

Pilling Care Homes Limited

Lelant Nursing Home

Inspection report

Glen Road
Mannamead
Plymouth
Devon
PL3 5AP

Tel: 01752663626

Date of inspection visit:
28 November 2016

Date of publication:
09 March 2017

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 28 November 2016 and was unannounced. Lelant Nursing Home is registered to provide nursing and personal care for forty older people. At the time of the inspection, there were 22 people living at the service.

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

This service is owned by a company that is in administration. The service is therefore under the ultimate management of the Administrators, who are licensed insolvency practitioners (IP) and were appointed by the company's director. More information about this can be found on the Companies House website. The Administrators have utilised the services of specialist operators to assist in their management of the care home, and have regularly updated people, their relatives and the Care Quality Commission about this process.

Without exception, people and their relatives told us the service was very caring. One relative said; "They go above and beyond their duties all the time". Staff were extremely caring and treated people with kindness, compassion and affection. The service was committed to delivering outstanding end of life care, in which people's end of life wishes were respected and where people experienced a pain free, dignified death.

There was a strong focus on delivering innovative, personalised activities for people. The registered manager was committed to forging links with the local community and ensuring that people remained visible and were active inside and outside of the service. People had taken part in a highly creative and original piece of work which helped them to share their life histories with the wider community and to learn about other generations and their experiences. There was a focus on inclusivity and empowerment.

Relatives were made to feel important and were always warmly welcomed at the service. Staff and managers were considerate towards them and ensured that they felt looked after and valued. They were treated with kindness and respect and were enabled to spend quality time with their loved ones. Relatives were kept informed of any changes and were able to have an open and honest dialogue with staff and managers. Relatives felt able to approach the managers with any issues and their feedback was sought and was highly valued.

The service was extremely well led. The registered manager valued their staff, paid attention to detail and led by example. Lelant had recently been presented with "The dignity and respect care home of the year" award, in recognition of its commitment to providing an outstanding service. There was a clear focus on sharing best practice and the management team attended a number of forums in order to learn from others. The registered manager strived towards excellence and was committed to continuous improvement and

development. All of the staff said they felt valued and supported by their colleagues and the managers. Other agencies were very positive about the leadership of the service and said the staff team listened to and embraced ideas.

Systems were in place to deal promptly and appropriately to any complaints or concerns. The registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the Duty of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Feedback on the service was sought in creative ways to ensure that everybody had their voices heard and that there was a focus on continuous learning.

The provider had a robust quality assurance system in place and gathered information about the quality of the service from a variety of sources including people who used the service, relatives and other agencies. Learning from quality audits, incidents, concerns and complaints were used to help drive continuous improvement across the service.

People were kept safe within the service, they had their medicines as prescribed and on time. People were cared for by staff who had undergone checks to ensure they had the correct characteristics to work with vulnerable people. Staff understood their role in safeguarding people and in recognising and reporting signs of abuse.

People were supported by staff who were skilled. They had received training to carry out their roles which was regularly updated and refreshed. Staff were supported by an ongoing programme of supervision, competency checks and an appraisal.

People's consent was sought prior to staff providing them with any assistance. Staff had a sound knowledge of the Mental Capacity Act (MCA) and understood how to apply this to the care and support they provided to people. Staff understood that capacity could change over time and was decisions specific and this was reflected in people's care records and observed in the way they interacted with people.

People's health and social care needs were addressed holistically through access to a range of health and social care professionals. There was a structured and comprehensive approach to conditions such as diabetes and pressure care and people's health issues were seen to improve as a result of the care they received. People's care records were extremely personalised, contained the correct guidance for staff and recognised the person as a whole, including their social history, choices, aspirations and goals.

The service was visibly clean and infection control practices were robust. The environment was comfortable and people's bedrooms were spacious, bright and personalised to suit their preferences. People enjoyed the meals and were offered choice. People had enough to eat and drink and feedback on the meals was extremely positive, from both people and their relatives.

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 were protected by staff who understood how to recognise and report signs of abuse or poor practice.

There were sufficient numbers of staff to meet people's needs and keep them safe.

People's medicines were stored, administered and disposed of safely.

People were supported by staff who had been safely recruited.

Is the service effective?

Good ●

The service was effective.

People were supported by highly motivated and well trained staff. Induction processes for new staff were thorough and all staff received regular and effective supervision and support.

People's rights were upheld and their best interests were promoted in line with the Mental Capacity Act (MCA).

People's health and social care needs were met through access to a range of professionals.

People were supported to have their health and dietary needs met.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People were provided with outstanding care to enable them to live fulfilled and meaningful lives.

The registered manager and staff were committed to a strong personalised culture. Kindness, respect, dignity and compassion were integral to the day-to-day practice of the service.

People were supported to maintain relationships with people who mattered to them. Relatives were treated with kindness and were made to feel welcome and valued.

People had access to advocacy services when required.

People were provided with highly personalised, compassionate and dignified end of life care.

Is the service responsive?

Outstanding 

The service was very responsive.

People were provided with outstanding and personalised care. People were supported by staff who knew them very well and who were passionate about enhancing their well-being and quality of life.

Staff used innovative and individualised ways of engaging people in meaningful, bespoke activities, so they felt empowered and part of their wider community.

People were supported to lead a full and active lifestyle. People were actively encouraged to engage with the local community and maintain relationships which were important to them.

Complaints and concerns were listened to, taken seriously, responded to in a timely way and used to drive improvement across the service.

Is the service well-led?

Good 

The service was exceptionally well-led.

There was a highly positive culture within the service. The management team provided strong leadership and led by example.

There was a strong emphasis on continually striving to improve and develop the service.

People were placed at the heart of the service and were supported to have their voices heard. Innovative and creative methods were used to enable people to be empowered and to share their opinion.

The service strived for excellence through consultation, training and reflective practice.

Robust systems were in place to assess and monitor the quality of the service. The quality assurance system helped drive improvement.

Lelant Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 November 2016 and was unannounced. The inspection was undertaken by one adult social care inspector, one specialist advisor with a background in older people's nursing 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.

Prior to the inspection the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We also reviewed information we held about the service. This included notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with eight members of the staff team. This included management and care staff as well as the cook and domestic staff. We were supported throughout the inspection by the managers. We also spoke with six people who lived at Lelant, six relatives and a professional who was visiting the service. After the inspection we contacted four health and social care professionals who were employed externally.

During the inspection, we looked around the building and observed interactions between people and staff. We looked at training records for all staff. We looked at six records relating to people's care. We also viewed a range of policies and procedures, minutes of meetings, documentation relating to the maintenance of the building, quality assurance and audits and information relating to complaints.

Is the service safe?

Our findings

People told us they felt safe living at the service. Comments from people included; "Every night they check my door to see if it is locked" and "At night carers come and check on me." Relatives confirmed that they felt their loved ones were safe. Comments included; "I am very happy with my mother being here. I believe there are enough staff on duty to keep my mother safe. There are always staff available". Another relative said of her loved one; "The purse in her room had the same amount of money in it for four years. I think they are very honest here."

People were protected by staff who knew how to recognise and report signs of potential abuse. Staff had used recent safeguarding investigations to aid their development and to improve practices. Staff said reported signs of abuse or poor practice would be taken seriously and investigated thoroughly. Staff had completed training in safeguarding adults and this was regularly discussed and updated. The training helped ensure staff were up to date with any changes in legislation. Detailed policies and procedures were in place in relation to abuse and whistleblowing procedures. Staff knew who to contact externally should this be required. Safeguarding was a standing agenda item at team meetings and during supervision. One staff member said; "I would always report it to the managers, or higher up depending what I saw".

People had their medicines as prescribed and on time. Medicines were stored appropriately and there was a system in place to ensure that keys were securely stored. Medicine administration records (MARs) were completed accurately and legibly for each person. On each individual MARs there was a picture of the person so that staff could identify them, alongside information relating to any allergies, a plan of care and any risk. Oxygen was used in the home and was prescribed for individual people. Cylinders were stored in a locked medicine room with clear hazard warning signage stating "no smoking, no open flame". Medicines fridges were kept locked and daily temperatures were recorded. All temperature recordings were within the correct guidelines to ensure that the efficacy of the medicine was maintained. There was a protocol in place for the use of PRN medicines (Medicines given as needed).

People's care records contained information for staff on how to support people if they became anxious or unsettled. One person experienced episodes of anxiety. Their care plan detailed action staff could take to help them feel calm. This included looking at photographs, contacting family members or talking about family with the person. The care plan stated; "Colouring in whilst watching television helps me to stay calm if I am anxious". Staff we spoke with were aware of this and their explanations of how to support this person were consistent with what was written in the records.

There were sufficient numbers of staff on duty to keep people safe. Staffing levels had been organised for each person dependent on their assessed need. Support plans clearly described how staffing levels were organised and the support required by each person concerned. During the inspection we observed suitable staffing levels were in place and there were enough staff to respond to people in an unhurried way. Staff we spoke with confirmed that staffing levels were well organised and sufficient to keep people safe and to meet their needs.

People were protected by safe and thorough recruitment practices. Records confirmed all employees underwent the necessary checks prior to commencing their employment to confirm they had the right characteristics to work with vulnerable people.

Assessments had been completed in relation to risks associated with the environment. People had personal evacuation plans in place, which helped ensure their individual needs were known to staff and other services in the event of an emergency. A fire risk assessment was in place, and regular checks undertaken on fire safety equipment. A maintenance person was employed and undertook regular checks to help ensure the environment was safe and fit for purpose.

The service was visibly clean and free from adverse odours. One relative told us; "The walls are clean, the water in the flowers is always clean, the floors are clean, the home is clean and no smells. The reception is always clean; I have never seen any dirt". One person living at the service told us; "I joke with the carers. I have no doubt that the rooms are clean and spotless. I have never seen a mess."

Is the service effective?

Our findings

People were supported by staff who were skilled and had undertaken training in order to carry out their role. One relative said; "I think the staff have the correct knowledge and skills".

Staff received training in a variety of subjects identified by the provider as being mandatory, such as moving and handling, infection control and safeguarding adults; and there was a system in place to remind staff when their training needed to be renewed or refreshed. In addition to the mandatory training, there was a broad range of role specific training on offer to staff. This included subjects such as understanding Parkinson's Disease, Six Steps Accreditation (an end of life course), skin integrity and dementia awareness. Staff comments included; "I always seem to have training. I had an all-day training session on first aid last week" and "We can always ask if we want any specific training and they arrange it for us".

Staff felt well supported in their role. New staff underwent an induction which included reviewing key policies and procedures and shadowing more experienced staff. They also received an ongoing programme of supervision, competency checks and an annual appraisal.

People had access to a range of professionals to ensure their health and social care needs were met. Records evidenced that people were offered annual blood tests and medicine reviews. Prompt referrals were made as necessary to specialist services, for example, the tissue viability team for people with complex and chronic skin conditions. Referrals were also made to the SALT (Speech and Language) team, the physiotherapy team and community mental health team.

One external health care professional we spoke with, who was visiting the service during our inspection told us; "It is very good here, I always know exactly why I have been asked to visit. The nurse will have everything ready for me and then will not let me go until there is a clear management plan in place, I am very happy with the care here".

There was a comprehensive, structured approach to the management of diabetes. One person who was dependent on insulin was given twice daily blood tests prior to the administration of insulin. They had a specific care plan for diabetes management which included a risk assessment for hypoglycaemia, clearly documenting actions to be taken in the event of low blood sugar. Records showed that there had been a recent review of this person's insulin regime in conjunction with the local pharmacist. People with diet and tablet controlled diabetes had a nutritional care plan. Weekly blood sugar tests were carried out and any concerns were promptly referred to their GP.

There was a well organised approach to managing and treating skin conditions. One person had been admitted to the service with a pressure sore. There was a comprehensive tissue viability and wound care plan for staff to follow to ensure this condition had been managed appropriately. The person's care records evidenced the progress the person had made at the service and we saw from their notes that the sore had fully healed.

There was a list of people's dietary requirements in the kitchen and the cook was informed of any changes. People and their relatives spoke very highly of the meals provided at the service. Comments from relatives included; "One day my mother did not like the food offered so the staff made her egg sandwiches which was her favourite. They would also give her jelly and ice-cream, another favourite"; "The food is excellent. There is a choice. Relatives can eat with their loved ones and we are always offered a drink"; "The food is excellent, a substitute food was always offered if [person's name] did not like something. There is always a choice of food"; "They give a good breakfast, and later tea and biscuits, lunch, there is a lovely kitchen. The cake is wonderful"; "The cook comes to find out what we would like"; "The cakes are unbelievable" and "One day my mother said she was still hungry even after she had eaten and the staff went to get her extra cheese after the meal".

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and whether any conditions attached to or authorisations to deprive a person of their liberty were being met. The 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 as far as possible people make their own decisions and are helped to do so when needed. When a person lacks the mental capacity to make particular decisions, any made on their behalf must be in their best interests and the least restrictive.

Staff demonstrated a good understanding of the Mental Capacity Act (MCA) and had undertaken training. People's support plans included information about people's capacity in relation to different areas of their care and lifestyle. Care plans highlighted when people were able to make decisions for themselves or when best interest processes would be needed to support them. Capacity assessments were regularly, re-visited and re-assessed; evidencing that they were live documents and recognising that capacity can fluctuate and change over time.

Staff had a good understanding of consent and how this applied to their practice. There was a statement on one person's care record which staff had written, stating; "Consent must be treated as a process that continues throughout the duration of care and treatment, recognises that it may be withheld and/or withdrawn at any time". We saw staff asking for people's consent before providing care, for example, before helping them to eat or move around the home.

One staff member told us; "We try to establish a dialogue with people and ascertain their level of understanding and ability to consent before going down a restrictive route". Records confirmed best interest discussions had taken place when required. There was a strong focus on understanding the concept of gaining consent. A manager told us there had been; "A year of training and workshops, staff meetings and supervisions to underpin consent and how we put this into practice so that it becomes part of the open and transparent culture".

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). DoLS authorisations had been applied for on behalf of people as required and this was carefully monitored by the registered manager.

The service itself was bright and pleasantly decorated. People's bedrooms were spacious, homely and personalised. One person told us; "When I walked into this room it was like really walking into someone's home."

Is the service caring?

Our findings

Without exception, people and their relatives told us the service was very caring and went the extra mile to support people. Comments from people included; "The staff are very caring. I have no complaints"; "If I was poorly I would not want to go into hospital. I want to stay here if I am poorly. It is wonderful here, I am very happy. Good nurses, good carers and a cleaner every day. We are lucky to have it"; "All the staff are approachable" and "All the girls are wonderful".

The managers had recently attended the National Care Awards, where they had won the Dignity and Respect Care Home of the Year 2016. The application was broken down into key areas where the home was required to demonstrate excellence. The service was shortlisted from over two hundred national applicants. The managers were required to attend an interview and to demonstrate how they had achieved excellence in the key areas required. The managers highlighted their vision for an open and transparent culture ingrained in daily practice where residents were able to live their lives in accordance with their wishes, needs and preferences. They discussed their passion, commitment, dedication and devotion to those who were approaching end of life. They delivered the message that they had instilled in the team at Lelant, which was that resident autonomy, liberty, rights and choice were a way of life and should run through the veins of the home. The managers were delighted in winning this award and proudly discussed it with us at the inspection. We saw these attributes consistently carried out in the practice we observed.

Over the past two years, the managers had won awards at The Great British Care Awards for Dignity in Care and Activities combined with a regional award for the chef who won for Hydration and Nutrition at end of life, two years running. This demonstrated the sustained excellence and exceptional standards within the home.

The atmosphere at the service was very warm and welcoming. People appeared comfortable, content and happy. One person told us; "It's like being in a hotel". Comments from staff included; "We always go the extra mile. One person wanted to go to [name of shop], so a staff member took them on her day off" and "One person really liked a special type of chocolate, so we bought it and brought it in".

Comments from relatives included; "Everyone is approachable, the nurses, the carers [staff member's name]. Nothing is too much trouble"; "We are really pleased with the care here, everyone is wonderful"; "I hope I get a home as good as this when the time comes. If I do, I'll be a lucky man"; "The care is brilliant [staff member's name] and all the staff, every one of them I have met have attention to detail" and "There is nothing I need to raise, I'm happy Mum is here, I can't praise them high enough, the girls are wonderful, aware of everything. There are enough staff, the bells are generally answered promptly, staff are extremely caring I know she is well looked after".

Staff spoke about the people they supported with warmth, compassion, fondness and affection. Comments from staff included; "It's like a family here"

People were supported to maintain relationships with people who mattered to them. Relatives were made to feel welcome, valued and important. Comments from relatives included; "There is a member of the family

who comes to visit Mum, he is in a wheelchair and he comes and has roast lunch with her on a Wednesday. He really looks forward to it, he is spoilt"; "We can go into the kitchen and ask for anything we want" and "Staff always bring a cup of tea so I can enjoy one with mum".

Staff went out of their way to make people and their families feel comfortable. One relative told us; "The personal photos that were brought in were laminated by the staff" and another relative told us; "The staff are good to me I have cerebral palsy and cannot walk well. Once when I visited Mum and there was sleet outside they helped me to the car; this was above and beyond their duty".

The service was committed to providing outstanding end of life care. So that people experienced a comfortable, dignified and pain free death. Staff had received extensive training. Staff worked very closely with people to ensure their end of life wishes were met. Life histories were compiled to ensure the value of the person was maintained and eulogies were written with them and read at funerals by staff. The registered manager explained; "We form intense working relationships to ensure that the individual has everything needed to ensure a complete passing". One relative told us; "My mother was on palliative care, and yes I do consider the staff to be skilled and to have knowledge. They have continuously been in communication with me. The care in here is better than the care in any hospital". Another family member told us "we have found no faults at all with the palliative care. Mum has spent the last two weeks in bed, she is always warm and clean, the bedding is changed regularly, they phone the doctor when required and keep all the family informed". The family member told us soon after admission they all had a meeting with the staff to discuss end of life wishes. They said; "It is a help to us to know that the staff know what Mum's end of life wishes are. Staff are very supportive to us at present, we know her death is imminent, the Chaplain visits her every week". This person had a personalised plan of care supporting the last days and hours of her life. This plan included detailed assessments and interventions for pain, agitation and restlessness, respiratory secretions, nausea and vomiting, personal and oral hygiene, skin care and spiritual and religious requirements.

People's end of life wishes and goals were respected. One staff member told us how they had supported a person to fulfil one end of life wish. The staff member said; "I was determined to fulfil one gentleman's wish to go and visit a special tree and to do that we had to go by taxi and push the wheelchair up a very steep slope. It was so physically exhausting and I thought I was going to die, but the taxi-driver was so touched by this story he helped us push the wheelchair. We got the gentleman to the top of the slope and he was able to look down at the tree that meant so much to him. It was so worthwhile to achieve that".

People were made to feel comfortable, special and valued. One person's care records stated; "I take great pleasure from having my hair done by [staff member's name]. She makes me look beautiful and feel special". Another person's care record stated; "I love having my nails done. The brighter the better". Relatives confirmed that their loved ones were made to feel cared for and important. One relative told us; "All the way through from the top to the domestic staff. My mother used to have a laugh with all the staff and she used to take the mickey out them. She loved it. One member of staff in particular encouraged my mother to leave her room and join the other people in the lounge". Another relative told us that staff had bought their mother a small gift; "One day my mother had slipper socks on that we had not bought her. Then another day when we went in she had the same style but another colour."

There was a strong sense of the person retaining their independence and unique qualities as an individual. One person who had recently died had always liked to have a small, daily glass of champagne in bed before going to sleep and the staff ensured that she continued to do that, right up to her death. Another person had used a particular brand of cosmetics her whole adult life, and staff ensured that she continued to do so. Staff had even taken her shopping to a large department store where she could sample new products the company had in their range. People's care records guided staff on how the person wanted to be addressed.

One person's record stated; "I cannot bear being called [name]. I get very upset if anyone calls me that".

People's confidential information was securely stored. Files were kept in locked cabinets and offices were locked when not in use. People's privacy and dignity were respected. One staff member told us; "If we offer to assist someone with care, we make sure this is done discreetly. We also use screens during personal care, so people are not exposed".

Local MPs came to visit people at the service and everyone was registered to vote and supported to do so if required. Some people living at the service participated in social network groups and staff assisted them with this if they required. One staff member said "It's really important that people have their voice".

Is the service responsive?

Our findings

Staff were responsive to people's needs. One relative told us; "When my [relative] first arrived at the home she was very distressed and very difficult for three months, however, the staff brought her through it with flying colours". Staff always responded to people's needs promptly. One relative said; "I incorrectly pressed the buzzer once. Within one and a half minutes the nurse and four carers arrived."

The service took a very active role in the community and was actively involved in building further links. The managers had arranged a project called "What Plymouth Means to Me". This project championed person centred activities delivered to the individual through reminiscence therapy, life history work and engagement in their city. People living at Lelant were asked the question, "What does your city mean to you?" and began a journey which detailed their past, present and future. Their work culminated with activities of their choice relating to the portfolio of ideas they had been exploring in conjunction with advance care planning and social life history work.

Relationships were established with those from the wider community who were asked the same question and connected to the individual person through similar life experience and shared interests. Five core principles underpinned this work; celebration of life, person centred delivery, embracing culture and diversity, promoting autonomy and delivering a care service with dignity. The management team worked with people, staff and their families on this project which connected them to the community and enshrined best practice and innovation. Staff studied the history of Plymouth, its architecture, famous land marks, people and trade and invited people from all ages and backgrounds to contribute to the discussion and share their thoughts on what Plymouth meant to them.

The Royal Family, the Prime Minister, politicians, schools, churches, clergy, Olympians, magistrates and the public who had a connection to Plymouth participated in the project through written accounts. In conjunction with this, people participated in activities and trips which reflected the topics researched. These included a trip on the Plymouth eye, daytrips to the Hoe, and a bus trip to see the changes in Devonport. People had been on boat trips around the sound and to Cawsand, providing them with a different view of their beloved city. People shared their views with historians, visited museums and made memory boxes. They worked in conjunction with Plymouth University, several schools and the National Marine Aquarium. People participated in projects with local schools enabling them to see how the future generations were learning and studying in a city which they re-built after the war. People had been to the university to work alongside PhD students using wave tanks and ship simulators to access the latest technology and pioneering techniques.

The arrangements for activities were innovative and met people's individual needs. There was an activities coordinator at the home, committed to creating a personalised and unique programme of activities which were arranged in consultation with people living at the service. Relatives commented; There is an entertainer, there is a summer fete, there are quizzes and bingo"; "The residents liked watching [name of a popular dance show] and the staff brought their children in, in glittery clothes and the staff organised a game between the residents around the marking of contestants"; "Once the staff took my father to an event on the hoe connected to do with the marines. He was in a wheel chair, the staff engaged the marines to carry

my father down a set of steps in his wheelchair" and "Residents get taken shopping and some to church. Children come and visit. Christmas is made a big thing of and Easter." As well as an activities coordinator, there was a staff member who provided one to one support for people. They would bring fish and chips every Tuesday for those who wanted it, which they would eat out of the paper. Another person said they liked fresh crab, so this staff member would bring it in for them to enjoy.

People's care records were extremely well organised, detailed documents which evidenced that people's care was planned proactively and in partnership with them. They were easy to navigate and contained the correct level of guidance for staff to allow them to respond to people's needs in a personalised way. One staff member said; "If a new person came to live at the service and I picked up their file, I would be able to provide them with the care they needed in the way they wanted, from that file".

People's records were brought to life, with short stories and quotes from the person which helped the reader to gain an insight into the person and their character. For example, one person's care record contained a story about how they had met their husband, written with humour and affection. Another person's record stated "[person's name] has a smile that could light up Plymouth". There were photographs of the person taken at different times of their life, to enable staff to see them as a whole person. People's records contained detailed social histories and information about their goals and aspirations. There was a strong sense of the person being fully involved in their care planning. Care records were compiled with the person and their families if they wished. Care records were regularly reviewed and updated and signed wherever possible by the person. Care records were audited by the registered manager on a monthly basis to monitor quality.

People using the service were allocated a key worker and there was a matching process to ensure that the right staff member was allocated to each person based on common interests, skills and character. Staff profiles were created to facilitate this matching process, so that people could gain information about staff and their attributes in order to choose who they wished to be supported by.

Relatives were kept informed of any changes affecting their loved ones, were treated with kindness and made to feel involved. One relative told us; "I had just arrived in Spain and received a telephone call from the home to tell me that my mother was very ill. We had to return. When we arrived we were asked if we had eaten. We had not, we had a plate of sandwiches brought to us".

There was a clear system in place for receiving, investigating and managing complaints and information was freely available around the service with details of how to do so. People and relatives confirmed that they knew how to make a complaint and felt that if they raised concerns they would be dealt with to their satisfaction. One manager said; "I love complaints, we have to deal with and address people's needs, how can we make it better if we don't know, we have to learn, we try our best to deal with complaints in an open and honest way". There was a "capture the moment" board, displayed in one corridor. This was used to display any feedback or concerns that had been raised about the service. The board detailed what issue had been raised, an action plan, and what had been done as a result. There was a sign displayed at the service which stated; "The management of Lelant welcome dialogue with families, residents and professionals. Please feel free to speak to [managers names] at any time. Whatever the worry or concern".

Is the service well-led?

Our findings

This service is owned by a company that is in administration. The service is therefore under the ultimate management of the Administrators, who are licensed insolvency practitioners (IP) and were appointed by the company's director. More information about this can be found on the Companies House website. The Administrators have utilised the services of specialist operators to assist in their management of the care home, and have regularly updated people, their relatives and the Care Quality Commission about this process.

Without exception, staff, people and relatives told us the service was extremely well led. One person told us; "The managers are excellent". A relative we spoke with said; "Standards here are a reflection of how well it is run. Managed by two excellent people who have very high standards". Comments from staff included; "I love it here. The staff, the people and the managers. If you have good managers, everything is good"; "The managers work well as a team. They are both brilliant"; "You can't get better than the staff and management here".

Staff confirmed that the registered manager led by example and was actively involved in the running of the service. Comments included; "The managers take a hands on approach. They care, clean, do the dishes. They put their hands to anything"; "The managers are always on the floor. They are so approachable".

The culture within the service was one of openness and transparency. One relative told us; "I chose this home because when I phoned up they were the only people who said you do not need to make an appointment, just pop in". Throughout the inspection, the registered manager was proactive about informing people, relatives and visitors that the inspection was taking place and inviting them to speak with us. Everybody we spoke with was eager to share their experiences with us and these were overwhelmingly positive.

The service had clear visions and values which were innovative and person centred, placing people at the heart of the service. The registered manager was committed to bringing the outside community into Lelant and to forging strong relationships with the City of Plymouth and beyond. There were numerous visitors into the service, including children, students, MPs and even local celebrities. There was a focus on inclusion and on people being visible.

There was a strong commitment to delivering best practice filtered down from managers to the staffing team. Managers arranged workshops on a variety of subjects including; Duty of Candour, institutional abuse, autonomy and choice, abuse of power, roles and responsibilities and whistleblowing. Managers told us; "These workshops were designed to ensure an outstanding caring culture is maintained". The management team worked with other homes locally and beyond their geographical location to share best practice and innovation. The service was awarded the Dementia Quality Mark, were Dementia Friends, had attended the Great British Care Awards, and National Care Awards, attended the Dignity Forum and managers had undertaken a leadership course. The registered manager was committed to maintaining links with other managers in the city and to striving for excellence.

The service had recently been awarded a National Care Award entitled "The Dignity and Respect Care home of the Year Award". They had been chosen from 280 applicants. During the inspection, the registered manager spoke passionately about this award, the contributions and hard work of the staff. It was clear that this level of excellence had been sustained over a number of years, as the service had won several awards which they proudly discussed.

Morale in the home was very high and there was a very vibrant and upbeat atmosphere. Staff were clearly very happy in their work and committed to delivering the highest quality care. Managers tried their upmost to make staff feel valued in their role. One manager was heard to praise a staff members, telling us; "We would not be able to achieve what we do without these lovely ladies". There was a display in one of the corridors of the service, which featured poems, written by the managers about the individual staff members. The poems contained words and phrases that people living at the service had used to describe staff members, celebrating their qualities and characteristics. The registered manager told us it was extremely important for her that the staff felt appreciated. There was also an annual awards ceremony at the service, where staff members were nominated for categories such as loyalty, outstanding contributions, commitment and respect; in recognition of their hard work.

Feedback was constantly sought using a range of creative and innovative methods. Every day, the registered manager carried out a "meet and greet" process. This involved visiting every person living at the service individually to ask them if they had any concerns or worries. Any issues raised were documented along with the outcome and this was audited to ensure that any themes were identified and resolved. The registered manager told us that one meet and greet session had highlighted that one person enjoyed being supported by a particular member of staff. This information was used when planning the forthcoming rota to ensure the person's preferences were respected. There was also a "wish tree" which was a display which had been crafted from wood in the shape of a tree. Notes were placed next to it, for anybody wishing to make a suggestion or request to write it down and stick it onto the display. One person using the service confirmed; "We can ask to speak to the staff at any time" and another told us; "I am able to make suggestions in the running of the service and I am always listened to."

There were regular staff meetings, which were well attended. Staff felt that the meetings were an opportunity to raise any issues in an open and supportive forum. Staff told us their suggestions were taken on board and actioned by managers wherever possible. One staff member said; "If you ask for anything, the managers respond".

There were regular residents' meetings which were documented and well attended. People were invited to make suggestions on the running of the service. The cook told us that they would seek suggestions on the menu at the meeting and the activities coordinator told us they would speak with people about ideas for day trips in the coming months. When new staff were appointed to work at the service, people living there were part of the interview panel helping to ensure that they were supported by staff who they felt had the correct characteristics.

There was a monthly family dignity forum held at the service. This was a meeting for relatives in which they could share any ideas or concerns. Comments from relatives included; "We attend a monthly meeting for relatives" and "We attend the meetings. I think the manager would stick up for the residents and this is reflective in the staff".

The registered manager undertook a broad range of audits to monitor the quality of the service and to drive continuous improvements. The areas covered by these audits included, medicines, infection control, post death information and admission and discharge.

