the home. Most people were able to use this and the code was clearly displayed beside the keypad. We could see from records of meetings that people had been involved in decisions about the introduction of this feature. For one person who could not consent to this and would be unsafe if they left the home unaccompanied, we saw that risk assessments had been completed and a best interests' meeting was being planned involving family and clinical professionals.

Staff had received training in, and had a good understanding of, the Mental Capacity Act 2005 and the presumption that people could make decisions about their care and treatment. People's consent to day to day care and treatment was sought and staff were able to describe how they worked in a way which ensured people were given choices throughout their day. One member of care staff said "I ask for people's consent and view about everything, what they would like to eat and drink, what clothes they would like to wear, even where they would like me to place the commode in their room! I never bulldoze people with my own view; I would always ask".

Mental capacity assessments and best interests meetings had been undertaken for people where their

ability to consent or make decisions was impaired. These involved relevant people such as family and clinical professionals. For example, one person was at risk of falling when they stood up and their capacity assessment indicated they were unable to understand these risks. A best interest decision had been made to use a pressure mat to alert staff so that they could assist the person to move safely. Family and professionals had been involved in this decision making process.

Staff were knowledgeable about people's care needs and had the skills and knowledge to support them. People told us they had confidence in the staff and spoke positively about the care they received. One person said "The staff are very helpful and attentive" and another said the staff "are splendid". A visiting relative said "the staff are excellent, they know (person's name) so well" and commented on how skilfully staff helped their relative move, so they were never in any discomfort.

Staff were able to describe people's needs and wishes in a way which showed they had good knowledge about individuals. During handover between shifts, staff talked in detail about how they had supported individuals to ensure their care was effective. For example, staff noticed one person's behaviour was different from usual and recognised they may be unwell. Prompt advice was sought from the GP which enabled treatment for an infection to be started on the same day.

Staff said they had received training to help them deliver care and support people effectively. This included training in all aspects of health and safety as well as end of life care, medicines, safe moving and handling, understanding dementia and other specific health conditions. All staff we spoke with told us training was taken seriously by managers and staff were encouraged to develop their skills. All staff we spoke with were involved in studying for recognised care certificates or diplomas such as National Vocational Qualifications or 'Skills for Care'. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

We saw staff had regular supervision and annual appraisals and they were encouraged to discuss their own development and training needs. Managers said they were always looking for new training opportunities to help develop staff skills. External trainers came into the home to train on specific subjects. For example, the community nurses had provided training on effective skin care to reduce the risk of people developing pressure sores. Staff were encouraged to keep up to date with policies by reading through one each month, such as, household remedies, residents rights, special diets and duty of candour (the principle that events in the home were reported truthfully).

People were supported to eat and drink enough to ensure they maintained good health. Meal times were relaxed, with people either eating in the dining room or in their rooms, depending on their preference. People were offered a choice of a range of meals and drinks. Snacks and drinks were always available and the cook had records of everyone's likes and dislikes. Fresh meat, fruit and vegetables were delivered by a local supplier several times a week and there were no restrictions put on the cook in terms of the amount spent on food. Everyone we spoke with was positive about the food at the home. One person said "They know what I like and what I don't like and they accommodate that. I just say what I'd like and I have it". Another said "If I want a cup of tea in the night, I just ring my bell and they bring me one".

Where people had a small appetite or limited diet, there was thought given to ensuring they received extra calories to help maintain their weight. For example one person, who ate best in the mornings, had extra cream in their porridge and fortified milk shakes. Staff told us they made them "as many banana sandwiches as they like" as this was their favorite food. We saw records were kept of how well each person had eaten at each meal if there were any concerns about their weight. Care plans included nutritional risk assessments and regular recording of weights to monitor any changes in care needs. Where someone had been identified

as being at risk of not eating or drinking enough to maintain their health, we saw they had been referred to their GP for further assessment by a dietitian or speech and language therapist. Staff were awaiting the outcome of this referral, but in the meantime, they were encouraging the person to eat high calorie foods that were easy to swallow, such as porridge with cream.

People told us they saw healthcare professionals promptly if they needed to do so. Care files contained records of referrals to a range of healthcare professionals including GPs, community nurses, and occupational therapists. The outcomes of these were documented and any changes to care needs as a result were transferred to the care plans. We saw close liaison between staff, GP's, and families throughout our inspection. Prior to the inspection we spoke with the community nursing tea and social care team, who confirmed they had a good relationship with the staff and were contacted promptly for support and advice.

Good

Is the service caring?

Our findings

People spoke very highly of the care they received. They told us the staff were always caring and friendly. Comments included "The staff are all very nice", "They are all so considerate and caring" and "The staff get 10 out of 10!" One person said "I wouldn't want to live anywhere else – it's all I want". A relative told us their loved one had come to the home for a short break, but had enjoyed it so much, they stayed. They told us "The staff are fantastic. They are so kind and thoughtful. I don't have to worry about anything anymore. I went on holiday for the first time in a long time".

The atmosphere in the home was warm and welcoming and we saw pleasant conversations, laughter and warmth between people and staff. Relatives confirmed they were made to feel welcome. One said they were always offered a drink and an opportunity to talk with their relative in private. People were able to sit and talk with visitors in a comfortable, quiet space.

Staff told us they enjoyed working at the home and felt privileged to be part of people's lives. One staff member said "The Rise welcomes everyone, all the staff are very caring here" and another commented "Staff here will all go that extra mile to make sure everything is right for people". The registered providers told us they wanted to create a home that was good enough for someone they loved. They said "We want this to be a real home for people, as good as it can be. We respect that this is people's home and that we are the visitors. Our greatest achievement is to see that we have made a positive difference to people's lives".

We spoke with a relative who told us staff and managers worked well together as a team. They also commented on how well staff encouraged their relative's independence, saying they were now able to walk independently and join in with communal activities.

We saw that staff respected people's right to privacy and dignity. For example, they always knocked on people's doors and waited for a response before entering. When people received personal care in their rooms, doors were closed to respect their privacy and dignity. One person told us "Our privacy is very much respected here". Staff also showed us they were aware of issues of confidentiality. For example, they did not speak about people in front of other people and when they discussed people's care needs with us they did so in a respectful and compassionate way. Staff and people living at the service were familiar with the homes charter of rights which was prominently displayed and championed a range of rights including dignity, independence and privacy.

People and relatives were consulted and involved in decisions about their care. For example, when being referred to specialist clinicians or introducing new equipment to help with moving safely. We saw that one person had a Lasting Power of Attorney (this is a way of giving someone a person trusts the legal authority to make decisions on their behalf) and a relative had been nominated to make decisions about their care and treatment. Staff had involved them appropriately in all decision making.

People's religious beliefs were supported, and there was a regular communion service at the home. People were asked about where and how they would like to be cared for when they reached the end of their life. Any

specific wishes were documented, including the person's views about resuscitation in the event of unexpected medical emergency.

Managers at the home told us they were committed to providing people with the best possible end of life care. They worked closely with healthcare services to achieve this. Feedback from health and social care professionals supported this. We were told that professionals had a high level of confidence in the home's ability to provide skilled and compassionate care and support to people at the end of their lives. One member of staff told us of their great pride in the end of life care of one person who had lived for many years at The Rise, saying "they always loved flowers and we would spend time out in the garden. When they were too unwell to go out anymore, we made artwork for the end of the bed, so they could always see the flowers"

Good

Is the service responsive?

Our findings

People told us that care was responsive to their needs and they were able to live their lives in the way they chose. One person said "I can be myself here. If we have any problem at all, staff will sort it out".

A complaints policy was in place, but had not been used in the period since the last inspection as no formal complaints had been made. Managers told us they tried to resolve issues quickly before they grew into larger concerns. They identified potential issues through a variety of sources such as monthly care plan reviews, resident meetings, and reviews of survey feedback. They told us they had an 'open door' policy and encouraged people, families and staff to share any concerns or ideas about how the service could be improved. People and relatives all expressed a high level of confidence that any concerns they had would be dealt with. One person said "If I had a problem, I could speak to any one of them, but I have no concerns at all". A relative commented "I have never had to ask twice for anything. You don't have to keep on"

Staff told us that managers always asked for feedback and listened to any suggestions they made. We saw that there was a 'reflections box' in the quiet lounge, where staff could post ideas. One member of staff told us they had identified that recording was duplicated in some areas (in relation to records of what people had to eat where there were concerns about their weight). Managers had accepted this feedback and were looking at how they could simplify recording systems. One staff member commented "Things get done here. Everything they (the managers) say will happen, happens"
We saw that staff used a range of communication methods to make sure they kept up to date with people's changing care needs. For instance, through care plans and other written records, but also through verbal handovers, which took place three times daily. There was also a board in the staff office which was updated daily to show any planned visits form outside professionals, such as district nurses. Daily communication sheets were completed for each person. These recorded how each person was through the day and were used to support verbal handovers and any changes to care plans.

Care plans were in place to give guidance to staff about how to meet people's care needs. We saw that for some people, care records had built up over a long time and it could be difficult to find up to date information within their file. People's files were organised in a way that was complicated to follow and it took us time to find information. We discussed this with the registered manager who recognised that out of date information needed to be removed from some people's files. When we returned on the second day of our inspection, we saw that this work was already underway.

We saw that people had all had a comprehensive pre-admission assessment of their care needs completed before moving to The Rise. This included discussion with their family and important people in their lives and covered a range of issues. For example, what time they liked to get up and go to bed, food likes and dislikes, interests and activities and whether they preferred a bath or shower. This helped staff build up a good picture of how the person wished to be supported and what had been important to them in the past. Care plans were reviewed monthly and people and their relatives were always involved. This meant care staff kept up to date with any changes in people's care needs and people were able to have ongoing discussions about how they wished to be supported. For instance, we saw that one person had asked to have their

breakfast brought to them a bit later in the morning and this had been changed in line with their preference.

Care plans gave detailed guidance to staff so they could meet people's needs in a way that was personal for each person. For example, one person's food preferences were noted, as well as what time they liked to have their breakfast, the portion size they liked and cup they preferred to use. Another person's care plan gave clear guidance about catheter care and how to reduce the risk of infection. Care plans also stressed areas in which people were independent and should be supported to remain so. For example, one person's care plan said they liked to wash their front and brush their own hair and teeth. Staff were reminded to give them sufficient time to do this.

People confirmed they were able to continue with their interests and hobbies and go out with friends and family whenever they wanted. During the inspection, we observed people going in and out throughout the day. People said they had enjoyed organised trips out and activities such as a theatre trip, garden parties and wine and food tasting event. One person told us "There's a varied program and plenty of activities". We saw a timetable of the week's events was displayed on a board in the main hallway and this included the weekend. We saw a well-attended exercise group being held in the main lounge. The activities coordinator was encouraging people to imagine they were swimming in the sea, using breast stroke movements. This sparked a lively discussion about people's experiences of swimming and living by the sea.

The activities coordinator told us their aim was to support people getting back to as much independence as possible and to have fun and a fulfilling life. Regular activities included exercise classes, cooking, board games, singing, walks in the garden and gardening (weather permitting). We saw from records of meetings that people often suggested new activities. Baking cakes at the weekend was one suggestion that had recently been implemented. There was also time spent with people focussing on their individual interests such as reading poetry or discussing politics and the daily news. One person who had memory difficulties had a 'memory book', made by staff which they showed us proudly. It was full of pictures of family and friends and significant events in their lives. Staff told us that they often used this as a basis for conversation when they were in their room. A family member said their relative loved the singing and exercise group "they join in with activities, which I never thought they would. The activities coordinator is excellent – really motivating".

We discussed what activities were offered to people who preferred to stay in their rooms or could not join in. Staff said they would check on them and encourage them to join in where possible. However, some people preferred their own company, or to spend time with family and friends. For one person who stayed in bed and did not have family living close by, we saw from records that staff spent extra individual time chatting about their beloved pet dog and past interests.

People were able to bring furniture and personal effects to make their rooms feel homely. People said they were very happy with their bedrooms and one person told us how they liked to watch the colour of the trees changing from their bedroom window. One relative commented "The room is very good and the surroundings are so lovely".

Good

Is the service well-led?

Our findings

We spoke with the registered providers on the second day of the inspection. They told us they spent one week in every four based at the home, but were always available to support managers or staff by telephone. They expressed great pride in the home and commented "We want to provide a service that we would be happy for our own parents to move into. We make it as individual and homely as we can and we make sure everyone feels really welcome". They saw the strength and stability of the staff team and leadership by managers as key to the success of the home, saying "The managers and staff work brilliantly together and we support them with our availability".

The registered providers expressed trust in the judgements of their managers and a willingness to act quickly to requests made that helped meet peoples care needs. This was supported by the information we received from the people living in the home and staff. For example staff told us any equipment people needed would be purchased without question and any staffing requests were always met. Resources were never withheld and there was an ongoing programme of investment, including plans to refurbish the kitchen and add a new larger bathroom.

Managers told us that the registered providers were very supportive of their training and development needs and we saw one manager was studying for a level five National Vocational Qualification (NVQ) in social care management. We asked managers how they kept up to date with practice and any important changes to legislation. We were told both managers and registered providers attended a local provider forum, where managers and registered providers met to share ideas and good practice. They also attended 'roadshows' provided by the Registered Nursing Homes Association and accessed guidance for providers available on the Care Quality Commission website. Managers recognised that they had not fully recognised the implications of case law regarding deprivation of liberty for people living in care home settings. However, they gave us assurances that specialist training was now booked with Devon County Council for managers and all senior care staff. Training in relation to DoLS would be prioritised and kept under review until the registered provider and managers were confident in their learning.

Staff told us that managers always asked for feedback and listened to any suggestions they made. We saw that there was a 'reflections box' in the quiet lounge, where staff could post ideas. One member of staff told us they had identified that recording was duplicated in some areas (in relation to records of what people had to eat where there were concerns about their weight). Managers had accepted this feedback and were looking at how they could simplify recording systems. One staff member commented "Things get done here. Everything they (the managers) say will happen, happens"

Staff confirmed there were clear lines of responsibility within the management structure and they knew who they needed to go to if they required help or support. They described themselves as a "happy" team and confirmed they had a good relationship with the registered providers who were always available if needed. Staff felt the home was well managed and they were confident people received the best care possible. People living in the home told us the home was well managed and they had confidence in the leadership. They said they could always speak to one of the managers who they saw every day. People felt confident

their voice would be listened to. They expressed their views through day-to day contact with staff and managers and through resident meetings and feedback forms We asked people if there was anything that would make life more comfortable at the home and no one could think of anything. Comments included "This is an excellent care home", "I have everything I need here" and "I have no complaints whatsoever". One relative said "The home is fantastic. We are very, very happy. Mum is safe. The room is good and the garden is lovely. The food is always appetising. Any issues they always contact me quickly. We couldn't be happier".

The registered providers were committed to providing a high quality service to people. We saw throughout the inspection that governance systems operated effectively to support these aims. For instance, staff with a caring attitude were recruited. Staff received training and supervision and were supported to ensure they met required standards. Staff were listened to and their ideas put into practice. Also, there was an open door policy to encourage people, relatives or staff to raise any concerns they might have in order to resolve them effectively.

There were thorough systems in place for managing information relating to the running of the home. Regular health and safety audits were completed to ensure people's safety and the safety of the environment was well maintained and suited to the people living in the home. These audits included reviews of any accidents to identify patterns or whether someone's health was deteriorating, safe management of medicines and regular testing of the hot water to reduce the risk of scalding. Feedback about the quality of the service was valued and actively sought from people living at the service, relatives, staff and visiting health and social care professionals. This feedback was reviewed on a monthly basis and fed into annual quality audits. These systems were well organised and supported the registered providers to run the home efficiently. We saw that the service had a rating of five for hygiene from the Food Standards Agency which is the highest rating awarded. This showed the service had demonstrated good hygiene standards.

Equipment such as the passenger lift and hoists were serviced regularly and a maintenance arrangement was in place so that any issues could be identified and remedied quickly. Clinical waste arrangements were managed by an external contractor.

The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal obligations.

There was a high level of confidence expressed in the home by outside health and social care agencies who told us that managers were "proactive and professional" and always communicated closely with them when necessary. Other strengths noted were the level of knowledge staff held about people's individual care needs and the high degree of involvement that people and families had in planning their care. The quality of care provided at the end of people's lives was noted by the community nurse as exceptional and "compassionate and skilled".