Doveleigh Care Limited

Arcot House Residential Home

Inspection report

Arcot House
Arcot Gardens
Sidmouth
Devon
EX10 9HR

Tel: 01395514397

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Outstanding** ☆
Is the service effective?	**Outstanding** ☆
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

This inspection took place on 2 and 3 March 2017, the first day was unannounced and second day announced. This was the first inspection since a new provider, Doveleigh Care Limited, registered this service on 11 February 2015.

Arcot House is a 23 bed residential home for older people who are physically frail and require help with personal care, it does not provide nursing care. The home is a grade two listed Georgian manor house set in lovely gardens. When we visited, 22 people lived there.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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.

Staff developed exceptionally positive caring and compassionate relationships with people. The ethos of the home was that of an extended family. Staff knew each person as an individual and what mattered to them, they treated people with the utmost dignity and respect. A relative said, "Nothing is too much trouble, I can't speak of them highly enough. Its home from home." The service used the national 'Dignity in care' initiative ten good practice steps to guide their practice. A 'Dignity Tree' created by people, relatives and staff provided a tangible reminder to uphold those values at all times.

People living at the home with expertise and knowledge of particular conditions such as diabetes and epilepsy, worked in partnership with staff who valued their experience and contributions on ways in which their care could further be improved. For example, they advised on medicines used for epilepsy, on 'low sugar' specialist diabetic foods and obtained health information leaflets to inform staff about their condition. People and staff had lead roles, known as "Ambassadors" worked together and promoted improved healthcare outcomes for people. For example, in pressure area care, diabetes, epilepsy, falls management, dementia, dignity and end of life care.

People living with dementia received best practice care because staff understood the different types of dementia, Staff had signed up to the Alzheimer's society Dementia Friends initiative and undertook 'Dementia Friends' training. A staff member had a lead role for promoting best practice in caring for people living with dementia, and had undertaken training and received a qualification in dementia. The promoted people, staff and relatives to learn about various types of dementia, and how it affected people, and encouraged and supported people living with dementia to live well.

People received exceptionally effective care, based on best practice by staff with an in-depth knowledge of their care and treatment needs, who were skilled and confident in their practice. Staff worked with people, other professionals and continually developed their skills. The service used innovative and creative ways to train and develop staff to put their learning into practice to provide outstanding care that met people's

individual needs. Photographs showed how staff used sensory glasses which simulated visual impairment to experience what it was like to be guided by a member of staff to navigate their way around the home using a walking frame. This helped staff appreciate how those people weren't aware of trip hazards such as steps and how it affected their sense of balance.

Staff followed national best practice such as 'One chance to get it right' and NICE guidelines for end of life care (2015). They worked with hospice and community nursing staff during an 'End of Life' project to implement best practice end of life care for people. A staff member championed excellent end of life care and helped staff have the skills and confidence to discuss death and dying with people, families and staff in order to help them have a good death.

People's experience of eating and drinking was enhanced because staff used innovative ways to promote improved health and wellbeing through good nutrition and hydration. A daily 'nutrition' and 'hydration' boost offered people a variety of food and drinks to try as a fun way to expand people's food and drink choices and try new flavours and textures. For example, 'Try it Thursday' was a scotch egg with different sauce accompaniments, and 'Fizzy Friday' each involved trying a range of different juices and sparkling water 'cocktails.' What people most enjoyed were incorporated into their individual food and drink preferences. A member of staff had undertaken a qualification in nutrition and health related issues and used that knowledge to enhance people's care. For example, by introducing simple steps to increase people's fluid intake and fibre content, which helped aid people's digestion and reduce constipation and by advising chefs on people's specific dietary needs.

Where people were on soft or pureed diet because of swallowing difficulties or choking risks, the service used food moulds to present each component of the person's meal in the shape of food it represented. For example, moulds in the shape of fish, chicken and carrot. This made the person's food more attractive and appetising and meant it was easier for them to identify what they were eating.

People were safer because a safety culture was embedded at the service. Staff had exceptional skills in managing and reducing risk whilst promoting people to lead fulfilling lives and minimise restrictions on their freedom. For example, by investing in equipment and technology. Personalised risk assessments provided comprehensive guidance for staff, who were vigilant and spotted risks. Staff proactively identified and minimised risks for people, for example, falls risks and effectively reduced injuries from falls.

People mattered and the care was exceptionally personalised. Staff paid attention to detail and demonstrated pride, passion and enthusiasm for the people they supported. Each person had a trusted member of staff, known as a keyworker, who took a lead role in each person's care and wellbeing. They continuously looked for ways to ensure people had positive experiences and led fulfilling lives. Staff knew about people's lives, their interests and talents and encouraged them to share them with others. The service used the 'Living well through activity' toolkit for ideas and suggestions to support people to pursue their interests and hobbies, try new things and learn new skills.

They service used technology innovatively to engage with people in meaningful ways. For example, a high definition 'Smart' TV, enabled staff to use a range of media options via the internet to connect with people on a range of topics. Hand held computer 'tablets' helped staff research and reminisce about their old town or street, find old photographs of their local area and to play games. A continuous electronic photographic album showed relatives and reminded people what they had enjoyed doing recently. For example, tossing pancakes and having a party.

The service were creative and enabled people to live life to the full and continue to do things they enjoyed.

For example, an artist worked with a group of people on painting landscapes. This was so popular, the home have since bought painting easels, so people can paint on a more regular basis. A member of staff undertook a qualification in aromatherapy hand, foot and head massage, as a way for more people to benefit from its therapeutic effects. For example, massage helped people with physical symptoms such as stiff joints due to arthritis and cramps and made people feel more relaxed, sleep better and reduced agitation.

People received a consistently high standard of care because the service used evidence of what works best to continually review and improve their practice. For example, by using The Social Care Institute for Excellence (SCIE) and National Institute for Health and Care Excellence (NICE) guidelines. In pursuit of excellence, the registered manager regularly read the 'outstanding' rated CQC inspection reports for other services. They used them as a way to benchmark the quality of care provided at Arcot House and as a source of innovative and best practice ideas they could adopt.

People were partners in the day to day running of the home, and their experience and contributions were sought and valued. They expressed their views about the quality of the service day to day, through residents meetings, surveys, review cards, and day to day and action was taken in response.

Staff sought people's consent for their care and treatment and ensured they were supported to make as many decisions as possible. Staff confidently used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, capacity relatives, friends and relevant professionals were involved in best interest decision making.

People received their medicines safely and on time from staff who were trained and assessed to manage medicines safely. Staff were trained to be aware of signs of abuse and were encouraged to report concerns, which were investigated. A robust recruitment process was in place to make sure people were cared for by suitable staff. People knew how to raise concerns and were confident any concerns would be listened and responded to. The service had a written complaints process. Any concerns or complaints were investigated with actions identified to make improvements.

Staff were supported to continuously improve because the management team set clear expectations of the standards expected, through goal setting and positive role modelling. Staff felt valued and appreciated for their work. The provider used a monthly bonus scheme to recognise, re-enforce and reward positive staff values, attitudes and behaviours. The management team were approachable and flexible and responded to staff ideas and suggestions.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding ☆

The service was safe.

People were safe because a safety culture was embedded at the service. Staff had exceptional skills in managing and reducing risk whilst promoting people to lead fulfilling lives and minimise restrictions on their freedom.

Staff used best practice to proactively identify and minimise risks for people. Equipment and technology was used to continuously improve safety for people.

People's safety and wellbeing was promoted because staff understood the importance of promoting people's physical and mental wellbeing and of people keeping active and maintaining their independence. staffing levels meant there were enough staff to meet all their needs.

People were actively involved in a robust recruitment process to ensure they were cared for by suitable staff.

Staff knew about their responsibilities to safeguard people, how to recognise signs of abuse and report suspected abuse. Any concerns reported were acted on.

People were supported to take their medicines on time and in a safe way.

Is the service effective?

Outstanding ☆

The service was effective.

People received exceptionally effective care, based on best practice evidence by staff with an in-depth knowledge of their care and treatment needs.

People's health had improved because staff used innovative ways to promote their health and wellbeing through good nutrition and hydration.

People and staff worked in partnership and had lead roles to promote best practice care.

People's health and mobility were improved by staff who worked with a range of professionals to support them to lead a healthy lifestyle and access healthcare services.

Staff confidently used the Mental Capacity Act (MCA) and its principles, which was embedded in day to day practice at the home. Comprehensive records of 'best interest' decisions were kept for each person.

Is the service caring?

Outstanding ☆

The service was caring.

Staff demonstrated person centred values, which placed an emphasis on respect for the individual being supported.

People were treated with dignity and respect. A 'dignity' advocate promoted and championed dignity issues within the team. Staff protected people's privacy and supported them sensitively.

Staff had excellent communication skills developed exceptionally positive, kind, and compassionate relationships with people.

People's rights and choices were promoted and respected. People mattered, and staff 'went that extra mile' to meet their needs and wishes.

People were part of their locally community, because staff supported people to establish and maintain local networks.

People experienced a high standard of end of life care which enabled them to experience a comfortable, dignified and pain-free death. Staff comforted, reassured and empathised with people and families.

Is the service responsive?

Outstanding ☆

The service was responsive.

People received exceptionally person centred care from staff who knew each person, about their life and what mattered to them. The level of care experienced promoted their health and wellbeing and enhanced their quality of life.

The ethos of the service was individualised and person centred. Staff used innovative ways to involve people and respond to their needs.

People were encouraged to socialise, pursue their interests and hobbies and try new things in a variety of inspiring and innovative ways.

People were partners in their care and people's care plans were personalised and comprehensive. They described positive ways in which staff could support each person.

People's views were actively sought, listened to and acted on. People and relatives knew how to raise concerns, and further actions were taken in response to improve.

Is the service well-led?

Outstanding ☆

The service was well led.

People received a consistently high standard of care because senior staff led by example and set high expectations about standards of care.

People were partners in the day to day running of the home. Their views, experience and contributions were sought and valued.

Staff understood their roles and responsibilities, and were accountable for their practice, and felt valued and appreciated for their work.

The culture was open and honest and focused on each person as an individual. Staff put people first and were committed to continually improving each person's quality of life.

In pursuit of excellence, the service kept up to date with best practice evidence. They read other services 'outstanding' rated CQC inspection reports as a way to benchmark their quality of care and for ideas and innovations.

The provider had robust quality monitoring arrangements through which they continually reviewed, evaluated and improved people's care. These showed the service was consistently high performing.

Arcot House Residential 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 checked 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 2 and 3 March 2017, the first day was unannounced and second day announced. The inspection team included an adult social care 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 services for older people. 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 the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, such as notifications we received and actions taken in response, contact from people and feedback from health and social care professionals.

We met with everyone using the service, and spoke with 12 relatives. We looked at four people's care records, and at their medicine records. Several people living at the service were unable to communicate their experience of living at the home in detail as they were living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not comment directly on their experience.

We spoke with 18 staff which included care staff, housekeeping and catering staff, an activity co-ordinator, registered manager, general manager and a director of the company. We attended a staff handover meeting and looked at systems for assessing staffing levels, for monitoring staff training and supervision, staff rotas, and at five staff files, which included recruitment records for new staff. We also looked at quality monitoring systems the provider used such as audits, and provider visit reports. We sought feedback from commissioners, and health and social care professionals who regularly visited the home which included

GP's, district nurses, a speech and language therapist, and received a response from eight of them.

Outstanding ☆

Is the service safe?

Our findings

People consistently said they felt safe living at the home and relatives agreed. One person spoke about how much safer they felt since coming to live at the home. They said, "I feel much safer. You do feel safe at night. I was on my own previously." Another person said, "I came here for a rest as I was unwell and was happy and felt in a safe place;" and others said; "Everybody makes you feel safe" and "Safe, absolutely." A person's relatives said, "We know we have our parents in safe hands." Local health professionals said staff were very organised and promoted people's safety and minimised risks for them. One professional said, "They are "on the ball." Speaking about improvements made to the environment of the home since the home changed ownership a professional said, "It looks a million times better, a much nicer environment for people to enjoy." A staff member said, "It's so different, it's fabulous, he (the owner) has gone all out."

A culture of safety was embedded within the staff team, and staff were vigilant in spotting risks and tackling them. They made every effort to ensure people felt safe and minimise restrictions on their freedom. One person said, "They never stop me from doing anything." Staff had time to accompany people to walk in the garden and to the local shops. People could safely and independently access a secure area of the garden. When a person started mobilising without their mobility aid, a staff member fetched it for them and reminded them to use it. Family members of a person who went out at least three times a week said they how pleased they were to see and meet them locally out and about. Their relative said, "She loves going out, she knows lots of local people, we often pass her around Sidmouth."

A person's relative said how impressed they were that, when they were discharged from hospital back to the home, staff spotted the person had been prescribed the wrong strength antibiotic. Staff also realised the person was prescribed medication that contained aspirin, which they were allergic to and got their prescription changed. The person's relative said, "We were already happy with the home but that made me realise it's more than just ticking boxes."

Risks for people were anticipated, identified and proactively managed to maximise people's continued independence. For example, when a person experienced difficulty getting up from their chair, a staff member spent time reminding the person of the techniques the physiotherapist had taught them for getting in and out of their chair safely. They patiently prompted the person through the steps they needed to take, in accordance with the person's mobility care plan, which enabled the person to get up independently. Where a person was unsafe to manoeuvre a regular wheelchair, staff referred them to an occupational therapist who arranged for them to have a tailor made wheelchair. This meant the person was able to move safely around the home and enjoy time socialising in communal areas.

A member of staff, referred to as a 'Falls ambassador' had a lead role and worked with the local falls team to implement best practice and minimise people's risk of falling at the home. They shared practical advice and literature on how best to support people to age well and maintain their independence. They ensured staff followed The National Institute for Health and Care Excellence (NICE) guidelines on 'Falls in older people: assessing risk and prevention of falling.' Staff implemented good practice tips about the environment, such as how chairs and beds should be positioned in people's rooms in ways which minimised people's risk of

falling.

Personalised risk assessments identified ways in which staff could promote people's safety. For example, by ensuring people had good fitting footwear and were familiar with their surroundings. Staff made sure the person had everything they needed to hand, such as their drink, glasses and TV remote control. Where people were particularly at risk because of their frailty, staff did regular 'comfort rounds' to anticipate their needs. For example, checking if they wanted a drink, or needed anything and by offering the person help to use the toilet. Environmental risk assessments showed measures were taken to minimise risks. For example, making sure areas were well lit, avoiding trailing leads and keeping corridors clutter free to prevent trip hazards.

Staff knew people well and noticed any subtle changes in behaviour that might indicate the person was unwell. For example, if a person seemed unwell, staff used a urine dip test to check for signs of a urine infection, which might cause their health to deteriorate and increase their risk of falling. They immediately contacted the person's GP, if they had any concerns, so the person could be treated quickly. They also encouraged the person to drink more to help them fight the infection and monitored their fluid intake to aid their swift recovery.

The service introduced a 'Safety Cross' system (used in the NHS) alongside their accident/incident reporting, to help staff identify people at increased risk. The 'safety cross' calendar provided a visual prompt which highlighted when a person fell or was unwell. It helped staff spot trends earlier, so they could take proactive action and identify people whose risk had increased. For example, where a person with epilepsy had several falls in the past due to seizures, staff used the 'Safety Cross' system to identify what time of day the person was most at risk. This meant they could arrange for a staff member to spend time with the person and carry out more frequent checks on their wellbeing during this high risk time. The most recent falls audit, November 2016 to February 2017 highlighted an increase in falls during January 2017 associated with people having infections. The audit demonstrated signs of infection were recognised early, medical help sought promptly and fluid charts were used appropriately to monitor the person. Notifications to the Care Quality Commission about accidents/incidents resulting in serious injury to people have significantly reduced at Arcot House over the two years since registration, which showed the measures taken to improve people's safety were effective.

Accidents and incidents reported were reviewed by the registered manager to ensure all appropriate steps were taken to minimise risks. For example, following a previous incident involving a 'pain patch' medicine, further improvements in documentation had been made. This included 'body maps' which showed the date, time and site when new patches were applied and which confirmed when the old patch was removed. Staff checked the site of people's pain relieving patches daily, so any patches which had fallen off were identified quickly and replaced. This meant the person remained comfortable and pain free. This showed the service used adverse incidents as opportunities to continually improve the safety of people's care.

The service embraced technology to promote people's freedom and minimise risks. People had pendant call bells, including ones for use outdoors, which they could hang around their neck. This meant they could call staff if they needed assistance, wherever they were in the home, even from the garden. Infrared movement sensors were fitted to people's bedrooms, which could be activated with the person's agreement, if the person was at high risk of falling. This meant staff were alerted when the person at risk was moving around, so they could be proactive and offer them assistance.

Equipment such as height adjustable beds were in place so people could get in and out of bed at a height suitable for them. Beds could be lowered near to the floor at night to minimise a person's risk of falling out

of bed, in preference to the use of bed rails, which can restrict people's movement. Wheelchair ramps had been fitted, to improve people's access to the garden and other areas of the home. All armchairs in communal areas of the home had been replaced with upholstered chairs that incorporated pressure relieving cushions. These looked more homely and meant people at increased risk of developing pressure sores (also known as bedsores) due to their frailty or limited mobility could safely choose to sit in any chair they wished. It also meant staff didn't have worry about moving people's pressure relieving equipment from their bedroom, when they used other areas of the home.

The service used evidence based tools to assess people's needs and identify if people were at risk of developing pressure sores, of falling, malnutrition and dehydration. Staff completed detailed individual care plans in response, outlining ways staff could reduce risks and keep people safe. For example, where people had swallowing difficulties or choking risks, they had been referred to the speech and language therapist for advice. Staff had undertaken training on supporting people to manage these risks and personalised care plans gave very specific advice for minimising these risks. For example, whether the person needed their food prepared in a soft or pureed texture, instructions about foods the person could safely eat, and ones they needed to avoid. Care plans emphasised the importance of making sure thickeners were used to make drinks of the correct consistency. They also emphasised the importance of sitting a person in an upright position when eating and drinking to minimise any swallowing difficulties and choking risks.

People were protected from potential abuse and avoidable harm. The service had a member of staff referred to as a 'safeguarding ambassador' who championed and promoted awareness of signs of abuse. At all monthly residents meetings people were asked if they felt safe living at the home. Minutes of the most recent meeting in February 2017 showed people's replies included; "Yes. It's safer because we always have someone around day or night" and "Yes, of course. We are looked after." The provider had safeguarding and whistle blowing policies and staff were actively encouraged to challenge poor practice and raise concerns with senior staff. They had received safeguarding adults training and carried pocket sized cards with contact details of the local authority safeguarding team and police. This meant staff knew who to contact and what to do if they suspected or witnessed abuse or poor practice.

All staff said they could report any concerns and were confident they would be taken seriously and dealt with. For example, a member of staff raised concerns when they visited a person in hospital and witnessed them being spoken to disrespectfully by hospital staff. They upheld the person's rights by reporting their concerns, which were taken seriously and followed up by the hospital. Another staff member suspected financial abuse and sensitively supported the person to disclose any concerns, sought appropriate advice and took further steps to protect them.

People's safety and wellbeing was promoted because staff developed positive and meaningful relationships with people and spent time with them. The atmosphere in the home was calm and organised. Staff worked in an unhurried way and responded to people's individual needs at a time and pace convenient for them. Supporting people with all their needs, such as spending one to one time with people, socialising, going out and attending appointments was incorporated into the dependency tool used to calculate and review staffing levels. Staff worked flexibly and staffing levels varied at different times of the day, according to need. For example, there was more staff on duty early in the morning and in the evening when people needed extra support getting up and going to bed. The staff team included care staff, the registered manager and/or an assistant manager, three part time activity co-ordinators and a massage therapist, as well as kitchen, housekeeping, laundry, garden and maintenance staff.

The service had a full staff team with no vacancies. The registered manager had employed extra staff hours to cover leave and unexpected staff sickness, so gaps in staffing were met by existing staff working extra

shifts. This meant people benefitted from continuity of care by staff who knew them well, and agency staff were never used. Commenting about the high levels of staff retention at the service, a relative said, "Staff stay here and that makes a huge difference."

People were consulted and involved in staff recruitment decisions. When potential staff visited the home, they were introduced to people, and their interactions observed and people's feedback sought. Recently, two people joined staff in undertaking staff recruitment interviews and making decisions about their preferred candidates. All appropriate recruitment checks were completed to ensure fit and proper staff were employed, including robust checks for three volunteers working in the home. Staff had police and disclosure and barring checks (DBS), checks of qualifications, identity and references were obtained. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

People received their medicines safely and on time. Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge and spoke knowledgably about people's medicines. Medicines administered were well documented in people's Medicine Administration Records (MAR), as were any allergies or sensitivities. People's medication was reviewed regularly with their GP. For example, where a person struggled to take tablets, staff had organised for liquid medicines to be prescribed which were easier for them to swallow. Where occasionally medicines were disguised in food, if the person regularly refused to take them, records showed the person's GP and family were consulted and involved in making that decision in their best interest.

People's medicines were kept in a locked cabinet in their room, so they could take their own medicines where it was assessed as safe and appropriate for them to do so. The provider information return showed a person's medicine cabinet was moved lower down on the wall, so they could access it more easily from their wheelchair. This meant they could continue to take their own medicines independently. Daily checks of MAR sheets were completed, so issues such as missed signatures could be followed up immediately and addressed. Monthly audits of medicines management were carried out with actions taken to follow up any issues found.

People were cared for in a clean, hygienic environment and measures were in place to minimise risks of cross infection. The service had a dedicated infection control lead who carried out regular checks of cleanliness, handwashing and infection control audits. Staff had infection control training, washed their hands regularly and used protective equipment such as gloves and aprons to reduce cross infection risks. Housekeeping staff had suitable cleaning materials and equipment and followed a daily cleaning routine, which included all bedroom, bathroom and communal areas. The most recent environmental health visit to the kitchen had awarded the service the top rating of five.

There was an ongoing programme of repairs, maintenance and refurbishment to improve the environment of the home. This included further improvements planned for a new laundry. An up to date fire risk assessment was in place, staff received fire training updates, and did regular fire drills. The provider information return highlighted that new moving and handling equipment and an evacuation sledge was purchased which improved response times in an emergency. People were reminded about fire procedures and recognising the fire alarm at monthly meetings. Contingency plans were in place to support staff with any emergencies related to people's care or related to services at the home such as electricity, gas and water supplies.

Outstanding ☆

Is the service effective?

Our findings

People, relatives and healthcare professionals consistently praised the excellent standards of care and treatment. They used words such as "forward thinking", "proactive", "excellent" and "outstanding." One person said, "I am going to the dentist at the end of the month, I think it's only a check-up." A relative said, "The home contacts me if they need to. She knocked her foot the other day and they phoned to tell me." Another relative said they were grateful that staff noticed the person had oral thrush after a hospital stay and called their GP who treated it. Two relatives particularly appreciated how proactive staff at the home were in getting people discharged from hospital back to the home as soon as possible. One relative said, "It is lovely to have [person's name] back from hospital and to know he is happy and content."

People received exceptionally effective care, based on best practice guidance. Staff had an in-depth knowledge of people's care and treatment needs and were skilled and confident in their practice. One person said, "They look as though they know what they are doing" and another said, "They all seem to be going every week for extra training." A professional commented on how knowledgeable staff were about people's health needs. They said staff challenged them appropriately, for example, in relation to a person's prescribed medicines. A professional said, "They know their strengths."

Staff worked in partnership with people, other professionals and continually developed their skills. The service used innovative and creative ways to train and develop staff to put their learning into practice to provide outstanding care that met people's individual needs. For example, the provider purchased sensory glasses to simulate and help staff understand experiences and challenges of people with various eye conditions. Photographs showed how staff experienced what it was like to have a visual impairment and be guided by a member of staff to navigate their way around the home using a walking frame. This made staff appreciate how people with visual impairments weren't aware of trip hazards such as steps and how it affected their sense of balance.

In the provider information return, the registered manager highlighted that various staff with an interest in particular aspects of people's care undertook lead roles, known as 'Ambassador roles' through which the service promoted best practice. For example, in pressure area care, dementia, diabetes, epilepsy, falls management, skin care, dignity and end of life care. Staff with lead roles undertook additional training in their area of interest, and shared their knowledge with people and the staff team. They developed resource information folders, held 'Ambassador role' meetings and continually championed best practice. For example, the ambassador for epilepsy had done a lot of reading about medicines for epilepsy. When a person experienced a seizure, they had the knowledge and confidence to suggest to the person's GP, the person might benefit from having the dosage of their epilepsy medicine increased, which was adopted.

People who lived at the home with health needs such as diabetes and epilepsy also had 'Ambassador roles, ' through which they worked in partnership with staff service to contribute their expert knowledge and experience to improve care and educate staff. They participated in 'Ambassador' meetings and staff valued their contribution on how their care could further be improved. For example, by advising staff on best 'low sugar' specialist diabetic foods and discussing the merits of various medicines used for epilepsy and

obtaining health information leaflets about their condition to share with staff. Minutes of an 'Ambassador' meeting on 31 January 2017 showed examples of the impact of various 'Ambassador' roles had on improving people's health. For example, a person with diabetes said they were happy with the food options available for them and were pleased at how much better their condition had been since coming to live at the home. Staff discussed the improvements in health of a person living with Parkinson's (a neurological condition) through a regime of regular exercise, medication and obtaining specialist equipment obtained for them. This showed the positive impact of the 'Ambassador' roles in promoting improvements in people's quality of life.

Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. They were encouraged to reflect, learn and focus on continuously improving their practice at staff handover, team meetings and through the use of 'staff monthly reflection sheets.' These prompted individual staff to consider what had gone well, identify things that could have gone better and reflect on the challenges they encountered. For example, a staff member identified and suggested an electronic ear thermometer would be a useful and accurate way of checking people's temperatures, when they were unwell, which was implemented. Another staff member suggested more detailed information about their use was added to people's prescribed cream charts, as a result of spotting a pharmacy dispensing error.

Staff promoted people's physical and mental wellbeing and helped them keep active. For example, gentle exercise classes promoted people to keep moving and active. At lunchtime a staff member played the 'Do the Conga' song as a fun way for people and staff to get up and dance, whilst they made their way to the dining room for lunch.

People gave us exceptionally positive feedback about the quality of food at the home. Comments included; "Excellent. You can choose from the menu"; "It's good, there's always a choice"; " I have what I want. I would ask for something else." (if they didn't like the choice). "They will always make you a sandwich, they are very good indeed." A person living with diabetes said, "There are always lots of options which meet my diabetic needs." Lunchtime was relaxed and a sociable experience. Several people enjoyed a pre- lunch glass of wine or sherry to stimulate their appetite. Each table had a different fresh flower arrangement, the food served looked appetising and smelt delicious.

People's experience of eating and drinking was enhanced because staff used innovative ways to promote improved health and wellbeing through good nutrition and hydration. A daily 'nutrition' and 'hydration' boost offered people an opportunity to sample food and drinks as a fun way to try new flavours and textures, and expand people's food and drink choices. For example, 'Try it Thursday' was a scotch egg with different sauce accompaniments, other days people sampled Chinese food, various quiches, blancmange and fig roll biscuits. 'Tropical Tuesday,' 'Tonic Thursday,' and 'Fizzy Friday' each involved trying a range of different juices, flavoured water, milkshakes and smoothies. One person said, "It's lovely to have a surprise each day and try something new." The registered manager said fizzy water had become so popular, they had purchased a 'Soda stream maker' so they could offer people a range of bespoke flavoured waters and fizzy drinks anytime.

Catering staff were passionate about cooking food from scratch using fresh ingredients and local seasonal produce. For example, homemade soups, stews and roast dinners. A four week menu offered a choice of two main meals and pictures of meals were available for people with communication or cognitive difficulties to help them make menu choices. For lunch, people had a choice of beef or chicken. Where a person didn't fancy a full cooked meal, a lighter meal such as an omelette or jacket potato was offered. Staff asked a person if they would like their food cut up, and helped another person eat their meal. Staff were patient and

allowed each person plenty of time after the person appeared to finish their meal, before checking they had finished, and removing their plate. In the kitchen detailed information was provided about people's dietary needs and preferences. For example, that that one person liked simple English foods and had a 'sweet tooth' and enjoyed food such as mousses and yogurts. Staff paid attention to detail, and used china cake stands to create a sense of occasion to display homemade cakes attractively to tempt people. For people on a low sugar diet such as diabetics, the chef made alternatives such as special shortbread.

A member of staff had undertaken a qualification in nutrition and health and used that knowledge to enhance people's care. They introduced simple steps to increase people's fibre content and fluid intake. For example, by adding prunes to a person's breakfast on alternate days and placing jugs of fresh water on tables in dining room at lunch time to encourage people to drink more water. These measures helped people aid their digestion and reduce constipation. They
advised chefs on people's specific dietary needs and promoted use of probiotic yogurts, particularly after a person has received a course of antibiotics. These are thought to improve digestion and reduce tummy upsets.

Where people needed their food modified because of swallowing difficulties or choking risks, staff used food moulds to shape pureed food to resemble fish, chicken, carrot. This helped the person to identify what they were eating. Where a person felt embarrassed about having to have their food pureed, their keyworker arranged to have lunch with them and also ate their lunch pureed, which made the person feel included. A person receiving end of life care continued to have food and drink for as long as they were able and wished to. Their care plan said, "I can have ice cream, jelly, yogurt, mousse …if I am alert and in an upright sitting position."

People's nutritional and hydration needs were assessed and where risks were identified people had detailed individual nutrition/hydration care plans. Where any nutrition concerns were identified, staff took positive actions such as by increasing their calorie intake by adding butter and cream and offering regular snacks and, milkshakes between meals. They encouraged a person with a poor appetite with snacks they knew the person liked, such as rice pudding and ice cream. Different coloured trays were used to highlight to staff people with specific dietary needs. Snack trays' were available in all communal areas and included fruit and savoury snacks, so people could help themselves whenever they wished. An extra late evening snack before bedtime was also offered. A food survey sought people's feedback about the food choices available and made changes in response. For example, buying an alternative brand of butter for a person who preferred it. Two people agreed to be involved with a research project to evaluate their experience of trying a newly developed nutritional supplement, which they enjoyed.

Personalised fluid charts showed ideally, how much each person at risk needed to drink each day to stay healthy. Information on food charts showed how much liquid cups/ mugs/glasses held, which prompted staff to record people's fluid intake accurately. Where people were at risk of malnutrition or dehydration, their daily food and fluid intake was monitored as was their weekly weight, so further action could be taken if any concerns were identified. Where staff identified concerns, they redoubled their efforts and contacted health professionals for advice. Where a person's physical frailty meant staff could no longer check their weight, they used regular upper arm measurements to monitor the person's nutritional health instead, which is good practice. These examples reflect best practice in accordance with the NICE Nutrition Support Guidelines.

New staff felt well supported during their induction period. They worked alongside the registered manager and other experienced staff to get to know people, and their care needs. They undertook the national care certificate, a nationally recognised set of standards that health and social care workers are expected to

adhere to in their daily working life. All new staff had a probationary period during which competency checks were undertaken and feedback from people sought to ensure each new staff member had the required knowledge, attitude and skills.

All care staff had completed qualifications in care at level two or above, so had the knowledge and skills they needed to meet people's needs. A training matrix showed all staff undertook regular training and updates on topics such as health and safety, moving and handling, first aid and infection control. They also undertook other training relevant to the health needs of people they supported. For example, caring for people with diabetes, Parkinson's disease, nutrition training, continence and dementia awareness. Staff received support through regular one to one supervision, group supervision in handover and senior staff monitored staff practice around the home and providing constructive feedback. Staff had an annual appraisal, which provided an opportunity to discuss their practice and identify further training and support needs

We looked in detail at people's skin care following a notification in July 2016 that a person had unexpectedly developed a skin wound. A report showed this was thoroughly investigated and concluded the person had received all appropriate care. However, in consultation with the district nurse, the service identified further improvements they could make. For example, staff were taught to use a simple fingertip test to check people's circulation, which helped staff be more proactive in recognising any skin changes or deterioration earlier, so professional advice could be sought.

We looked at the care records of a person with restricted mobility, who was at increased risk of developing pressure sores (also known as bedsores). The person looked comfortable in bed, and had a pressure relieving mattress, set correctly for their weight. They were helped to change their position regularly and given regular skin care. Staff followed a detailed care plan on how to promote healthy skin for the person and minimise possible skin damage. This included comprehensive moving and handling care plans, with details of moving and handling aids, such as slide sheets, to make repositioning more comfortable for the person and prevent friction to minimise the risk of skin damage. A community nurse said staff were proactive in identifying and responding to changes in people's skin. For example, they visited the home on the day of the inspection in response to a call about a person who had developed an area of red skin. The nurse said, before they arrived, staff had already taken all the steps they would normally advise care home staff to take.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit staff involved people in decisions about their care, and allowed people time to make their wishes known. Care plans included details to help staff support people with decision making. For example, sometimes a person indicated their choice about what to have for breakfast or what to wear by nodding their head. On other occasions, their care plan said, "I sometimes like to write a message in my notebook, rather than communicate verbally."

People's legal rights were protected because staff understood the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS), which were embedded in day to day practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's best interests. Staff had undertaken relevant training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Policies and procedures were in place and mental capacity assessments were undertaken.

Where people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who knew the person well and other professionals, where relevant. For example, in relation to a person having a medical procedure. A person's care plan prompted staff to act in the person's best interest. It said; "Sometimes I choose not to get up but it is not in my interest to stay in one position all day. Staff to give me reassurance and explain why they are helping me to regularly move." Three people had been assessed as lacking capacity and had restrictions on their liberty in their best interest. The registered manager had made deprivation of liberty applications to the local authority DoLS assessment team. One authorisation had been granted, were staff were acting in accordance with, and staff were awaiting assessment of the other two applications. This meant people's legal and human rights were upheld.

An extensive programme of refurbishment had taken place throughout the home with further improvements planned. The provider had improved the lighting and soft furnishings to make it more homely and less institutional. The service had a stair lift to help people with mobility needs access the upper floor and there were plans to install a shaft lift to further improve access to upstairs. People gave us lots of positive feedback about the changes, which they said made Arcot House feel more homely. People chose the location and décor of a new bathroom which provided a more relaxing bathing experience with easier access. The provider explained their plans for further improving the environment of the home, a listed building, by sensitively restoring it. They planned to build an extension along the side of the building, so people could enjoys views of the garden in comfort all year round and access the gardens more easily. This showed the provider was committed to continuously improving people' care environment.

Outstanding ☆

Is the service caring?

Our findings

People and relatives said staff were friendly and approachable. There was a happy atmosphere at the home, and staff developed exceptionally positive, caring and compassionate relationships with people. People's comments included; "Just like your own family", "Staff are kind and thoughtful", "It's very relaxed, they would do anything for you." Relatives said; "You all have such patience and love that you give", "Arcot House is a happy place and [person's name] is well taken care of" and "I've been so impressed, they are so kind and caring." Written feedback included; "I cannot express how grateful I am that you are looking out for her and keeping me informed", We are so appreciative of everything the staff at Arcot do. They are fantastic. They go way above and beyond what anyone could wish for. They treat all the residents with respect and make us feel like one big family." Speaking about the staff team, a visiting professional said, "You can see the effort they all make, they do all the little things that make a difference really well."

The service had a strong, person centred culture and the ethos was that of an extended family. A sign in the main entrance read; "Our residents do not live in our workplace, we work in their home." Staff comments included; "People are at home, not in a home, there is an enormous difference for me, its personal, that's so important", "We care for them how they want to be cared for….if they are safe and happy, then we are happy." Staff valued a person's past experience of working in a care home and encouraged and praised the person to continue that caring role. The person felt part of the staff team, and attended some in house training and staff meetings. They befriended and supported others and assisted in activities such as reading to people and doing crosswords.

Staff treated people with the utmost dignity and respect. A residents charter outlined the commitment of staff to ensure people's individual choices were respected. The service had signed up to the national, 'Dignity in care' initiative, and were upholding the ten good practice steps which demonstrated compassion and respect for people. A staff member had a lead role, known as a 'Dignity ambassador' through which they promoted the 10 'dignity 'do's' good practice values and actions that high quality services should adhere to. For example, photographs showed how staff practised washing one another's hands and face, so they could experience what it felt like to receive personal care. A 'Dignity Tree' in the lounge provided a focal point, and wooden leaves hanging on the tree captured what dignity meant for people, relatives and staff at the home. Words on the tree included; caring, kindness and respect.

Dignity issues and ideas were regularly discussed at staff meetings. For example, in the dining room, staff introduced toast racks as a way of prompting people to retain their independence by buttering their own toast. Table cloths were replaced with glass topped wooden tables and napkins, so any accidents/spills could be dealt with quickly and discreetly. In the lounge, staff routinely used a screen to protect a person's privacy when transferring a person from their chair to a wheelchair. Care plans focused on people's abilities and described 'Things I am able to do and 'Things I would like you to help me with.' For example, "I can brush my own hair and like to wear jewellery sometimes which I can put on myself. I need help to put my footwear on."

In the lounge a person living with dementia looked happy and content cradling their 'Empathy Doll.'

Empathy dolls are a good practice tool used for some people living with dementia, they are thought to invoke happy memories of parenting and nurturing and can bring a person a real sense of well-being. The person had a large family and their memory problems meant previously, they became disorientated and distressed, often searching for their babies. Staff discussed and agreed to try an 'Empathy Doll' with the person and their family. The doll gave the person great comfort and peace of mind, improved their emotional wellbeing and made them more confident and happy.

The person's care plan said, "I like to sit and rock baby [name of doll] and feed him. He has given me lots of comfort and joy." Staff arranged a crib alongside the person's bed for their doll, and had a basket attached to their walking frame so they took could take the doll with them, wherever they went. Staff and family members had provided baby clothes and hand knitted garments. The person chose a date to celebrate their dolls birthday, and their relative said how touched they were when staff made a mother's day card for the person from their baby. The person's relative commented on how good staff were at "getting into people's world." For example, staff chatted easily with this person about whether the baby had 'wind'.

People were asked about where and how they would like to be cared for when they reached the end of their life. Staff sensitively involved the person and those important to them in compiling a 'When I die' advanced care plan. This captured their views about resuscitation, the withdrawal of treatment and details of funeral arrangements. It gave people and families the opportunity to let other family members, friends and professionals know what was important for them in the future, when they may no longer be able to express their views. One person requested in their end of life care plan that they had a beloved 'teddy' with them when they died, which gave them and their family great comfort.

Staff followed national best practice such as 'One chance to get it right' and NICE guidelines for end of life care (2015). They worked with hospice and community nursing staff during an 'End of Life' project to implement best practice end of life care for people. A designated staff member, referred to as an 'End of life Ambassador' championed and supported people's end of life care. They helped staff have the skills and confidence to discuss death and dying with people, families and staff in order to help them have a good death. The lead emphasised the importance of staff spending time with the person and their family to comfort and reassure them. Also, on how to recognise signs a person might be in discomfort or pain and promote their comfort through regular pain relief, personal care, repositioning and mouth care. The service assessed people's pain and comfort needs and discussed with the person's GP whether it was appropriate to prescribe 'Just in case bags.' This meant anticipatory medicines were available which the person might need, so avoided delays and meant the person was kept comfortable.

When we visited, a sunflower symbol was discreetly displayed outside the door of a person having end of life care. The person looked comfortable, peaceful, relaxed and pain free. We overheard a member of staff talking to the person in a gentle and caring tone. They explained what they were doing, and asked the person if they needed some moisture, as their mouth looked dry. The relative of a person receiving end of life care said, "Arcot house is managing his end of life care expertly and sympathetically. He receives their undivided attention, I can tell they care for him as we do. They are there for us as well." For relatives of another person who had recently died, staff arranged a room for them to stay overnight so they could spend precious time with the person and say their goodbyes. Following people's death the service had a Memorial book so people, staff and others could pay tribute to them.

The provider information return showed Arcot House had received a top 20 care home award from the care homes association for the past two consecutive years. The care homes association uses feedback from people and relatives from an online questionnaire. Reviews showed Arcot House had average scores of (9.9 out of 10) from (68) respondents who were 'Extremely likely' to recommend the home to others. Care homes

UK had also awarded Doveleigh Care Ltd the top small care home group in the South West. The provider information return showed since registration the service had received 84 compliments in the past 12 months about the care provided to people.

Staff communicated with people in a respectful way and spoke knowledgeably about how people liked to be supported. When a staff member came into the room to speak to a person, they knelt down to the person's level and established good eye contact before speaking. Staff noticed when a person became anxious and immediately went to comfort and reassure them. A relative speaking about the quality of staff interactions with their mother said, "They will go in and put their arms around her."

People's religious beliefs were supported. One person said, "I have been asked if I would like communion. I say my prayers and have my own faith and that is all that matters to me at my age." The vicar from the local church visited regularly and held a service, usually in the library, and visited people in their rooms, if they wished. In line with people's beliefs, they prayed and comforted people receiving end of life care and their families. They said, "They do seem to genuinely care for all aspects of their clients health, spiritual, mental and physical."

Staff spent time with people and were interested in their views and hearing about their lives. One person enjoyed telling staff about their work in the secret service and staff chatted to others about their children and grandchildren. A staff member chatted with a person about dialects 'up North' and how they varied between cities and in the country. In turn, people were interested in the lives of staff working at the home. When we visited, people were arranging a surprise party for a member of staff who was getting married. This had expanded into a discussion about people's own memories of their wedding. So, the party planned was based around this theme. Another member of staff had pet pygmy hedgehogs, which a person wanted to see. So the staff member visited on their day off and brought them in, and people were fascinated to see and hold them.

People were valued members of their local community. Staff were proactive and helped people maintain relationships that mattered to them. A person living at the home was well known in Sidmouth, as they had previously worked at the local dog rescue centre, and chatted to staff about their dog. The person lived in an apartment within the home, so their friends visited regularly with dogs from the centre. Staff took another person to their former home regularly, so they could continue to feed their fish. Another person was a lifelong member of Women's Institute (WI), and the local WI group visited to perform a concert at the home. Staff accompanied people locally for coffee, lunch or for a trip to the local shops. People attended local churches, events and the local memory cafe.

Several people had friends and family nearby who visited regularly and who they went out with. One person said, "My family visit, take me out and my sister is just around the corner." Family and visitors dropped in regularly and were warmly welcomed with a drink and chatted easily to staff. Families often used an attractive library space for private celebrations such as birthdays and anniversaries. A relative said they appreciated having Sunday lunch and a glass of wine in the library with their relative. Their offer to pay was declined, as staff explained this was their mums home and she was welcome to invite guests for a meal. A person who recently moved rooms was really pleased with their new room, which was better for entertaining their visitors.

Staff helped people keep in touch with friends and family in other parts of the UK or abroad through regular e mails and photographs. A relative wrote, "I've just seen the pictures of [person's name] flipping his pancake, its lovely to see what he likes when we are not there. To know he is in such good hands and being looked after so well." An e mail from the relative of a person who had difficulty sleeping said, "Well done to

your night staff for thinking of bathing her to relax her, you and your staff have been wonderful, superb."

People were consulted and involved in decisions about their care and signed their care plans to confirm they agreed with them. Each person had a key worker who co-ordinated their care, and looked after their wellbeing. They reviewed and updated each person's care plans with them regularly. A range of information for people/relatives was provided all around the home to inform and empower people to be involved in decision making. For example, about a variety of health conditions, about impartial advisory and advocacy services and how to recognise poor practice or abuse and contact details to report concerns.

Outstanding ☆

Is the service responsive?

Our findings

People, relatives and professionals consistently gave us feedback about how the service was exceptionally personalised to meet people's individual needs. People mattered and staff spoke with pride about the people they cared for and celebrated their achievements. Staff continuously looked for ways to improve care so people had positive experiences and led fulfilling lives.

One person said, "I do everything for myself, I do the flower beds, read, help others and do crosswords." Other comments included, "I'm never on my own; the girls are all happy and I like to chat to them," and "All the girls are very good. You only have to ask and they will get it." Speaking about their mobility, a person said, "As long as I have my stick and someone is with me I am fine. I had a bath this morning, and I use a bath seat." A relative said, "Staff are on the ball there, they let us know what is going on;" Referring to the impact of having their mother come to live at Arcot House, a relative said, "It's home from home, now I can spend quality time with mum." This was because they could relax knowing staff were meeting all their mothers physical needs. A letter from a hospital consultant to the service about the care of a person commented, "[Person] has been beautifully looked after by the staff who clearly understand her needs."

A person chatted to a staff member telling them about their job as a Bosun in the merchant navy and about the various countries they had visited. Another person read an article in the paper about 'Fly tipping' and discussed council taxes with several other people. When a person became anxious their daughter had forgotten to visit them, a staff member reminded them their daughter rang to say they had been walking on Dartmoor yesterday and were tired, so were visiting this afternoon instead. A person who could speak Polish enjoyed chatting and watching videos with a member of staff who could also speak Polish.

People living with dementia received best practice care because staff demonstrated a good understanding of how the different types of dementia affected people. Staff had signed up to the Alzheimer's society Dementia Friends. A staff lead, known as a 'Dementia Ambassador' undertook a level two qualification in caring for people living with dementia. They compiled a resource file, and bought a book about the different types of dementia. They used the Alzheimer's society 'The little book of friendship' to encourage staff to think of creative ways to encourage people to live well. For example, by finding ways to connect with people, such as by getting a person to help wiping plates after meals and getting another person to fold paper serviettes, which calmed them and reduced their anxiety. People and staff with lead roles, known as 'Ambassadors' met regularly and discussed ways of improving people's individual care. For example, for people living with dementia, they discussed how to present food in various ways that enabled and encouraged them to eat. People, relatives and staff enjoyed and participated in an 'Elf day' to raise awareness of dementia and raised funds for the Alzheimer's society.

In the provider information return, the registered manager explained a person sometimes preferred a late night bath as it reduced their anxiety and helped them settle back to sleep. For a person who had insulin injections twice a day, their memory difficulties meant they could forget when this had been administered, so, staff recorded it in a little book for them as a reminder. A comfy chair was put in the dining room for another person who got distressed in larger groups, which reduced their anxiety without them becoming

isolated. Photograph albums of significant people and events in people's lives were compiled with family support. This helped staff engage people in talking and reminiscing about their life before they came to live at the home. Several people attended a local memory clinic set up to provide specialist assessment for diagnosing, treating and supporting people living with dementia.

The service found creative ways to enable people to live life to the full and continued do things they enjoyed. A staff member accompanied two people to walk to the local supermarket to do a bit of personal shopping. On the way back, one person found the hill too steep, so another member of staff collected them and transported them back to the home. The service had a 'Dove Bus', wheelchair accessible transport, and a smaller vehicle known as a 'Dove Bug.' This meant the service could accommodate group outings or transport one or two people, to go out for coffee, lunch or to attend an appointment. A poster on a person's notice board about the South Devon railways reminded them about a planned visit their keyworker had organised, which they were really looking forward to. Following their visit, photographs showed the joy and pleasure the trip had given them. Their relative wrote, "I'm pleased to hear the way you are planning an outing on railways for dad, you are all so thoughtful and tailor everything for each individual. It's wonderful and means so much."

Staff had an excellent understanding of people's backgrounds and supported people to pursue their interests and hobbies, try new things and learn new skills. One person said, "There is always something to do." Another said, "I read the paper in the morning, and come down in the afternoon and do things." The service used the 'Living well through activity' toolkit for ideas and suggestions. Staff compiled a detailed life history about each person in consultation with them and family members. Each person's 'Life before you knew me' was cross referenced with their 'Work and play' care plan, to ensure activities met people's individual needs. An audit of 10 enabling activities checked activities met people's individual needs and that staff knew each person's choices, wishes and preferences.

Staff used technology innovatively to engage with people in meaningful ways. A high definition 'Smart' TV, enabled staff to use a range of media options via the internet to connect with people on a range of topics. People enjoyed finding songs or artists they enjoyed, watching old movies, and nature programmes. A relative said how much pleasure it gave them when they visited one day and saw their mum enjoying singing 'Underneath the Arches.' Hand held computer 'tablets' helped staff research and reminisce with people about their old town or street and find old photographs of their local area. One person really enjoyed using it to play games of Scrabble which staff said was "the highlight of their week." A continuous electronic photographic album in the hallway reminded people and showed relatives and what they had enjoyed doing recently. For example, people wearing their personalised aprons were making Victoria sponges at baking club, tossing pancakes on Shrove Tuesday, and everyone enjoyed a party wearing fake moustaches and glasses.

In 2016 people were consulted for ideas on the types of activities they would like. From this an activity planner was drawn up to provide people with more structure and variety. A copy of weekly planned activities was placed in each person' s room and in communal areas. Staff asked people if they wanted to join in before starting each activity, to ensure all had an opportunity to participate. People enjoyed singalong sessions with external musicians and had recently enjoyed handling reptiles from a local visitor attraction in Axe valley. They also enjoyed trips to Dartmoor, walks on the beach, visits to local garden centres, a donkey sanctuary and Paignton zoo. In the garden, raised planters meant people with limited mobility were able to garden at a comfortable height for them. People were planning to plant bulbs and have a sunflower growing competition when the weather got warmer. An activity co-ordinator speaking about their role in enabling people to pursue their interests and hobbies said, "I'm here to make things happen."

People contributed to the day to day running of the home in ways that made them feel valued for their contribution. Staff knew about people's lives, their interests and talents and encouraged them to share them with others. For example, one person was talented at flower arranging, and gave advice and helped others when doing this activity. Another person with experience of looking after fish was responsible for feeding them twice daily. Their picture was on display beside the tank to remind others about this, so the fish wouldn't be overfed. At staff handover, staff discussed purchasing trophies as a way of recognising individual people's contribution.

Mindful that not everyone was keen on group activities, staff spent dedicated one to one time with people. This time was used in a number of ways such as doing a quiz, completing the crossword or just having a chat. Staff organised for a person who preferred to remain in their room to have a goldfish, which they found interesting and relaxing. Each person had a trusted member of staff, known as a keyworker, who took a lead role in each person's care and wellbeing. One person's keyworker chatted to a person about their love of gardening and made a list of things to buy, such as pots, compost and seeds. Another person was looking forward to going to watch a football match on Saturday. Keyworkers had taken others on clothes shopping trips, on an outing to Exmoor and to the local pub for a pint.

During our visit, several people enjoyed having their hair done and having aromatherapy massages. A staff member had undertaken training to do massages, which has known therapeutic benefits for people. People were offered hand/foot/head massage twice a week which was particularly popular. One person particularly enjoyed learning about the medical names for their bones, joints and muscles. Another person was smiling, laughing chatting to a member of staff whilst they enjoyed a hand massage. There was a lovely aroma from the essential oils being used. Having a massage helped people with physical symptoms such as stiff joints due to arthritis and cramps and helped people feel more relaxed, sleep better and reduced agitation. A large bathroom had become a dedicated pampering 'beauty salon' type experience for people. This included a hairdressing salon, nail bar and dedicated space for massages. One person said, "What a difference it has made."

Staff were very responsive to people's individual needs. A person who liked to lie in was having a late breakfast in the dining room, and had two separate mugs of tea in front of them and toast with an extra thick layer of butter. This was exactly in accordance with their dietary preference care plan. Staff noticed when another person woke up and offered them a coffee and replaced another person's drink, that had gone cold. The service was continually looking for ways to further improve people's physical, psychological and emotional wellbeing through activity. In March 2016 an artist worked with a group of people on painting landscapes. This was so popular, the home had since ordered their own painting easels so people can paint on a more regular basis. A relative spoke of how moved they were to receive a picture of the person enjoying an art class, they had a little cry because they were so delighted to see the person was enjoying painting again. Another relative spoke about how their mother had enjoyed a dancing activity using brightly coloured hula skirts. Their relative said, "I don't know where they keep all this stuff." Rehearsals for the 'Sound of music' were planned for April 2017.

Staff spoke about people whose lives had improved since they came to live at the home. For example, about one person who was agitated and disorientated when they first arrived, but was diagnosed and treated for an infection. Since then, their health had improved, they were able to visit their daughter locally and enjoyed participating in activities. Another person was very aggressive when they first came to live at the home, but staff quickly realised they were very frustrated as they couldn't hear. They arranged for the persons ears to be checked and had their ear wax treated. Since then their mood had improved, and they enjoyed chatting and joking with staff. In response to feedback from a person who wanted darker coloured bedding, staff arranged for the person to have a duvet and bedding, in a colour scheme they had previously, which made

them feel more at home.

People's likes and dislikes were taken into account in their care plans, so staff knew people's personal preferences in receiving care and support. They were consulted and involved in developing and reviewing their care plans. One person said, "The home asks if you are happy every few months and I sign it." Relatives confirmed staff kept in regular contact with them and also involved them in day to day decision making for people who lacked capacity. Comprehensive personalised care plans were clearly laid out, up to date and were regularly reviewed. Staff said they accurately reflected people's their current care needs, which helped them recognise changes in a person's physical or mental health. People care plans showed what people needed staff support with. For example, that a person had difficulty communicating and staff needed to give the person time to express their wishes. For example, that staff should ask closed questions which only needed one or two word responses and look for non-verbal cues. It instructed staff to observe the person's body language and facial expressions so they recognised when they became frustrated and needed reassurance.

Some people used adapted cutlery and crockery to enable them to eat independently. A range of lightweight and heavier crockery in different sizes and different coloured plates were available for people. Staff explained coloured plates helped some people see and recognise their food better. For a person who had difficulty tipping their head back to drink, staff researched and obtained a specially designed cup, known as a 'Nosey cup' with a cut-out section that fitted around the person's nose. This meant the person could drink without the need to tip back their head and staff were better able to control the flow of drink and avoid spills.

People looked relaxed and well cared for, staff supported people to take pride in their appearance, and dress in their preferred taste and style. For example, a person's key worker knew a person liked to dress smartly but they had gained weight and their trousers no longer fitted. So they arranged for the person's relative to buy them three new pairs of smart trousers. People's clothing was pressed and shoes were cleaned and polished. Each person was encouraged to personalise their room with things that were meaningful for them. For example, photographs of family members, treasured pictures or favourite ornaments and pieces of furniture.

There were regular opportunities for people and those that mattered to them to raise issues, concerns and compliments. People said they felt happy to raise any issues with the registered manager and were confident it would be dealt with straightaway. One person said, "We have no complaints whatsoever." Relatives comments included; "When you make a suggestion, it's acted on within 24 hours", "I've never heard anyone speak bad of the home, or not meet a person's needs." The provider had a written complaints policy and procedure, information about how to complain was given to people and was on display in the home. At each residents meeting, staff checked and confirmed people knew how to raise a complaint. One person said, "It's wonderful and I have no complaints." Another person said, "If I wasn't happy I would tell them. They are very approachable."

Where concerns were raised staff were proactive. For example, when a relative raised concerns that a person wasn't eating and drinking enough, staff kept a diary of the persons dietary intake over a six month period, which reassured the person's relative. They worked sensitively with family members of another person, their legal representatives and a local authority care manager, despite family relationship difficulties. This meant all members of the family were supported to maintain contact with the person. A relative of another person who briefly lived at the home in July 2016, contacted us after the inspection about concerns they raised with the home in January 2017. These were investigated and senior staff had a face to face meeting with the person's relative to discuss their findings.

Outstanding ☆

Is the service well-led?

Our findings

People received a consistently high standard of care because staff put people first and continuously looked for new ways to further their care and quality of life. People, relatives and professionals spoke about the exceptional quality of care provided at Arcot House. They consistently spoke about how Arcot House had a great reputation in the local area. One person said they chose Arcot House because two friends lived there and were happy. Another person stayed at the home temporarily for a period of respite but after a week decided they wanted to stay permanently. One person said, "This is one of the nicest homes, I am so lucky" and another said "I think it's perfect here."

Relatives commented; "I can't imagine a better care home anywhere. From the minute she arrived she and we were made to feel very welcome and nothing was too much trouble", "It's far exceeded our expectations" , "Mother could not be in a better care home" and "It gives the quality of care, and the care is personal." Professionals consistently described the home as "well organised and well run." They commented on improvement in standards of care and practice over the past two years. One professional said, "Its massively improved," and another said, "They have turned the reputation of Arcot House around." One said, "I'd come here myself, I would have no hesitation."
Speaking about choosing Arcot House for the person to live in a relative said, "As soon as I walked in the door I knew this was the place. Staff were proactive, kind, really really lovely." Other relatives comments included; "We couldn't wish for a better place for mum (and all of the residents)" and "I would recommend the home to others, you can't get better than Arcot." A health professional said, "All staff know what is going on, there is always someone in charge." Another spoke of good communication within the staff team. Other professional comments included; "Well organised and well run, there are always ongoing improvements."

People and relatives spoke about the strong leadership at the home. A relative, referring to the registered manager said, "She is absolutely on the pulse, on the ball." Professionals told us how passionate the registered manager was about the service using words such as "dynamic", "driven" and "enthusiastic." One professional said, "She wants everything to be the best it can be," and another said, "She keeps me on my toes." Staff said, "she works well and delegates well." The registered manager described their own leadership approach as "firm but fair," which staff agreed with. They said "I want Arcot House to be the best." They spoke of a nurturing leadership style, in which they identified the strengths and talents of individual staff, valued their life experiences and developed their potential.

The service had a positive culture that was person-centred, open, inclusive and empowering. The management team used the values based, national strategy, 'Compassion in Practice', to underpin practise in the home in recognition of the crucial role the culture of service plays in determining people's experiences of care. The six 'Cs' (care, compassion, communication, courage competence and commitment). Staff were supported to continuously improve because the management team set clear expectations of the standards expected, through goal setting and positive role modelling.

Staff worked well together as a team and felt valued and appreciated for their work. The provider had a monthly bonus scheme which recognised and rewarded positive staff values, attitudes and behaviours.

People, relatives, managers and staff could nominate individual staff who went over and above their role for people. For example, for acts of exceptional kindness towards people, such as, taking a person out on their day off, staying on duty late or coming in early to support a person, and working extra shifts at short notice to minimise impact of staff sickness. Following staff feedback, massages for staff had been added to the bonus scheme. When we asked staff what was the best thing about the home, they consistently spoke about the home being organised, well led with great teamwork.

Staff comments included; "I feel challenged and enthusiastic", "I don't see it as work, I see it as an extended family" and "I have a sense of belonging." Other staff comments included; "I feel valued, they notice when you do something well ", "The team work is brilliant" and "Atmosphere really nice." A staff member who had worked in care for many years and was thinking of leaving care when they came to work at Arcot House said the standard of care there had restored their faith in care homes. When we asked staff to identify areas for further improvement, they couldn't think of anything. One staff said, "We can't be far off getting it as right as it can be. If they (residents) want something, they can have it."

In pursuit of excellence, the registered manager regularly read the Care Quality Commission (CQC) 'outstanding' rated services inspection reports. They used them as a way to benchmark the quality of care provided at Arcot House and as a source of innovation and best practice ideas they could adopt to further improve the quality of care. They ran CQC workshops with staff to familiarise them with the five key questions, 'Is the service safe, effective, caring , responsive and well led?' and with the regulations. They used these to prompt staff to reflect on their practice and review how they could evidence their care met people's needs. They kept up to date with best practice through The Social Care Institute for Excellence (SCIE), a social care organisation which improves the lives of people who use care services by sharing knowledge about what works. Also through following The National Institute for Health and Care Excellence (NICE) guidelines. They had established networks with a range of local health and social care professionals and engaged proactively with them to improve care for people. For example, attending a meeting at Sidmouth health centre on 25 January 2017 to discuss ways in which the home and the surgery could improve communication and work together more efficiently for people. At staff meetings, staff were praised and asked to keep up the good work. A poster displayed in a staff area exhorted staff to "Keep calm and aim for outstanding."

The registered manager worked alongside staff in the home and used a coaching style of leadership, delegating duties to staff and setting clear expectations of expected standards. They acted as a role model for staff about the standards of care and attitudes they expected, and monitored and supported staff in their practice. Staff described the registered manager as "amazing." The provider and general manager used words such as "proactive", "passionate," "organised" and "always on target" to describe the registered manager's leadership qualities.
Referring to the leadership style of the registered manager, the general manager said, "She cares about people and it makes a world of difference, she leads by example."

The registered manager was supported by three assistant managers, who deputised in their absence and undertook management development training. Day to day, assistant managers ensured staff completed their daily duties to a high standard and checked people's care plans and daily records were kept up to date. Where any issues were identified, they took action, for example where gaps or errors in paperwork were identified and in response to changes in people's health and wellbeing. Assistant managers also had lead roles they were responsible for, such as monitoring and auditing medicines management systems, fire safety and infection control. Out of hours support and advice was available by telephone to staff from the registered manager or an assistant manager, who would visit the home, if needed. Staff wore smart distinctive uniforms with name badges, so people knew their role at the home. Staff understood their roles

and were accountable and all staff were developed to expand their roles and take on more responsibilities. For example, through 'Ambassador' roles where staff developed their expertise in a key area of practice and promoted excellent standards of care in practice.

Regular staff meetings were held, and minutes showed staff feedback and ideas were sought and they actively participated in decision making. For example, at a staff meeting in January 2017 staff discussed and agreed to introduce the use of monthly reflective practice sheets, for a trial period as a way of reflecting on what went well and not so well the previous month. This was to help staff share good practice and identify ways in which people's care could be further improved. A further meeting to evaluate the impact and actions was planned. Changes were made to staffing rotas to ensure care staff were managing their time effectively and to increase the time they spent with people and get all their duties completed. The minutes showed these changes were working well. Other staff suggestions being implemented included converting part of the lounge area into a café/bar space for people to enjoy and socialise.

The management team were approachable and flexible and responded to staff ideas and suggestions. For example, a staff member described how they suggested to the provider they undertook training, so they could offer aromatherapy hand, foot and head massages to people. This was so popular with people, the provider had increased the dedicated hours to twice a week with a third session added for staff, as part of the bonus scheme. Other staff were supported to do foot care and nutrition courses to improve people's care. Staff members appreciated the flexible working hours so they could balance their family caring commitments with their responsibilities at the home. Another staff member appreciated the support they received to get back on their feet after a difficult personal situation. Where any concerns about staff attitudes or performance were identified these were dealt with quickly, robustly and fairly in accordance with the provider's policies and procedures.

People were partners in the day to day running of the home. Their views, experience and contributions were sought and valued. Their views, experience and contributions were sought and valued. People were able to feedback their views about the home and quality of the service they received through surveys, review cards, residents meetings and day to day feedback. The registered manager hosted a regular 'Matrons tea' where people dropped in for tea, cake and a chat, which was very popular and well supported. For example, in response to the annual residents/relatives survey the tone of call bells were lowered and a staff pager introduced, which reduced disturbance from call bells, particularly at night. Other improvements included readjusting door closures to reduce noise levels. Other changes implemented in response to people's feedback included, purchasing a door sign and lamp for the library, organising a radio in a bathroom so a person could listen to it in the bath and adding coronation chicken to the menu.

The service used a range of quality monitoring systems to continually review and improve the service. Each day, a staff handover meeting was held to communicate any changes in people's health or care needs to staff coming on duty and staff used a communication book to pass on urgent messages. A monthly checklist was used to monitor falls, pressure care and undertake health and safety checks of the premises. A range of audits were undertaken, for example, of medicines management, care records, health and safety and infection control. Following a medicines audit, staff contacted people's GP's and asked them for more detailed instructions for staff to guide them on how people's prescribed creams should be used. Following an infection control audit, a foot operated pedal bin was purchased for the kitchen and splashbacks were steam cleaned and good practice handwashing posters displayed.

The provider and general manager visited Arcot House regularly and talked to people, relatives and staff. The general manager did a six month formal audit visit, which included interviewing people and staff, monitoring staff practice, checking all areas of the home, standards of cleanliness and looking at a range of

written records such as care records, accident/ incident reports, fire safety and maintenance records. The most recent visit report on 8 and 9 September 2016 showed there were no outstanding actions from the previous visit. The registered manager developed an action plan in response to each visit to show how any issues found were being addressed and the dates by which any actions would be completed. For example, replacing door handles, retiling and creating extra storage.

The provider was committed to continuous improvements. Quarterly management meetings were held between senior staff in all three homes within the group to provide an opportunity to share good practice ideas and experiences of what worked well and problem solve. Further ambassador roles were currently being planned in relation to communication and oral health. Future environmental improvements planned included an extension to provide five extra rooms, each with ensuite facilities with a dedicated garden/patio area for each person.

Evidence based policies and procedures were provided to guide staff in their practice. These included policies on safeguarding, Mental Capacity Act, health and safety and infection control. People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All record systems relevant to the running of the service were well organised and reviewed regularly. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.