

Mannarest Limited

# Dewi-Sant Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Dewi-Sant is a residential care home providing accommodation and personal care to a maximum of 34 older people. Some people could be living with dementia and other age-related health conditions. The home is an older style property and accommodation is spread over three floors. People with bedrooms on the upper floors who may have mobility difficulties have the use of a stair lift to access lower parts of the home.

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

We found some improvements were needed in the overall maintenance and upkeep of the home. Although the home was warm and welcoming, we found some people's bedrooms and communal areas were in need of decoration and maintenance. Some bathrooms and flooring in hallways needed improvement to ensure they continued to meet people's needs and remained fit for purpose. We spoke with the registered manager in detail about the parts of the home that needed attention. They were aware of the need for improvement and had some plans in place, including the decoration of hallways, replacement of flooring and installation of a wet room.

People told us they liked living at Dewi-Sant and that they felt safe. There was a relaxed and caring atmosphere between people and staff. Staff knew people well and were kind, caring and attentive.

People were protected from the risk of harm. People's risks associated with their health, care and lifestyle were understood by staff and were well managed. Staffing levels were organised in a way that ensured people were safe and their needs were met appropriately. People's medicines were managed safely, and they received them in a way they wanted and needed. People were protected from discrimination and abuse because staff knew how to safeguard people. Recruitment practices ensured staff working in the home were fit and appropriate to work with the people being supported.

People's needs were assessed, and support plans provided staff with information about how people chose and preferred to be supported. Staff liaised with health and social care agencies to help ensure people's full range of care needs were met effectively. Health needs were understood and well-met. People were supported to enjoy a healthy well-balanced diet and any particular dietary needs were understood and met. People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with respect and ensured their privacy and dignity was maintained and promoted. People were supported to maintain their independence as much as possible and the use of specialist equipment and technology was used where possible to support this. Other agencies were positive about the care and support provided to people at the end of their life.

People were mainly happy about how they were supported to occupy their time and visitors were welcomed into the home. Some people said they would like more meaningful activity and would like staff to be able to sit and spend more time with them. This was fed back to the registered manager who assured us they would take these comments on board and review activities and listen to feedback.

There was an open, positive and inclusive culture in the service. People, staff, relatives and other agencies said they felt the management of the service was good and their views were listened to and valued. Systems had been developed to ensure performance remained good and continued to improve. For example, there were regular audits of the environment, medicines, accidents and incidents. The registered manager was very open and responsive to any discussions about on-going improvement to the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 28.07.2017) The rating at this inspection has remained the same.

Why we inspected: This was a planned inspection based on the last rating.

Follow up: We will continue to monitor the service to ensure people receive safe, compassionate, high quality care. Further inspections will be based on the rating. If we receive concerns, we may bring the inspection forward.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Dewi-Sant Residential Home

## **Detailed findings**

### Background to this 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 similar services.

#### Service and service type:

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

The care home accommodates up to 34 people. At the time of the inspection 30 people were living at the home.

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

#### Notice of inspection

This inspection was unannounced.

The inspection took place on the 7 and 8 January 2020.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included correspondence we had received, and notifications submitted by the service. A notification is information about important events such as incidents, which the provider is required by law to send us. We used the information the provider sent us in the provider information return (PIR) This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all this information to help plan our inspection.

During the inspection we met and spoke with 20 people and six relatives. We also;

Reviewed five people's care records, which included support plans, risk assessments and daily monitoring records.

Reviewed records of accidents and incidents.

Reviewed three staff files, which included recruitment checks and induction records.

Reviewed a range of records relating to the running of the service, including complaints, quality audit, health and safety checks and policies and procedures.

We reviewed medicines administration records and observed as people had their medicines given to them.

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 talk with us.

We spoke with the registered manager and ten members of care team. This included care staff, kitchen staff, laundry and housekeeping staff. During the inspection we spoke with one visiting healthcare professional.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who have had involvement with the home and people who lived there.

# 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 requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines, which required extra security and to take action to update their practice accordingly. The provider had made improvements.

- People received their medicines as prescribed, including when required (PRN) medicines and controlled drugs. Comments from people included, "They are very good with giving me my tablets", and "I always get my medicines and tablets on time".
- Medicines were stored safely, and temperature checks were taken to ensure medicines remained safe and effective.
- Staff who administered medicines had received up to date training, and competency checks were completed to help ensure their skills and knowledge remained sufficient and up-to-date.
- Medicines Administrations Records (MARS) were completed and these were checked regularly by staff and management to ensure they were accurate.
- Staff understood how people liked to be given their medicines and these guidelines and preferences were followed.
- Medicines audits and reflection following errors, meant that systems and processes were updated to keep people safe.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Dewi-Sant. Comments included, "I told my daughter I feel safe here", "Staff come quickly if I need help", and "I'm happy to be back here again as I know I'm safe".
- Relatives said, "[person's name] is safe here, they are looked after really well, and the family know they are safe now".
- There were effective systems in place to safeguard people from the risk of abuse. Staff undertook training and were aware of when and how to report concerns. Staff were confident any concerns raised would be dealt with promptly to ensure people were safeguarded.

### Assessing risk, safety monitoring and management

- When people had been assessed as being at risk, staff had clear guidance on how to minimise the risk, whilst allowing people to remain as independent as possible.
- When people had risks in relation to their skin, staff had clear guidance on how care needed to be delivered to prevent deterioration.
- Where people were at risks of falls, staff had liaised with professionals to minimise the risks and considered how they could support people to keep safe. For example, consideration had been given to the location of people's rooms and use of appropriate and safe footwear.

- Food and fluid charts were held for people who had been assessed as being at risk in relation to their diet or hydration. These records were checked regularly, which helped ensure prompt action would be taken if people's needs changed.
- Consideration had been given to keeping people safe inside and outside the home. For example, people had call-bells in their rooms, so they could call staff if they were feeling unwell or needed support. A keypad system had been fitted to the front door to help ensure people who could be at risk if they left the home unsupervised remained safe.
- People were supported to take positive risks to maximise their independence and choice. For example, one person chose to go out every day. Staff were familiar with the person's daily routines and where they liked to go. They used this knowledge to consider any action they may need to take if the person failed to return home or if they felt they were unsafe.
- Risk assessments relating to the environment were in place and precautions taken to minimise risks to people in their home. For example, window restrictors and radiator covers were fitted to reduce the risk of harm. Water temperature and fire safety equipment was checked regularly, and people had individual plans in place to ensure they could be evacuated safely in the event of a fire.

#### Staffing and recruitment

- People, relatives and staff said there was enough staff to keep people safe. A relative said, "There's always plenty of staff when I visit and I'm here most days."
- We saw plenty of staff around the home responding promptly to people's needs and requests. However, some people said they felt there was not always enough staff around the communal areas. People said they appreciated staff had a lot of work to do, but they would like staff to have more time to 'sit with them'. We fed this back to the registered manager at the time of the inspection and asked them to review the organisation of staff as well as numbers to help ensure people continued to feel safe and well supported. The registered manager assured us they would address this matter and would speak with people about their views.
- People were supported by a consistent, core team of staff who had worked in the home for many years and knew them well. A senior staff member led each shift. This helped ensure any new or agency staff had guidance from more experienced staff in relation to their role and the delivery of care and support.
- Robust recruitment practices helped ensure the right staff were available to support people to stay safe. Checks such as disclosure and barring service checks (police checks) had been carried out before staff were employed. This made sure they were fit and suitable to work with people the service supported.

#### Preventing and controlling infection

- People said they felt the home was clean and hygienic. Comments included, "There is always someone cleaning here, my relatives say it smells fresh" and "The beds are nice and clean, my room is kept clean."
- Cleaning staff were recruited, and a daily cleaning plan was in place. We saw staff cleaning communal areas, bathrooms and people's bedrooms. Cleaning staff cleared up any spillages quickly and sensitively. This helped reduce the risks of people falling and also ensured people's environment remained clean and comfortable. Cleaning throughout the day helped ensure any odours were managed and removed before they became unpleasant for people and visitors.
- Personal protective equipment, such as aprons and gloves were available for staff. We saw these being used when staff provided personal care and supported people with medicines.
- The kitchen and laundry areas were clean and well-maintained. Staff had completed infection control training.

#### Learning lessons when things go wrong

- The registered manager and staff understood their responsibility to record and report safety incidents, concerns and near misses.

- A record was kept of any safeguarding incidents and people's on-going safety and well-being was regularly discussed as part of shift handovers and staff meetings.
- The registered manager and senior staff regularly reviewed records in the homes to consider any patterns, themes and considered any lessons learned. For example, a falls register was held and audited regularly to highlight any action needed. As a result of a review flooring in the communal lounges had been changed to better support people who may be at risk of falling due to old age and dementia.

# 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 now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Dewi-Sant Residential Home is a large older style property with accommodation and facilities spread over three floors. Some parts of the home were not well maintained and were in need of attention to ensure the home remained fit for purpose and a comfortable and appropriate place for people to live.
- People's bedrooms in most cases had plenty of personal belongings and furnishings to make them feel comfortable and homely. Communal areas including lounges, hallways, bathrooms and toilets were in most cases in good condition. However, it was noted that some people's bedrooms were sparse and in need of some improvement and re-decoration. Some of the communal hallways had poor lighting and flooring was worn, which could cause a potential tripping hazard.
- People had access to bathrooms and toilets close to their bedrooms. However, some bathrooms contained old fixtures and fittings and were not in all cases well maintained. Areas of the home that needed attention were pointed out to the registered manager at the time of the inspection. The registered manager was aware of the need for improvements in relation to the environment and said discussion had taken place with the provider in relation to the installation of a new wet room. They also said plans were in place to decorate communal hallways and flooring. These improvements would help further ensure people lived in a comfortable environment that continued to meet their needs,
- The environment was warm and welcoming with plenty of signage to help people orientate themselves around their home. People told us they liked living at the home and said they liked their bedrooms and communal areas.
- Stair lifts were available for people with mobility difficulties who had bedrooms situated on the upper floors.

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

- People's needs were assessed before they started using the service to help ensure their expectations and needs could be met. The registered manager met with the person and their family to find out as much as they could about people before they moved in.
- Care was planned and delivered in line with people's individual assessments, which were reviewed at regular intervals or when people's needs changed.
- Equipment was available to support people's needs, and to promote people's safety and independence. For example, people who were cared for in bed had air mattresses to prevent skin damage and other equipment such as slings and hoists to support with safe transfers and personal care.

Staff support: induction, training, skills and experience

- People and relatives said they thought staff were well trained. People said, "The staff are skilled at helping the people who shout", "The staff are well trained here, they take my worries on board" and "Very good staff, no complaints at all."
- Relatives comments included, "The staff have done a great job building up [person's name] confidence", "Staff are well trained and do a good job". "The staff are brilliant, they have so much patience with the people with dementia."
- New staff undertook an induction, which introduced them to their role and important information about people and the running of the home. Staff new to care were required to complete the Care Certificate. This training covers an agreed set of 15 standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.
- Staff said the induction prepared them for their role and gave them time to read important information and shadow more experienced staff.
- All staff said they undertook regular training relevant to their role and the needs of people they supported. Staff training covered areas identified by the provider as essential and included safeguarding, infection control, first aid and food hygiene as well as more specialised areas of training such as, dementia, Parkinson's and diabetic care.
- Staff had access to resources and information to support their knowledge and skills. For example, training videos in different areas of care and information about topics such as blood pressure, and wound care treatment.
- Staff said they felt very supported by their colleagues, senior staff and management, and said they had opportunities to discuss their role and reflect on their practice.

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

- People told us the food in the home was good quality. Comments included, "The food is very good, the Hunters Chicken is excellent", "I've no qualms at all about the food and I'm a fusspot", "I enjoy the food, the roasts are good and the cottage pie", and "The Chef does lovely sweet and sour pork".
- Relatives told us they felt their loved ones received good quality food and drink. They said, "[person's name] eats well and enjoys the food", "[person's name] looks forward to the meals"; "[Person's name] loves the food, gets plenty to eat and drink and hasn't had a single infection since being here" and "I joined [Person's name] on Christmas Day for lunch and it was spot on".
- People were supported to enjoy their meals in a comfortable environment with the support they needed. Some people chose to eat in the dining room, whilst others preferred to eat in the communal areas or their bedrooms. People were provided with good seating and equipment such as specialist cutlery, plates and drinking cups to help them eat independently and safely.
- Staff were available to support people who required assistance. One person's partner was able to support them during their lunchtime meal.
- The chef knew people really well and was able to tell us about people's likes and dislikes as well as preferences, such as tea or coffee and how many sugars people liked to have in their drink.
- People's nutritional risk was regularly assessed. Risks in relation to people's diet were understood and managed well. Guidance was in place for one person with a sensory loss for staff to organise food types on their plate in the shape of a clock-face. This helped the person enjoy their meal independently.

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

- The registered manager and staff worked across other agencies to ensure people received effective care. Healthcare professionals were positive about the care provided in relation to people's health. Comments included, "The staff listen, act on guidance and communicate with us well."
- People's care records included good detail about their past and current healthcare needs. People with particular health conditions had separate care plans to help ensure staff understood how their needs should

be met. For example, one person had a plan in place for the use of Oxygen. This information helped ensure their needs were met safely and in a way they wanted.

- We saw staff responding promptly when they had concerns about people's health. For example, one person had continued to be unwell with a chest infection and another person was not eating well. Staff had organised visits with the GP to ensure any concerns would be addressed.
- Changes in relation to people's health was communicated clearly to the staff team during daily handovers and in written daily records.
- People had routine health checks and were supported to attend hospital and other healthcare appointments. People were supported to look after their teeth and oral healthcare was understood and supported.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw people were supported to make choices and day-to-day decisions about their care and lifestyle.
- People's support plans described people's preferred routines and how people chose to be supported. Staff understood and respected people's choices and decisions. For example, one person chose to go out every day and returned in time for their evening meal. Staff respected this person's choices and provided support to maintain this person's independence.
- Staff understood people's rights and checked people understood and were happy before care and support was provided. For example, staff asked for people's consent before giving them their medicines and explained what they were doing throughout the whole process.
- People's capacity was taken into account when planning and delivering care. When people had been assessed by the service as lacking the capacity to make decisions about their care and support applications had been made to the local authority as required. Any restrictions had been regularly reviewed and any conditions or authorised applications were understood and followed.

# 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 Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were provided with sensitive and compassionate support by a kind, committed and caring staff team. People said, "The staff do everything they can to help me, I want to stay here", "The staff keep an eye out for me"; "The staff are very good and helpful and will go out of their way to do things for you" and "It's not posh here but what matters to me most is the care and the staff are great".
- Relatives said their loved ones were supported by kind and caring staff. Comments included, "The staff have lots of patience" and "The staff are kind and caring".
- Other agencies said they felt people were well cared for. Comments included, "They treat each person as an individual and respect their differences."
- Throughout the inspection we observed staff treating people with upmost kindness and respect. Several staff had worked in the home for many years and knew people and their families really well. Staff used their skills and knowledge to reassure people when they were confused or distressed. One staff member knelt gently at the side of one person when they were upset and confused about where they were. The staff member reminded them about where they lived and talked to the person about their relatives who had also previously lived in the home. These interactions immediately calmed the person and they gently touched the staff members face and thanked them for looking after them so well.
- Staff told us they enjoyed supporting people and spoke about them with affection.
- There was an unrushed, relaxed atmosphere in the home. Staff were busy but took time to talk and sit with people. Visitors were made to feel welcome by being offered drinks and somewhere to sit with their loved one.
- Staff undertook training in equality and diversity and the registered manager said everyone was welcomed and respected at Dewi-Sant Residential Home. People's religious needs were understood and met. People were supported to go to church if they chose to do so, and religious clergy from different denominations visited the home.

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

- We heard staff listening to people and respecting their views and opinions. One person told us staff respected their choice to go out every day and supported them to do so.
- Residents meetings were held where people could discuss topics such as activities and menu planning. The chef told us menus had been adjusted following feedback from these meetings.
- People who lacked capacity had access to advocacy services to help them make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them respectfully. Comments included, "Staff are respectful to me and me to them"; and "The staff are considerate and know what I like."
- Staff ensured people's dignity was promoted and respected. One staff member said, "We always make sure people look nice, if people spill something on themselves we sensitively support them to change, it's how it should be and what we would want for our relatives."
- People where possible were supported to maintain their independence, for example, choosing what to wear and how to occupy their day. People who were able to eat their meals independently or be involved in the management of their medicines were supported to do so.
- Staff recognised the importance of maintaining people's dignity and independence in relation to toileting. For example, some people due to their dementia asked a number of times to use the toilet. Staff responded promptly and respectfully to people's requests, encouraging them to use the toilet, regardless of how many times this support had been needed.
- It was noted that due to the location of some people's bedrooms ensuring privacy and dignity could at times be difficult. This was discussed with the registered manager at the time of the inspection and they assured us they would further consider privacy screening and longer- term room arrangements.

# 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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care and support that was flexible and responsive to their needs. Staff knew people well and were able to tell us about individual's preferred routines and how they wanted their care to be delivered.
- Individual support plans gave staff information about people's needs and how they should be supported. Care plans were regularly reviewed and updated.
- People said they thought staff had a good understanding of their needs and how they liked to be supported. Comments included, "The staff know me and about the things I like to do, they know I like to be on my own sometimes".
- We saw staff responded promptly and sensitively to people's needs, particularly when they appeared unwell or distressed. For example, we saw staff comforting people when they were confused, responding promptly when people asked for support with personal care and making contact with GPs when people were unwell.

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.

- Most staff had worked in the home for many years and knew people well. Staff were familiar with how people communicated their needs and were able to respond promptly to people's non-verbal communication such as changes in body language, mood and behaviour.
- People with particular needs in relation to their communication were supported. For example, one person was registered blind and staff supported them to understand what was going on by giving them verbal information and equipment such as a talking clock, so they knew the time of day.
- Signage was available around the home to help people orientate themselves and understand about their day. For examples, signage and arrows described to people the type and direction of a particular room. Pictorial menu plans and information about the date, weather and staff on duty were also available for people to see.

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

- We saw people were relaxed and comfortable in their home. There was plenty of communal space for people to choose where to sit, either on their own or with the company of others. Two sitting rooms allowed

people to choose if they wanted to watch television or sit more quietly. A conservatory also provided a large bright space for people to sit with visitors.

- People gave mixed feedback about the activities available to them. Some said they were happy with activities and particularly enjoyed regular weekly visits from a singer. However, some people said they wished more meaningful activities were available as they could at times get bored. We spoke with the registered manager about this feedback and the need to further ensure that people were occupied in a way that is meaningful to them. The registered manager reassured us they would review activities and ask people for their feedback.
- People told us they were supported to attend church if they chose to do so and were also able to take communion by a member of the clergy who visited the home. Some people had their own hairdresser and others had access to a hairdresser who visited the service each week.
- Throughout the inspection we saw family members spending time with their loved ones in the home. Staff were welcoming and clearly knew people's families well. Relatives and visitors were offered drinks and cake and were made to feel welcome. Two relatives told us they had enjoyed the Christmas party at the home and had also been invited to Christmas lunch.

Improving care quality in response to complaints or concerns

- People knew who to speak to if they needed to raise a concern or a complaint.
- There was a written complaints procedure, and this was available for people, relatives and other visitors to the home.
- Residents meetings were held, which provided people with an opportunity to raise concerns about their care or issues relating to the service.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care.
- We did receive very positive feedback from visiting healthcare professionals about the end of life care the staff had provided to people.
- Staff undertook training in relation to end of life care as part of their on-going training plan. The registered manager said they intended to explore more in-depth end of life training due to the changing needs and age of people now using the service.

# 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had worked in the home for many years and was committed to providing high quality care in an environment where people would feel safe and at home. The management and staff had experienced a particularly difficult year in relation to the health of the staff team and had all worked very hard to support each other, whilst continuing to provide good quality care to people.
- People and relatives were positive about the running and atmosphere of the service. One person said, "Dewi Sant is a good place, it has a nice atmosphere, staff are friendly." A relative said, "There is a positive culture at Dewi-Sant, residents are treated respectfully, and they welcome me when I visit."
- The culture and atmosphere of the home was warm, welcoming and inclusive. Staff were happy to speak with the inspection team and were open and honest with their views.
- All staff were positive, smiling and exchanging positive interactions with people as they worked.
- The registered manager and senior staff were visible and known to people, professionals and staff.
- All staff said they felt valued and part of a team. One staff member said, "The manager has been really supportive particularly with personal issues and I am supported to balance working and being a parent."

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

- Roles and responsibilities were clearly defined and understood. The registered manager was supported on a day to day basis by senior staff and the care team. Staff had particular responsibilities to help ensure important aspects of the home were organised effectively such as, medicines, maintenance and health and safety.
- Shift handovers and daily checklists helped ensure staff were clear about tasks that needed completing and important issues about people's care.
- Systems had been developed to ensure performance remained good and continued to improve. For example, there were regular audits of the environment, medicines, accidents and incidents.
- The registered provider kept in contact with the home and visited on a monthly basis to meet with people, management and staff. It was noted that these visits and discussions had not been documented as part of the overall quality monitoring and review of the service. This was discussed with the registered manager at the inspection who agreed to discuss with the provider the need to formalise and document these visits and reviews of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics. Working in partnership with others

- Meetings were held with people and relatives to discuss issues such as the environment, menu's and activities. Changes had been made as a result of these meetings. For example, the chef told us following feedback they had made changes to the menu as people had said they wanted more variety.
- Questionnaires were sent out to people, relatives and other agencies to gather their views about the quality of the service. This information was analysed and used to make on-going improvements in the services provided.
- Staff said they felt valued and their views were listened to. One staff member said, "I have been asked recently if I would like to take on more responsibility, this does make me feel valued".
- Relatives said they were kept up to date with important information and they felt their input and views were considered important by management and the staff team.
- The management and staff had a good working relationship with local primary care services, such as district nurses and GPs as well as the local authority and older person's mental health services. A healthcare professional had provided positive feedback to the manager, which included, "Care staff had attended a meeting on their day off, they handled the situation very well, were clear, concise, professional and sensitive with relatives."

Continuous learning and improving care

- Throughout the inspection the registered manager and staff were keen to discuss and consider any ways they could improve the service and ensure people enjoyed the best life possible.
- The registered manager and staff were very responsive to any discussions about practice and on-going improvement.
- Incidents, accidents and near misses were documented and analysed so that any learning could be considered. For example, changes to flooring had been made in the communal areas following the analysis of falls.
- Staff had access to information about people's health and social care needs to help ensure best practice guidance was being followed in relation to their care.
- The registered manager and senior staff updated their own skills and knowledge by attending training and local forums, such as dignity and care and outstanding managers meetings.
- Due to events that had happened in the home during the previous year the registered manager said they planned to commence a counselling course to help ensure they had the skills and understanding to support the staff team.

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

- The provider and registered manager promoted an ethos of honesty, learning from mistakes and admitted when things went wrong.
- The provider and registered manager were aware of their responsibilities to inform the commission of significant events in line with their statutory duties.
- The management team spoke openly and honestly throughout the inspection and were responsive to any discussions regarding regulation and best practice topics.