Coastal Care Homes Limited

Bishopsteignton House

Inspection report

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Date of inspection visit:
04 July 2016
06 July 2016

Date of publication:
09 August 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 4 and 6 July 2016 and was unannounced.

Bishopsteignton House is a care home which provides accommodation and personal care for up to 27 people living with dementia and other physical health needs. People who live at the home receive nursing care from the local community health teams.

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

At the time of the inspection there were 25 people living at the service. Some of these people were living with Dementia. During our inspection we observed a calm and relaxed atmosphere in the home and we saw staff interact with people in a friendly and respectful way.

People, staff and health care professionals told us they were happy with the care being provided at the home. People's needs had been assessed prior to them moving into the home. Each person had a care plan which had been developed by staff with their and their relatives' input. These care plans contained information about each person's needs and how staff should meet these. Care staff spoke confidently about people's individual care needs and how they met these. Care staff were knowledgeable about the people they were caring for. They described people past histories and their preferences. People's physical and mental health needs were monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

People were treated with kindness, compassion and respect. Relatives said they felt the home was safe and secure. Care staff knew people well and were friendly and supportive. Care staff sought people's consent for their day to day care.

Care staff knew how to recognise and report the signs of abuse and had received training in safeguarding people. They were confident about how to raise concerns if they were concerned about anyone.

Care staff received relevant training for their role and there were opportunities for on-going training, support and development. There was enough staff on duty when we inspected to care for the people who lived there.

Recruitment systems were in place; new employees underwent the relevant pre-employment checks before starting work. Care staff had completed an application form. One of these did not contain a lot of detail relating to the dates that the person had previously worked. The registered manager had not explored these employment gaps. However this was actioned immediately when we pointed this out.

There was a good system in place for ordering, storing and returning medicines,

Meals were appetising and people were offered a choice in line with their dietary requirements. People told us they enjoyed the food. We found systems were in place to make sure people received their medicines safely.

People and the relatives we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues. There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager showed a great enthusiasm in wanting to provide the best level of care possible. Care staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people.

The premises and equipment were maintained to ensure people were kept safe. There was a Victorian conservatory that was filled with plants and comfortable chairs, making it an excellent area in which to relax, whilst taking in the fabulous garden and estuary views. There were infection control measures in place to protect people and the home was clean and hygienic At the time of the inspection we found there was sufficient staff on duty.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves. Staff had a clear understanding of the MCA and DoLS so that they had the knowledge needed for their role and to make sure people's rights were upheld.

There were systems in place to monitor and improve the quality of the service provided. Checks and audits were undertaken to make sure full and safe procedures were adhered to. People and their relatives had been asked their opinion of the quality of the service via regular meetings with the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The sevice was safe.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

Recruitment practices were safe and there were sufficient skilled staff to meet people's needs.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who used the service.

Risks to people were identified. Care staff had been given information telling them how to manage risks to ensure people were protected

Is the service effective?

Good

The service was effective.

Care staff told us they felt really well supported and were encouraged to develop their skills through supervision, appraisal, and mentoring.

Some people were living with dementia and were not able to make their own decisions in relation to their care. The service had thought about people's needs and relatives had been involved in making best interest decisions.

Care staff had completed training to give them the skills they needed to ensure people's individual care needs were met.

People had prompt access to relevant health care professionals when needed.

People enjoyed the food. Those at risk for not eating enough to maintain their health were monitored and advice sought when necessary from specialist advisors.

Is the service caring?

Good

The service was caring.

Care staff were kind and caring and people were treated with dignity and respect.

People were offered choices in how they wished their needs to be met.

Care staff spoke passionately about people. A number of the staff had worked at the home for a long time and staff knew people really well.

Is the service responsive?

Good

The service was responsive.

People were confident if they needed to make a complaint this would be dealt with promptly.

Care staff knew people's preferences and how to deliver care to ensure their needs were met.

The home was reviewing how it provided people with meaningful activities.

Is the service well-led?

Good

The service was well-led.

The leadership, management and governance of Bishopsteignton Care Home assured the delivery of high-quality care and supported learning

There were robust and effective systems in place to assess and monitor the quality of the service. The quality assurance system was used to develop and drive further improvement.

People and staff had confidence in the registered manager.

Care staff worked well as a team to make sure people got what they needed.

Bishopsteignton House

Detailed findings

Background to this inspection

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

This inspection took place on 4 and 6 July 2016 and the first day was unannounced and was carried out by one social care inspector. At the time of our inspection 25 people were living at the home. People had a range of needs, with some people being more independent and others requiring more support with their mobility and care needs. Some people were living with dementia.

Before the inspection we reviewed information we held about the service. This included previous contact about the home and notifications we had received. - Before the inspection, we reviewed the information we held about the service from the Provider Information Return (PIR) which was submitted on 26 May 2016. The PIR is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service such as from notifications. A notification is information about important events which the service is required to send us by law.

We met and spoke with six people who live at the home and six relatives. We also spoke with eight members of staff, including the registered manager and the locality manager, five care staff, the cook. During our inspection we spoke with two visiting health care professional for their views of the service. Following the inspection, we spoke with two other health care professional who had regular contact with the home.

We looked around the premises, spoke to people individually and spent time with people in the communal areas. We observed how staff interacted with people throughout the day, including during lunch. We looked at four sets of records related to people's individual care needs four staff recruitment files; staff training, supervision and appraisal records and those related to the management of the home, including quality

audits. We looked at the way in which medicines were recorded, stored and administered to people.

Good

Our findings

People told us they felt safe. Relative's comments included "the knowledge that she is safe means so much" and "I definitely feel my Mum is safe." One relative wrote "I feel my mother is safe and well in their hands overall happy and well maintained and most importantly they all care for the elderly in the residence." Staff told us they had received training in safeguarding vulnerable adults and demonstrated a good understanding of abuse. Staff demonstrated that they were aware of the home's policies and procedures including whistleblowing. They knew how to report allegations of abuse and were confident that this would be dealt with. Policies and procedures were available in the office and the telephone numbers for senior managers, the local authority and the Care Quality Commission were available for staff. Telephone numbers for senior managers, the local authority and the Care Quality Commission were made available for staff on the staff notice boards.

All appropriate recruitment checks were completed to ensure fit and proper staff were employed. Each member of staff had completed an application form prior to them being employed. Appropriate references were obtained. Staff had undergone Disclosure and Barring Service (DBS) police checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

Opinions about staffing numbers varied. One person said "I know the staff are very busy but when I call for help to use the toilet I sometimes have to wait a long time." One relative told us there were always plenty of staff and another telling us staff were sometimes rushed and overstretched. Some staff told us the home could benefit from some extra staff whereas others told us staffing levels were good. A health professional commented that the atmosphere was usually very relaxed even around busier times of the day.

In the morning day there were four care staff working plus a senior care worker during. In the afternoon and evening there were usually three care staff plus a senior care worker. There were two waking care staff members on duty at night. In addition to these numbers, during the day there was the registered manager, a member of maintenance staff, a cook, a domestic and a member of staff who helped people with refreshments. During our inspection we saw there were sufficient members of care staff assisting people to meet their needs. Care staff did not seem rushed and remained calm and attentive to people. Care staff were able to assist people with daily tasks and take time to chat with people and call bells were answered quickly. The registered manager confirmed staffing levels were arranged in accordance with people's care needs.

People were supported by staff that understood and managed risk effectively. We saw people moving

around the home freely choosing where they wanted to spend their time which enabled them to take every day risks. Risk assessments recorded concerns and noted actions required to address risk and maintain people's independence. For example, the risks associated with diabetes were recorded. Care staff were provided with information about what actions to take should they suspect the person's blood glucose levels were not within safe levels. In one person's file it was recorded that they had recently lost weight. As a result of this staff had contacted the persons GP and a referral to the dietician was made. Care staff had worked closely with the family and we saw evidence in the persons file that advice given was being followed. We observed the person receiving nutritional drinks. We found that risk assessments had been evaluated and reviewed on a monthly basis to make sure they were current and relevant to the individual. Another risk assessment had been updated to show a person had become more at risk of falling.

Relatives told us they had been invited to be involved in discussions about their loved ones care, support and risk assessments. We saw poster on the wall in the reception area inviting relatives to ask about their relatives care plan review and how they might contribute. Each person's care file held a risk assessment in relation to personal emergency evacuation plans ((PEEP's) in the case of a fire. This provided staff with information about how to safely evacuate people to a place of safety. A separate file was also kept with each person's PEEP by the door at the front of the building to ensure the emergency services have quick and easy access to these plans in the event of a fire.

People received their medicines safely on time and the correct amounts were given and as prescribed by their G.P. Staff completed a medication administration record (MAR) to document all medicines taken so all doses were accounted for. We observed people being given their medicines. The staff administering medicines wore a tabard advising people they were undertaking a medicine round and not to disturb them. They sat patiently with people, explained what the medicines were for and waited until the medicines had been taken. Care staff told us they received regular training in safe medicine practice and certificates of this were seen in staff files. Where dosages of medicines varied for a person, depending on their blood results, there was a clear system in place to confirm the required dose with their GP. We checked the balance of a selection of medicines and found these accurately reflected the balances identified in the records. There was a good system in place for ordering, storing and returning medicines safely and securely. We checked some stock medicines against records and found these were accurate. Some medicines were stored in the fridge, as they should be and temperatures were recorded and monitored.

A maintenance person was employed and took responsibility to ensure the premises and equipment were managed to keep people safe. Spot checks on maintenance records showed staff reported areas for repair which were addressed in a timely manner.

The home was tidy throughout without any odours present and had a pleasant homely atmosphere. Care staff said personal protective equipment (PPE) was available and there were ample supplies of gloves and aprons around the home. Soiled laundry was appropriately segregated and laundered separately at high temperatures in accordance with the Department of Health guidance.

Throughout the inspection, care staff maintained good infection control practice, for example they demonstrated good infection control procedures when transferring and dealing with soiled laundry. Infection control was managed efficiently using a colour coordinated system to prevent cross infection. Cleaning products were stored securely.

Good

Our findings

People felt supported by well-trained care staff who effectively met their needs. Comments included "I don't have a bad word to say about it, staff are at the top of their game" another person told us "it is so clean here, staff are so kind and patient." Care staff files received regular formal supervisions with a senior care worker or the registered manager and annual appraisals were carried out. The majority of care staff said they felt supported by the senior staff and registered manager. One staff member told us "I love my job!" Another said "If I have a problem I can approach the manager or senior carer who will help me."

The registered manager ensured that staff were trained to carry out their role. Newly employed care staff members were required to complete an induction programme and were not permitted to work unsupervised until they had completed this training and had been assessed as competent to work alone. Care staff we spoke to confirmed that this was their experience and felt they had access to good quality training which enabled them to do their job. Other mandatory training included safeguarding vulnerable adults and training on the mental capacity act, moving and handling, fire safety and first aid. A number of care staff held a higher qualification in health and social care and one senior member of staff was working towards a level five in leadership and management. Care staff told us that the management team were very supportive of their own personal development. They told us they felt they could approach the management team to discuss any issues at any time and found them supportive. The home is owned by Devon Care group, who employs a fulltime person to support the home and provide training for staff on relevant topics and legislation.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been made appropriately so people's legal rights had been protected. People were given choices about their care and

treatment. Care staff told us that they needed to treat people wishes with respect. For example, one member of staff told us "We are not allowed to force people to do something if they don't want to do it." They described trying again at a later time and offering alternatives if the person maintained they did not wish to do something. We witnessed this approach in the way the care was delivered. We saw evidence in some people's files that relatives had legal responsibilities to support their relatives with decisions relating to finances and/or health and welfare. The registered manager was aware of these arrangements and ensured copies of this information were on file. Care staff we spoke to was knowledgeable about the role of the power of attorney. We saw that best interest decisions were recorded in people care records and that these had been done in consultation with families and professionals.

People told us they enjoyed the meals provided by the home and we saw people were offered drinks and snacks throughout the day. People confirmed they could have drinks and snacks whenever they wanted. We saw that people had access to fresh fruit which was situated in the dining room throughout the day. The food menus at Bishopsteignton house are designed by the wider management team and given to the cook so that they can plan and provide the meals on the menus. People were involved in decisions about what they would like to eat and drink. They confirmed there was always a choice of two main meals and that alternatives were available. One person said "I really like the food and there is plenty of it" another person commented "the food here is very good". We saw that people are offered choice with a third option if they don't like either. For example; one person chose to have a salad on the first day of our inspection. People could choose where they wished to take their meals, either in the dining room or their bedroom. " We saw the cook had baked afternoon cakes for residents which was a regular occurrence. Three different types' were available to include a gluten free variety as well as a sugar free variety to cater for some residents who did not have sugar in their diet. The cook completed a white board and updated this regularly which identified people's specific dietary needs. This was placed outside of the dining room so that staff could view this when serving meals. For example the board made clear that some people needed to avoid cranberries due to the medicines they were prescribed. We spoke to care staff who were knowledgeable about the dietary needs of people. For example one member of the care staff told me that one resident has a special diet which means that they needed to avoid certain foods. Later we saw this recorded clearly in the persons care records. People's food preferences were known to care staff and the cook, and these were recorded in their care plans. People's weights were monitored monthly and we saw evidence of involvement of dieticians where weight loss was identified.

Care staff told us and care records evidenced that it was common practice for staff to make appropriate referrals to various healthcare professionals seeking guidance about how someone should be cared for. Care plans showed that people were provided with support from a range of health professionals to maintain their health. These included community nurses, GPs, speech and language therapists (SALT), chiropodists and podiatrists. Comments from visiting health care professionals included "staff are always very helpful someone is always available." Another heath care professional commented "Care plans are clear and easy to access in the notes, Its good care, makes my job a lot easier. " One relative told us, "my mother is very well cared for, staff allow my relative to get up whenever they choose and they are always offered breakfast no matter how late it is."

Daily handovers discussed people 'needs and upcoming appointments. The outcomes of these referrals were documented with any changes to care needs transferred to the care plans. One Health Care professional told us they had confidence in the staff team to meet people's care needs. They said care staff contacted them promptly when they needed advice about a person's care.

Good

Our findings

All of the people we spoke with said that they were well cared for. Their comments included, "If ever I'm worried about anything, I can talk to any member of staff, they are so lovely, nothing is too much trouble, I couldn't be better looked after." One person said "I wouldn't want to live anywhere else, if you ask for something you get it." Relatives told us they were happy with the care their relatives received. Comments included "I have never seen any bad care" staff are always nice to us, I can talk to any of them about anything, they are so supportive, such understanding caring people." One relative told us, "The care is excellent I wouldn't mind staying here myself." There was a relaxed and happy atmosphere in the home.

Throughout our inspection we saw examples of a caring and kind approach from care staff who obviously knew people living at the home well. There was an obvious rapport and genuine warmth between staff and residents. We saw a staff member having a one to one chat with a person. They were sharing laughter and talking about the current national sports events taking place. We saw that support was offered to people whilst maintaining their independence. We saw care staff walking slowly and patiently with people at their own pace so that their independence was respected. One member of the care staff was observed to support a person to walk to the dining room for lunch. They walked beside them slowly reminding the person where they were going and what the lunch menu was. This appeared to reassure the person who was reminded of where they were going.

People's privacy and dignity was promoted so that people felt respected. For example, one member of staff very discreetly asked one person if they would like to use the bathroom before going into the dining room for lunch. Care staff were seen to knock on doors and wait for a response before entering. All personal care took place in private and we saw staff treated people with respect. One person told us staff come and check on me at night to make sure I'm ok, I hardly hear them." We observed one member of the care staff asking permission to go in a person's handbag."

During our inspection we observed that one person initially did not want to take their medicines. The care staff member was patient and explained what each tablet was for and followed the person around as they were displaying some agitation. The care staff member skilfully guided the person into the sunny conservatory area and began to chat about the person's family and friends who were due to visit later that day. We later read in the person care records that they enjoyed sitting in the conservatory. The effect was that the person became calmer and accepted their medication. When administering medication one member of staff was observed to be caring and respectful towards people, engaging them in conversation in a respectful manner before asking if they would like their medication. One member of the care staff was

observed to gently wake one person who was sitting in the foyer, and asked if they would like to come in the dining room for lunch. They knelt down and spoke softly to the person and gently stroked their hand until the person was fully awake. They waited patiently for the person to wake fully and chatted about the lunchtime menu. The person was then able to join the other residents in the dining room for their lunchtime meal.

People's care plans contained information about the person's preferred name and identified how they would like their care and support to be delivered. The records included information about individuals' specific needs and we saw examples where records had been reviewed and updated to reflect people's wishes. Examples of these wishes included food choices and preferred routines. The plans showed that people and their relatives had been involved in developing their care plans so that their wishes and opinions could be respected. This showed that important information was recorded in people's plans so that staff were aware and could act on this.

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time. Comments included; "I can talk to staff about anything, they are so nice and understanding."

A relative said, "this place is absolutely fantastic, not a bad thing to say about the care, I'm always kept informed staff are at the top of their game." One relative wrote" They care for my mother and meet her every need. Her room is excellent clean and tidy. The food is like a five star hotel in fact the whole care is just as if she were staying I a five star hotel."

Good

Our findings

People and their families were included in the admission process to the home and were asked their views and how they wanted to be supported. Relatives said that they could speak with care staff and found them approachable and friendly. Comments included, "we get on well with them, we can talk to them and they listen" and "you can go to any staff and they would sort any worries". One relative said, "They know mum here, when she first moved in they made a big effort to find out about and talk about her past." Another said, "Nothing is too much trouble, mum is well cared for and staff are lovely to me too, I can talk to them about anything."

People and families were actively involved in developing their care plans. Initial assessments were completed before people moved into the home. As part of this assessment, the registered manager visited the person to discuss their individual care needs and wishes. They used this to check they could meet the person's needs. Initial assessments were detailed. The service responded to people's wishes and preferences. Care staff were knowledgeable about and attentive to the needs of people they supported. They were aware of people's preferences and interests which meant they were better equipped to deliver personalised care and support. For example one person was able to bring her pet with them to live at the home when they came to live there. We saw that in one person's care records that the person suffered from anxiety. There was information in the persons care plan about how staff should support the person. It was documented that the person should be offered the opportunity to walk with a member of staff around the garden. We saw care staff accompanying the person in a walk during our inspection.

Care staff said people's support plans contained enough information for them to support people in the way they needed. Care staff had a good knowledge of people's individual health, support and personal care needs and could clearly describe, in detail, the history and preferences of the people they supported and showed that staff had involved other health and social care professionals when necessary. For example one person was admitted to hospital recently. Care records showed that staff had contacted the G.P when they became unwell. When the person continued to deteriorate they contacted health professionals a second time which led to the person being admitted to hospital.

Some people told us they would like more activities to take place and more opportunity to go into the garden. We raised this with the registered manager who agreed to address this at an up and coming residents meeting. Following our inspection the registered manager contacted us to tell us that activities had been discussed at the meeting as planned. The registered manager shared with us an action plan of how they intended to increase the activities on offer for people following discussion and ideas made by the

residents.

People told us that they missed having trips out on the mini bus. We raised this with the management team who told us that a decision had been taken to no longer offer this as an activity, as some people were not able to access the vehicle and it was felt that this was unfair on those residents who could not access the bus.

People enjoyed spending time with each other, were comfortable in each other's company and chatted together. Books and magazines were available in the foyer and people had the opportunity to have the daily newspaper delivered and we saw some people enjoying a novel. In foyer information board was available. Information on the board included the date, the weather, and the menu for the day, as well as any activities taking place on those days. Activities took place for those who wished to take part and included listening to music, watching television, and enjoyed chatting with staff. Chair based exercises were provided once a month. One person said they would like more opportunity to take part in exercise. Some people enjoyed a visit from the hairdresser. Music therapy gave people the opportunity to reminiscence music and entertainment was provided and took place twice a week. One person told us "I love to sing along to the music and listen to the guitar." One relative said "there are lots to enjoy".

The home benefited from wireless internet connection, which meant that people were able to keep in touch with their families via Skype should they choose to. People also had a choice to install a private telephone line in their rooms to enable them to maintain contact with their friends and families in the privacy of their own room. The service had built links with the local community. For example, during our inspection we saw a visitor from the local community who spent time with the residents, who seemed happy to be spending time with their pet.

We observed two lunchtime meals served in the home's very pleasant dining room which was set up with tablecloths and napkins, with views over the garden and countryside and down to the and estuary. Food was served per table which meant that each table could enjoy eating their meal at the same time. Families are encouraged to stay for a meal for a small charge and people are made aware of this in the service user's handbook available in the foyer.

The service had a policy and procedures in place for dealing with any concerns or complaints. The policy was clearly displayed in the main entrance and in the service in the service user guide. The procedure included information about the external agencies people could contact if they were not satisfied with the response from the service Including CQC. Some people living at the home were able to tell us how they would make a complaint and who they would feel comfortable approaching if they had a problem. People and the relatives we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues. They told us they had not needed to complain and that any minor issues were dealt with informally and with a good response. One person told us "you complain to the manager and they sort it, if you ask you get it".

We looked at the written complaints made to the home in the last 12 months. Each complaint had been responded to in a timely manner and thoroughly investigated in line with the homes own policy.

Good

Our findings

Bishopsteignton House is part of the Devon Care Group. The registered manager has the benefit of additional regional management support from the group in the way of a locality manager who supports the registered manager with their responsibilities. We observed that people knew the registered manager and registered provider by sight and name and freely approached them. The owner was a regular visitor to the home. We observed the registered manager was 'hands-on' in their approach to care and in how Bishopsteignton House was managed. People and their visitors described the registered manager as very approachable and always available if they wanted to talk with them. "One relative told us "The manager is very approachable; I can talk to them about anything." "The managers door is always open literally"

Staff meetings were held regularly where are staff were able to express their views, ideas and concerns. One member of the care staff told us that the issue of staffing had previously been raised and had resulted in an increase in staffing levels. The staff team welcomed us during our inspection. Care staff and people who lived in the home understood the role of CQC. Posters and information showing information on how we inspect were displayed on walls in the home.

An information board was situated in the main foyer. Information posted included, the date, weather, menu for the day and activities planned. A service user guide was available to residents and visitors in the main reception area and included useful information about the home.

The registered manager had a range of quality monitoring systems in use which were used to continually review and improve the service. These included regular audits of medicines, care records and the environment. They had taken the relevant action for issues they had identified in respect of these. We saw records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns. They were meeting their legal obligations such as submitting statutory notifications when certain events, such as death or injury to a person occurred. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration

At the service's food hygiene inspection in November 2015, they had been awarded a rating of five. This was the highest rating and showed the service maintained very good hygiene.

The registered manager regularly met with other members of the management group in order to keep up-to-date with best practice and ensure the best outcomes for people. We saw evidence that these meetings had discussed learning from a safeguarding case held within another home in the Devon Care Group. The

learning was shared and disseminated among the staff group.

People were encouraged to provide feedback on the quality of service they received and people's views were actively sought. For example the registered manager held regular "Meet the managers" meetings which were an opportunity for relatives as well as residents to meet with the management team to discuss any issue they wished to raise. One relative wrote about the staff and the manager "My mother has been in Bishopsteignton House for twelve months The staff have looked after her so well that it has taken the worry away from me and that I can rest assured, that she in the right place. I cannot speak highly enough of the manager and all the staff."

Records were stored securely, well organised, clear, and up to date. When we asked to see any records, the registered manager was able to locate them promptly.