Classic Care Homes (Devon) Limited

Pottles Court

Inspection report

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Devon
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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

An unannounced comprehensive inspection took place on 13 and 19 September 2017. It was carried out by an adult social care inspector.

Pottles Court provides accommodation for up to 17 people and there were no vacancies when we inspected. When we inspected, the service did not have a registered manager as they had resigned in February 2017. 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. A manager, who had previously been the deputy, was working at the service at the time of our inspection. They had been the manager since the previous registered manager resigned. Since the inspection, there application to be a registered manager has been processed by CQC and they are due to be interviewed by CQC. A relative said the promotion of the deputy to the manager "was a great decision…she is a thoughtful lady."

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection, applications had been made to the local authority in relation to people who lived at the service. Staff understood the importance of gaining consent and their legal responsibilities.

At the last CQC inspection in July 2015, we found a breach linked to recruitment. On this inspection, we saw improvements had been to the recruitment process to ensure staff were suitable to work at the home and there was no longer a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, we judged the service was developing a caring approach which they have built on. The service continues to develop a very caring approach, where people were valued and respected. Dementia can create barriers for people to make their feelings and views known. Steps were taken by staff to go the extra mile to understand people's own individual communication and recognise the importance of body language, for example monitoring pain. The values of the home were promoted by the management team; their approach helped staff transfer the home's ethos into the way they worked. There was a commitment to learn and develop the service to the benefit of the people who lived there. A visiting medical professional wrote in feedback 'Pottles Court really is the homeliest of homes.' Visitors praised the welcome they received and the family feel to the home.

The provider, manager, supported by the deputy manager, held a strong belief of providing people with an enhanced quality of life which took into account individual wishes and beliefs so each person was valued and treated with equality. This inclusive ethos enabled people to feel part of the home's community and maintain important relationships. The management team acted as role models for the staff team who were

motivated to offer care that was kind, considerate and put people at the heart of everything they did.

The provider was proactive in driving the service forward to improve outcomes for living at the home. They worked in partnership with key organisations, both locally and nationally, to support care provision, service development and joined up care. The provider understood the need to provide staff with the skills, knowledge and tools to provide care that followed best practice. They invested in staff development to promote staff motivation and confidence to provide a high standard of care which promoted people's wellbeing and meant they had a meaningful life.

People complimented staff on their approach and compassion. People's relationships were respected and celebrated. There were a range of interactions with people to help keep them interested in the world around them. Staff treated each person as an individual and respected their life history and experiences. Staff knew about people and who and what was important to them and significant events in their lives. Staff were able to tell us how they used their knowledge of people to engage and respond to them to show they were valued. Staff supported people to maintain relationships and build memories with family and friends who were important to them.

People told us staff were kind and we saw they had the skills to adapt their approach to each individual. People benefited from a staff group that were well trained and supervised. People had access to health services and staff recognised the importance of reporting changes in a timely manner. Care records were personalised, including information which could be shared if people needed care in an alternative setting, such as hospital.

Medicines were well managed. Risk assessments were in place for people's physical and health needs. Staff in the kitchen worked alongside care staff to find food to meet people's preferences and choices. They worked with care staff, discussing if a person's appetite had declined, and what alternatives could be offered that might tempt them to eat. People looked confident as they moved around the home and people told us they felt safe.

The home was not purpose built but the provider said they had endeavoured to adapt the layout to suit the people that lived there. The ground floor layout enabled people to choose different areas to sit. Some people appeared to prefer to move around while others had a favoured spot in the conservatory or in the lounge. Accident and incident records were analysed and action taken. Staff knew how to report poor or abusive practice, and the management team responded to concerns appropriately. Staffing levels met people's care needs and the atmosphere was calm and friendly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Recruitment practices were robust and demonstrated staff were suitable to work with vulnerable people.

The risks to people were assessed and actions were put in place to ensure they were managed appropriately.

Medicines were well managed.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

Is the service effective?

Good

The service was effective.

People were supported by committed staff who were trained to meet their emotional and health care needs.

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. Staff knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff received range of appropriate training and their practice was observed to ensure people living at the home benefited from a skilled staff group.

Staff in the kitchen worked alongside care staff to find food to meet people's preferences and choices. They worked with care staff, discussing if a person's appetite had declined, and what alternatives could be offered that might tempt them to eat.

People were supported to access healthcare services to meet their needs. The service had built strong links with health care professionals.

Is the service caring?

Outstanding ☆

The service was caring.

There was a welcoming, friendly atmosphere in the home and staff provided a level of care that ensured people could engage with the world around them.

Staff demonstrated they cared through their attitude and engagement with people. People were valued and staff understood the need to respect their individual wishes and values.

The provider had a strong commitment to supporting people to provide end of life care in a compassionate and dignified way.

Is the service responsive?

Good

The service was responsive.

People's individual care needs were assessed and care plans written in conjunction with individuals.

People were encouraged to follow their interests and discover new ones.

People's care was responsive to their individual needs.

The management of complaints and concerns showed a commitment to improve the service.

Is the service well-led?

Outstanding

The service was well-led.

People praised the leadership of the home. The management team and the provider acted as role models for the staff team who were motivated to offer care that was kind, considerate and put people at the heart of everything they did.

There was a commitment of delivering excellent performance and encouraging improvement in care provision both locally and on national projects.

People and staff were encouraged to share their views and ideas to improve outcomes for people and those closest to them.

There were systems in place to monitor, identify and manage the quality of the service.

Pottles Court

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 comprehensive inspection took place on 13 and 19 September 2017 and was unannounced. It was carried out by an adult social care inspector. We spoke with most of the people living at the home about their experiences of living at Pottles Court. However, some other people were not able to comment specifically about their care experiences, so 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 living with dementia.

Before the inspection, we reviewed the information we held about the home and notifications we had received. By law, the Care Quality Commission (CQC) must be notified of events in the home, such as accidents and issues that may affect the service. We received 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.

During our visit we spoke with six visitors, five staff including senior care staff and the cook, the manager and the provider. We looked at records which related to four people's individual care, including risk assessments, and people's medicine records. We checked records relating to training, supervision, complaints, safety checks and quality assurance processes. We also read feedback sent to the provider from health and social care professionals, and compliments. We contacted ten health and social care professionals for feedback; four responded.

Good

Is the service safe?

Our findings

When we inspected this service in July 2015, we judged this key question to be requires improvement and issued a requirement. We found improvements were needed to improve the home's recruitment process. Following the inspection, we received an action plan to address this concern and on this inspection we judged improvement had been made and sustained.

There were effective recruitment and selection processes in place. The new manager showed through their practice they were committed to ensure new staff were suitable to work with vulnerable people. Recruitment files provided an audit trail of the steps taken to ensure new staff members' suitability, which included references and appropriate checks. All the required Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff members with different roles in the home were clear about their responsibilities to report poor practice or abuse and were knowledgeable about the different types of abuse. For example, a staff member working in the kitchen said part of their responsibilities was to ensure people were well cared for. Staff said they would report concerns immediately to a staff member who was in a role senior to them. If they were not happy the response to keep people safe would report the matter to the manager or provider or an external agency, such as CQC.

People said they felt safe at the home. The atmosphere in the home was calm and relaxed; which health professionals visiting the home confirmed in their feedback to us. They commented positively on the atmosphere and the availability of staff. A tour of the building showed calls bells were in place in people's room. Or where appropriate, alarmed mats were in place for people who had been assessed at risk of falling, and were unable to use a call bell. People looked confident and relaxed in their surroundings. They moved around the home choosing to sit in particular areas where they could relax or participate in activities or observe the actions of others.

Staffing levels met the needs of people. Staff gave people time to interpret information and did not rush them. For example, when they supported people to move. The manager explained how they ensured the staffing levels matched the needs of people who had a range of care needs. They gave examples of when staffing had been increased to reflect people's changing needs, for example end of life care. The manager and deputy were passionate about people receiving safe and good care and therefore spent time on the floor providing additional support to work alongside staff when needed. The provider also provided practical support when they visited.

Medicines were well managed. There were suitable storage arrangements for all medicines. Medicines which required a higher level of storage and monitoring were safely managed.
Records showed people received their medicines correctly in the way prescribed for them. For example, records for medicine were completed appropriately and consistently. People had their medicines given by staff who had received training, and had been assessed to make sure they were competent. Work had taken

place to encourage improved practice to ensure people received their medicines in a safe and caring way. The staff member who oversaw the management of medicines said they were "so happy" with the staff group's commitment to maintain good practice.

Medicine care plans also considered how staff judged if people were in pain if they were not able to verbally describe their pain. This guidance included interpreting people's individual body language, for medicines prescribed as when required. Care staff also recorded the application of prescribed creams for particular skin conditions; this included when and to what area of the body. Medicines were stored securely and at the correct temperature.

Risks to people were well managed. For example, risk assessments related to people's vulnerability to skin damage and poor mobility. Where people had been identified as at risk appropriate guidance was in place. For example, There was detailed information about how to support people safely with their mobility and reduce their risk of falls. Staff were informed about the correct equipment to use.

Where people had been assessed at risk of pressure damage, we saw the equipment recorded in their risk assessments was being used. There was guidance for staff which included regular checks and where appropriate position changes for people. Staff were aware of the importance of checking people's skin integrity regularly and explained to us how they did this whilst supporting people with their personal care needs.

Maintenance records and room audits were completed. We asked how temperatures were monitored in people's bedrooms as we saw there had been a complaint about one bedroom. One of the environmental audits had identified this bedroom as being 'cool'. Staff said they always checked the temperature and adjusted the heating if necessary but they did not have a formal way of monitoring and recording the temperature. This was introduced during the inspection which included a thermometer placed in the room and a chart to record daily temperatures.

Fire safety measures were in place and people had evacuation plans in place which were personalised and reflected their individual needs. Accident and incident records were kept and reviewed with action taken where necessary. Risk assessments had taken place to assess where window restrictors were needed.

People visiting the home praised the standard of cleanliness and the lack of unpleasant odours. Staff monitored the cleanliness of the home and one room was due to have the carpet replaced with specialist flooring. A health professional said this was the only room where staff were struggling to manage the odour issues. They commented the environment of the home had improved over the last two years. A visitor told us they were pleased with how the flooring had been replaced in their relative's room. During the inspection, the positioning of a clinical bin was moved to reduce odours and increase accessibility to staff.

Good

Is the service effective?

Our findings

Staff practice showed they knew people's preferences and how they wanted to be supported. However, staff did not assume they knew people's choices. For example, they checked with people before providing support. They worked alongside people at their pace. Staff checked with people how they wished to be supported and listened to their opinions. For example, explaining why they needed to move them, how they were going to do it and checking at each stage with the person. Staff worked well in pairs anticipating what each other needed to help the transfer go smoothly.

The Mental Capacity Act (2005) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 own best interests.

The manager had made appropriate DoLS applications and were aware of their responsibilities and how to make an emergency DoLS application if it were required. Records showed how people were consulted on day to day decisions. People's mental capacity was assessed to support them make decisions in different areas of their care and life. Since the last inspection, changes had been made to show how best interest decisions were made, for example the use of sensory mats.

Staff practice at the home showed they understood how to protect people's legal rights by understanding what powers Lasting Power of Attorney (LPA) gave people, including requesting copies of approved LPAs. A Lasting Power of Attorney (LPA) is where a person designates someone the legal authority to make decisions on their behalf if they lose the mental capacity or if you no longer want to make decisions for themselves. There are two types of LPA: an LPA for financial decisions and an LPA for health and care decisions. This meant they made sure they consulted the appropriate people about health and welfare issues and financial matters. Care plans showed the involvement of people and where appropriate the people they had chosen to help them make decisions.

New staff said how they learnt from the staff group who had mixed skills as well as through more formal training. Staff confirmed how the management team continued to spend time working alongside them as positive role models. They also said they benefited from the experienced and stable staff team. A health professional said the staff team "definitely understand" the needs of people living with dementia.

Visitors to the home recognised the stable staff team brought consistency to the care and how their experience benefited their relatives. This was because longstanding staff knew their relatives well and shared their knowledge with new staff. Relatives praised the staff group because they understood the different care needs of people and adapted their approach to each individual. We asked visitors how staff

coped when people became distressed with one another. Visitors were positive regarding the skills of the staff to reduce and diffuse situations. We saw one person become territorial about where they sat. Their relatives said this was important for their sense of well-being. Staff recognised the person's need for security but also ensured another person who wanted to could spend time in this communal area of the home. We discussed how they monitored the second person's own well-being and saw they also encouraged them to use other communal spaces to provide variety, which they responded well to.

Staff demonstrated their understanding of their responsibilities and the skills they needed to effectively support people. All staff showed a commitment to training and developing their knowledge and skills. For example, senior staff held moving and handling training qualifications, which enabled them to train staff. Staff received training on a range of subjects including, safeguarding adults, moving and handling, first aid, health and safety and food hygiene. Staff told us about their recent training, which matched with the training certificates on their files. Staff said they continued to receive training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. This included in-house training run by the provider, which included guest speakers.

Staff were supervised formally but also said the staff team and management team were approachable and available when they needed guidance. Systems were in place to support new staff and assess their progression during their probationary period.

Relatives praised the access to health care professionals and the good communication between staff and health care professionals. They said this gave them confidence that staff acted in the best interest of their relative to ensure they received timely health interventions. They said staff kept them up to date with changes in their relative's health. One person living at the home was particularly pleased they continued to be supported by the same GP from when they lived in their own home. Records and our conversation with visitors showed there were arrangements in place for people to receive regular support with dental, eye and podiatry check-ups. Health professionals said they were contacted in a timely manner and staff were up to date with people's care needs. They said staff communicated well with health professionals.

Throughout our inspection, people were encouraged to have a drink of their choice. This was offered in an informal manner and staff, the management team and the provider would sit with people to have a chat with them as they all had a drink together. This meant people were more likely to drink as it was a social situation. Relatives said they were always welcomed and offered a drink. One person visited regularly and on one occasion we saw staff hand them their preferred hot drink as they came through the door, which led to smiles and laughter.

Staff in the kitchen worked alongside care staff to find food to meet people's preferences and choices. They worked with care staff, discussing if a person's appetite had declined, and what alternatives could be offered that might tempt them to eat. This was the case during the inspection as a person had been discharged from hospital but seemed to be declining and reluctant to eat or drink. Staff tried different options and took a pleasure in the person's enjoyment of a chocolate pudding. People at risk of de-hydration had their fluid intake monitored and these records showed staff were encouraging them to have an appropriate level of fluids.

As on our last inspection, staff continued to appreciate that for some people food was perhaps one of the few areas left in their life which they could control and this helped them respond to people appropriately. For example, showing patience when people made amendments to their meal. The atmosphere at meal times was relaxed. Staff engaged with people as they supported them. The provider spent time at the beginning of the meal sharing anecdotes and jokes in line with recent research to promote a good meal

time experience.

The home was not purpose built but the provider said they had endeavoured to adapt the layout to suit the people that lived there. The ground floor layout enabled people to choose different areas to sit. Some people appeared to prefer to move around while others had a favoured spot in the conservatory or in the lounge. In a previous residents' meeting the lighting in the lounge had been raised as an area for improvement. The lounge had been decorated to help lighten the appearance but we saw that at some periods of the day the light levels were low. This could be a potential hazard for older people, particularly people living with dementia, whose eyesight can become impaired reducing colour differentiation and problems with depth perception. The provider said there was a balance in creating a homely atmosphere and increasing the light levels but agreed this was work that needed to take place to help people's independence and reduce the risk of falls.

People's bedroom doors were numbered; there were no signs to help people identify their rooms. Signage had been discussed at one of the residents and guests' meetings. We discussed this with the provider and current best practice guidance. The provider said if people were struggling to find their way to their room they would take steps to devise a system appropriate to the individual to help them.

Outstanding ☆

Is the service caring?

Our findings

At the last inspection this question was rated good. At this inspection this question was outstanding.

The staff group's training; knowledge and empathetic nature enabled them to recognise that maintaining people's dignity was linked to them feeling valued, respected and genuinely cared for. Some people living with dementia find it difficult to express their thoughts and experiences. We met a person who when well, communicated in an individual way, for example singing a particular song. We saw staff and the provider used this knowledge to understand them and how they were feeling and to judge their mood. For example, song was used to enable them to feel included in resident meetings as they could join in as part of the proceedings even if they could not express other views. The person had been admitted to hospital from the home for treatment. The manager explained how they had liaised with ward staff at the hospital to assess how the person's well-being was progressing by asking whether the person was singing a particular song.

The provider was skilled at engaging with people and keeping the exchanges light hearted so people did not feel threatened if they were unsure of the answer. There was a lot of laughter and people joked with staff and each other.

People's care plans identified the individual support needed to reassure people. They identified what support was needed to reassure people and provide them with peace of mind. This meant it was not just about caring for the individual but respecting and valuing the people, animals and objects that were cherished and important to them. For example, one person had a pet in their room, they worried it would be lonely when they were away from the room so the radio was left on for the pet. Staff knew how much the person valued their pet and so a photograph was on display in the hall as part of the home's portraits of key 'people' connected to the home. The person's love of animals was recorded in their care plan. Staff used this knowledge to engage with them and to provide comfort. Staff also said it gave them comfort to think they could use this information to help them support the person to feel safe and loved. Another example was where staff had considered about how to settle a person at night, including having their hand bag by them so they did not worry it was mislaid. A plan had been written for night times which included ensuring they had their bed socks on to keep them warm and help them sleep.

Staff knew people's history and their family connections. They spoke with people about those they cared about and provided comfort to relatives who were going through difficult times. Some visitors said that it felt like a second home and how much they depended on the compassion and caring nature of staff. One person said "The staff are absolutely brilliant – always make you feel welcome." The provider continued to work on ensuring the values of the home included a friendly and welcoming environment which recognised the difference and diversity of the people who used their service now and in the future. The provider had visited a care home rated as 'outstanding' and had been inspired by a 'Family Tree Mural'. This idea had been introduced to Pottles Court. Staff said its creation had been popular; we saw it being used as a talking point and saw people living at the home standing looking at it when alone. It included people living at the home as well as staff members and pictures of social occasions, and was kept updated. This was an example of everyone living at the home being part of a wider family.

Staff practice demonstrated they understood the importance of physical comfort to people, especially those who could no longer express their feelings in words. Staff were affectionate, using a gentle touch to reassure people and to communicate with them. They took time to make eye contact to connect with people. Staff took time to ensure everybody living at the home felt part of the home's community.

There were staff who were highly skilled and had a natural aptitude to give reassurance and comfort. People would cuddle into them and stroke their faces. Other people responded to gentle humour and banter. People's reactions showed they were at ease with their place in the home's community. When anyone was unsettled staff were quick to respond and support them with their anxieties. This was particularly the case for some people who had some insight into their dementia and sensed that 'something was not right'. Our conversations with visitors and our own observations showed how well the staff worked as a team. For example, feedback from visitors praised numerous staff for their close relationship with their relative. Where one person had responded well to the one of the housekeepers, their relative described the staff member as "brilliant...she thinks the world of mum."

When people struggled to make themselves understood staff were skilled and compassionate in supporting conversations and responding to the underlying mood. Staff were patient and took time for the person to engage and respond. People's faces lit up when particular staff spent time with them. A visitor said "it is so relaxed here but the care is always there if needed." Staff members responded with good humour to the different names people called them. For example, one care worker was called two different names by two people living at the home. They accepted this and knew it was probably because they looked like someone the people had known before. Most importantly they immediately responded to these two people when they called out for the staff member.

The caring nature of staff was demonstrated by their attention to detail to ensure people living with dementia did not have further communication barriers. For example, visitors said their relative always had working hearing aids and that they were always wearing their glasses, which were kept clean. We saw a staff member throughout our inspection checking people's glasses and keeping them clean.

Staff were observant of people's body language to help them make a judgment about people's pain levels and changes to their well-being. One person's care plan noted they could grind their teeth when they became anxious. This level of information was important because the person was no longer able to fully express their feelings through language. Their relative praised the staff for their care and attention. We observed small acts of kindness from staff. They were attentive and monitoring people's well-being. For example, making people comfortable and placing blankets over people's legs to maintain their dignity when they were moved using equipment.

Visitors told us how much they appreciated the knowledge that staff held to ensure people received support in a manner which was acceptable to them. For example, ensuring outfits, scarves and jewellery matched if personal appearance and style had always been important to the individual. One visitor regularly took time to come in to wash and blow dry their relative's hair. From our conversations with them and our observation, it was clear this interaction was important to both of them and gave them time to connect and gain pleasure from the end result. Staff recognised the importance of this role for the visitor and complimented the individual on their appearance.

The provider and staff had created a report on 'End of Life Care - Difficult Conversations' to help staff support people living at the home and their families consider future care needs and to document people's wishes and advanced decisions. We saw examples of completed paperwork documenting these discussions in people's care records. A check list was produced to help support staff to cover a range of topics both

practical and spiritual. During the inspection, we were also shown a set of documents that were actioned when a person required end of life care. This included what equipment was needed, mouth care charts and new risk assessments to consider, for example, pressure care to reduce the risk of skin damage when the person became frailer.

Staff were knowledgeable about people's wishes because of these discussions. For example, one person had been taken to hospital for treatment but had expressed the wish not to die in hospital. Staff worked with hospital staff to assess when the person was ready to return to the home and had made plans with local health professionals to care for them at Pottles Court. The manager said they or other staff members always made themselves available to help ensure people did not die alone if they did not have family or a close friend to be with them. Staff knew what was important to people. For example, the belief of one individual about who they would meet in heaven; staff said they were able to discuss this belief with the person to provide comfort and reassurance. Training in end of life care was planned with a local charity, Hospiscare to further update staff knowledge. At the time of our inspection staff were supporting a person with declining health. They monitored the person closely and communicated effectively as a team to share information regarding the person's well-being and comfort. The manager and staff said they were well supported by GPs and community nurses. A health professional said staff working with community nurses provided excellent end of life care and they had no concerns with this area of care. Another health professional said the staff were "very caring" and "really try hard" to enable people to receive end of life care at the home rather than hospital. They said the service had the appropriate equipment to provide this type of care.

People had Treatment Escalation Plans (TEP) in place that recorded people's wishes regarding resuscitation in the event of a collapse. These were stored in an accessible place for staff to refer to and decide the next course of action. The manager supported staff to reflect on how they reacted in an emergency situation. They also used these examples to help other staff improve their practice further. As part of this reflection, the provider wrote to the emergency services to thank and praise them for the dignity they showed to the individual and their support to the care staff.

Good

Is the service responsive?

Our findings

People received care which was person centred and responsive to their needs. A health professional commented that staff were matched to people they connected well with, which they said worked very well. People's care records were up to date and held personal information, including people's likes and dislikes. Since the last inspection, work had taken place to personalise people's care plans further. The provider described it as a 'deep dive' and we could see how the care plans had benefited from this approach. Relatives told us how they felt involved and knew what a care plan was and its purpose. One said to us that it was the "little things that matter" and staff knowledge was "100 percent."

The importance of care plans were discussed at a resident and guest meetings to help people understand the documents important role in supporting personalised care. The provider had considered what 'Being Family Friendly' meant. They said in a document they posted in December 2016 'Partners in care – we undoubtedly regard family members as assets to the care we provide – helping offer insights, preferences and past life stories and details for those of our folk who struggle to remember or communicate aspects of their lives or likes and dislikes.' Families were given a 'shared lives' guide sheet to help them consider with their relative memorable moments, work life, happy evens and school friends.

Care records were clear and easy to follow. They were written in a respectful manner and included information on non-verbal information to help staff read people's moods. Records showed staff monitored changes in the person's health and worked with health care professionals to reduce risks. A folder contained key documents for each person living at the home, as well as personalised information, to inform hospital staff in either a routine or emergency admission. Staff were proud of their commitment to ensure health professionals had pertinent health information as well as person centred information to help reassure the person when they were in a setting unknown to them, for example a hospital ward. A health professional said the quality of communication with the staff at the home was generally very good. They said referrals were made in a timely manner and staff were up to date and knew why health professionals were visiting.

Each care plan contained guidance to staff to help them provide personalised care to the individual. Daily notes provided a record of how the person had been assisted and at what time. This demonstrated that people had the help at the time they preferred, which people confirmed. For example, some people chose to stay in bed until later in the morning. Staff were clear there were no set routines and each shift was different depending on people's choices. Reviews of care plans had taken place and records updated to reflect people's changing care needs and behaviour.

People visiting the home spoke positively about the events and activities that took place in the home. The provider described adding value to people's lives. They said in the service's blog 'We have a well-crafted model of low intensity activities based on a combination of providing fun, smiles and laughter, embedding curiosity...' This approach took many forms including short quizzes and chats about significant events, such as celebrating Twiggy's (a famous fashion model) birthday, a bread making session and making bunting. Sport sweepstakes were also arranged, for example in relation to Wimbledon, a cup was awarded to the winner. Celebrities were remembered through quizzes and themed days. The manager said the care staff

team also spent time with people and would begin impromptu activities, such as gentle exercises.

The activities co-ordinator described how they had got to know people at the home to establish their individual interests and to help them make connections with each other. This included discussing their place of origin and where they had lived in their life. The staff member explained how they adapted their approach to people's individual interests and wishes. For example, hand massages, looking at photographs, and general conversation whilst sharing a communal activity such as cooking which enabled people to reminisce. The introduction of a new television channel to the home meant there was a ready supply of classic films which staff took time to find for people sitting in the lounge. People had daily papers delivered and impromptu discussion took place around news topics, as well as completing the crosswords.

Music continued to feature strongly in the culture of the home, which visitors commented positively on. For example, including a song at the end of the resident and guests' meeting which was chosen and led by people living at the home. A range of music was played from different eras, and people responded positively singing independently, singing with staff. Staff used music to engage with people and to start up a conversation. One visitor commented they had done more in their year living at the home than they had the five years before. They took comfort in this and valued the social opportunities provided.

There was clear complaints information on display; people visiting the home said staff were approachable if they had a concern. Staff were quick to respond to people's comments during the day if they were not happy and adapted their approach to reassure them. We saw that complaints, concerns and suggestions were logged and responded to appropriately. There was an audit trail with actions taken to address the concern. A health professional said they were aware of a recent complaint but were confident the staff at the home had the skills to provide the appropriate care. Another health professional agreed with this statement. Since the inspection, they had fed back some observations on the care for one individual; they said the manager had been responsive to feedback.

Outstanding ☆

Is the service well-led?

Our findings

At the last inspection this question was rated good. At this inspection this question was outstanding.

Pottles Court provided people with safe, effective, compassionate and high-quality care. They stated in a policy 'We regard Dementia as a condition that can be hard to live with for many people yet does not prevent laughter and living a valued life'. There were numerous factors which made the service exceptional and distinctive. This included how the provider and staff worked in partnership with each other, as well as health and social care professionals to enhance and improve the standard of care they provided. This willingness to collaborate with other partners meant staff and the provider reflected on their own practice and used current research to influence how care was provided and how the home was run.

There was a commitment to continually improve. The provider continued to be very much part of the everyday life of the home, as well as leading its development. He was knowledgeable, having spent his career working in mental health, continuing with professional development both for himself and his staff team. For example, working with health professionals at the University of Exeter medical school to consider how the mealtime experience could be improved for people living in a care home setting. Feedback from the university professionals included a comment on the enthusiasm of the provider and staff to discuss support and engage with research projects. They said, 'I wish all care homes were so focused on using evidence to improve their work and the lives of everyone connected to them.' The provider recognised mealtimes was an experience that could be enhanced. Small incremental steps had been taken, for example to tell jokes and anecdotes before the meal to make it a social occasion and help people to relax. As well as consulting visitors and people living at Pottles Court regarding a larger project to install an accessible kitchen.

The provider worked in partnership with other agencies and invited them to work in the service to share their knowledge and increase their awareness of current dementia practice. For example, we met trainee nursing associates from the NHS who were on a work placement. They each had been involved in an individual project linked to the home and had fed back their suggestions to improve the experience of people living at the home. One said "It's nice to see a home more homely and not clinical" with "happy residents". They praised the quality of the verbal and written information given to them when they joined the staff team, which they described as personalised and "so in depth." The provider was part of the Devon Kite Mark group which was a coalition of care homes in Devon to improve the experience of people living in care homes. The provider told us they were the lead and founding member of the group which had run for five years. They said that the initiative had received local and national acclaim for sharing best practice and creating a commitment to quality improvement.

The manager has submitted an application to register with CQC as the manager of the home. The provider's rationale for delaying this application was to help ensure that the prospective manager had the skills and knowledge to take up their responsibilities by enrolling them on a national vocational course at a level 5. This demonstrated the commitment of the provider to training. A relative said the promotion of the deputy to the manager "was a great decision…she is a thoughtful lady." The relative described how the manager nurtured both people, including relatives. They said that the manager "went above and beyond" her role to

support people and their families. Other people echoed this feedback. The manager was described as "approachable… a real people person." Our discussions with the manager showed their practice was grounded in compassion for the people they cared for and a passion to make people feel safe and valued.

Good leadership extended beyond the manager and the provider. Other staff expressed a passion for providing high quality care and were able to provide examples of how they influenced the service. For example, introducing new auditing system for slings to ensure equipment was safe and fit for purpose. Senior staff described how they promoted teamwork and recognised the individual skills of each team member. They knew the importance of using personal information to engage with people and gain their trust and confidence. For example, the name of a favourite pet or the dynamics of family relationships. We saw them using this approach and then observed other staff adopting the same technique to encourage a person to relax while they ate their meal.

There was a culture of openness and staff engagement. Work had taken place amongst the staff team to consider what made a team culture which considered being clear about the beliefs and philosophy of the home, including aims, team spirit and reflecting on practice. A set of beliefs had been developed to encompass facts about dementia and the attitude of staff. The provider stated 'our approach is to make sure people are safe, have fun, stay happy with variety and choices in how they spend their time.'

Staff had the opportunity to express their views and try new ideas. Staff were encouraged to develop and build on their skills. A senior staff member was working alongside them as acting deputy manager. They said their skills complimented each other based on their experience and different backgrounds which had been recognised by the providers. Staff confirmed this view saying the deputy was really "on the ball" particularly around medicines and creating systems to help with the running of the home. The service offered apprenticeships and encouraged younger people to see care as a career choice to be valued and be proud of. Apprentices had then gone on to complete a national qualification in care and worked as part of the permanent staff team. Senior staff had been given particular areas of care to audit and monitor so as to create a sense of ownership to the development of the service.

There was an open culture encouraging people who lived at the home to share their views and issues. Meetings to gather feedback were well publicised with a flexible agenda; people knew about them and their purpose. There were regular residents and guests meetings. Minutes were on display completed with a gentle humour to reflect the ethos of the home. For example, 'As usual we gauged the level of hearing in order to know how loud to speak- several people are a little hard of hearing so we always want to make sure we are heard. We had our customary round of welcomes and waving from all checking in and saying hello.'

The provider told us with good humour that people attending the meeting were confident about giving feedback on his presentation and whether they could hear him. Agenda issues were varied for each meeting but included topics such as getting the balance right between stimulation through light hearted spontaneous quizzes and planned social events as well as time to relax. Other topics included discussing the national variations on words used for 'support to go to the loo' and updates on the work on the family charter. The home has been chosen by a national campaign called John's Campaign for being a family friendly care home. Relatives praised the welcome they received when they visited. For example, they said staff were "really friendly and wonderful."

People living at the home and relatives spoke highly of the service and said they would recommend it to others. Some visitors had both parents living at the home; they praised how the staff respected and supported couples. People's praise had common themes which included personalised care, friendly and homely atmosphere and the welcoming nature of staff. Several visitors had assisted their relative to move

from other care homes following concerns. They said this experience had enabled them to recognise the high quality of care provided at Pottles Court.

There was focus within the service to include people in their care, for example through the completion of care plans. Information had been shared about their purpose via posters and meetings with the agenda topic 'helping to make sure care plans are excellent'. Visitors understood the reason for them and were involved in regular reviews with their relatives. Where appropriate, relatives had been consulted on behalf of the person living at the home.

Regular audits were completed, for example, how the medicines were given and recorded, as well as observations of staff practice. Staff explained the measures they had put in place to improve staff medicine practice, photographs were taken if there were concerns so staff could see if for example medicines were not stored in an orderly manner. Falls were audited so the manager could identify if there were patterns or themes. Records showed nobody at the home was falling on a regular basis. During the inspection, staff audited the pressure cushions in the home and found some needed replacing. An order was made immediately for new equipment. Audits were also completed on equipment such as slings which were used to help move people.

The provider undertook a number of other audits to monitor the well-being of people living at the home, such as visiting in the evening unannounced, which was good practice. There was a good rapport between the manager, deputy and the provider. Staff were kept informed in a variety of ways including handovers, supervision, memos and staff meetings. Their practice was observed through spot checks and through formal observations. Our discussions with staff demonstrated their continued willingness to learn and try new ways of working to benefit the people they supported.

The home was also part of a peer review group which aimed to raise standards in the provision of social care for people living with dementia through the collaboration of a group of independent care homes. Information about the home and plans for developing the standard of care was openly shared with people living, working and visiting the home. It was shared in different formats including noticeboards, the home's website, a blog, newsletters and meetings. Minutes were kept and showed how people had contributed to discussions. People were kept informed of changes within the service, such as new staff. Relatives were aware of different ways of keeping informed of the running of the home.