

Yelverton Care LLP

# The Yelverton Residential Home

## Inspection report

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## 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

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

The Yelverton Residential home can accommodate up to 28 people in an Edwardian house situated on the village green of Yelverton situated near to the market town of Tavistock and the city of Plymouth. The home consists of three floors with a six person passenger lift and stair lifts providing level access to each floor. With a main communal lounge, dining area and a library room where people could spend their time as they chose. To the front and rear of the house were courtyard areas which people could use if they chose, with the rear courtyard being secure.

This comprehensive inspection took place on 16 and 22 March 2018. The first day of the inspection was unannounced. This meant that the provider and staff did not know we were coming. This was the first inspection of this service since it registered with The Care Quality Commission (CQC) in March 2017.

At the time of this inspection there were 24 people using the service. One of these people was staying at the service for a period of respite.

There was a registered manager who was one of the directors of the service. A registered manager is a person who has registered with 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.

The registered manager was supported by the general manager who was also a director and the other two directors took an active role.

People and relatives were very positive about the service. Comments included, "This is such a wonderful home. I'm so lucky that my son managed to find a place here, so lucky" and "I enjoy living here. Everyone is very friendly and helpful."

Safe recruitment procedures were in place and appropriate pre-employment checks were undertaken. There was a sufficient number of staff on duty to care for people safely. Where there were any shortfalls the provider used the services of a local care agency. Staff were up to date with training and additional training courses linked to the needs of the people using the service had been completed by staff. Equality and Diversity was part of the provider's mandatory training requirements. People were cared for without discrimination and in a way that respected their differences.

Care records contained detailed risk assessments. People had individual personal emergency evacuation plans in place. Accidents and incidents were recorded and analysed to look for patterns or trends. Regular

maintenance checks and repairs were carried out and all areas of the service were clean and tidy.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager had been working with the local authority Deprivation of Liberties (DoLS) team regarding submitted appropriate DoLS applications. Capacity assessments were being undertaken and best interest decisions were being recorded.

Staff felt well supported and regular supervision sessions were undertaken and annual appraisals were planned. Staff said they felt involved with the development of the service with regular staff meetings. One said "Quite helpful...felt listened to."

People were supported to maintain their health and wellbeing and had access to health professionals when needed. People were happy with the food they received. There was a varied menu containing well balanced nutritious options. Snacks and drinks were available if people required them. People's weights were monitored regularly and advice sought from health professionals if there were any concerns.

People and their relatives were happy with the way care was delivered and happy with the staff approach. Staff interacted positively with people who used the service and had a good knowledge of the people they cared for. Relatives were made to feel welcome and were involved in the care planning process. The provider used a computerised care records system which enabled relatives, when appropriate consent had been granted, to access care records. Staff provided care in a way that protected people's privacy and dignity and promoted independence.

People were receiving care that was tailored to their individual needs. Care plans contained detailed information, including life history, to help staff support people in a personalised way. This was a new service with a small team. The registered manager said they had worked hard to get the right staff and it had only been in the last couple of months they had their nearly complete team. Staff said there was a good team spirit at the service.

The registered manager was committed to ensuring people experienced end of life care in an individualised and dignified way. There were numerous thank you messages from relatives regarding the good quality care people had received at the end of their lives at the service.

A staff member was responsible for co-ordinating activities and there was a varied timetable of events. They were new to their role and with the registered manager's support had plans to develop activities further.

There was a complaints procedure in place and people knew how to make a complaint if necessary. The registered manager had had two complaints since the service had opened. They had responded to the complaints in line with the provider's policy and had made changes as a result of lessons learnt.

The provider had a quality monitoring system at the service. The premises and equipment were managed to keep people safe. Records contained accurate and up to date information relating to people's care needs.

Staff meetings took place every month and staff felt able to discuss any issues with the registered manager. Feedback was also sought from people using the service and relatives in a variety of ways. A cheese and wine meeting had been scheduled, a survey had been carried out, a suggestion box and comments book was also in place. A small group of people, relatives and staff were being sent surveys each month to ask their views about the service. Staff spoke highly about the registered manager and management team.

The service had close links with healthcare professionals who gave positive feedback regarding the knowledge and cooperation of management and staff.

## 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.

Medicines were safely managed.

Safe recruitment procedures were in place.

People said they felt safe. Staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

The service was staffed at an appropriate level to meet people's needs.

The premises and equipment were managed to keep people safe.

Infection control processes were in place.

### Is the service effective?

Good ●

The service was effective.

Staff received appropriate training to meet people's needs.

Staff had received an induction when they came to the service.

Staff had had supervisions and felt supported.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS). Appropriate applications had been made to the DoLS team and best interest decisions were being made where people lacked capacity.

People were supported to maintain their health and wellbeing and their nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People were happy with the care they received. Relatives were welcome to visit at any time and were involved in planning their family member's care.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

Staff treated people with dignity and promoted independence wherever possible.

### Is the service responsive?

Good ●

The service was responsive.

Care plans contained information to help staff support people in a person-centred way. Care was delivered in a way that best suited the individual.

The registered manager was committed to ensuring people experienced end of life care in an individualised and dignified way.

People's social needs were met and they were encouraged to follow their interests.

There were regular opportunities for people, and those that mattered to them, to raise issues, concerns and compliments.

### Is the service well-led?

Good ●

The service was well led.

Staff spoke positively about the management team and how they were developing the new service and including them  
Records contained accurate and up to date information relating to people's care needs.

The quality of the service was monitored by system of audits.

Feedback was sought from people using the service and their relatives and any issues identified were acted upon.

Staff meetings took place every month and staff felt able to discuss any issues with the registered manager.

People's views and suggestions were taken into account to improve the service.

There were audits and surveys in place to assess the quality and safety of the service people received.

# The Yelverton Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 16 and 22 March 2018 and the first day was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also contacted the local authority commissioners for the service and the local Healthwatch team to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spent time with people living at the service. We carried out observations using the short observational framework for inspections (SOFI). SOFI is tool used to capture the experiences of people who use services who may not be able to express this for themselves.

We spoke with 10 people who used the service and three relatives. We spoke with 12 members of the staff



team including the registered manager, the general manager, the deputy manager, an administrator, the activities co-ordinator, four care staff, an agency care worker, a member of the housekeeping team and the cook.

We reviewed three people's care records and three staff files which included recruitment, supervision and training information. We reviewed medicine administration records for five people as well as records relating to the management of the service. We contacted health and social care professionals who have worked with the provider, to ask them their views about the service. This included staff at the local GP surgery, social care team staff and the local authority's Quality Assurance and Improvement Officer (QAIO). We received three responses.

# Is the service safe?

## Our findings

People said they felt it was safe at The Yelverton Residential Home and they were well supported by staff. Comments included, "This is a safe home, I'm not at all worried about that" and "I feel that we're all safe living here." One relative said, "What I find gives me the greatest peace of mind is knowing that I can depend on the staff. They won't let my relative down if they need anything." Another said, "Very safe, very quick, I am very confident."

There were effective recruitment and selection processes to help ensure staff were safe to work with vulnerable people. The registered manager recorded in the provider information return (PIR), "We recognise that it is essential to have robust recruitment procedures and of the importance to take time to recruit the right staff: candidates sought who are reliable and hardworking but also show kindness and empathy towards clients and colleagues." This was demonstrated in records we reviewed. Staff had completed application forms and interviews had been undertaken. Pre-employment checks were done, which included references from previous employers. Any unexplained employment gaps were checked and 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. This demonstrated that appropriate checks were undertaken before staff began work.

Our observations together with discussions with people, relatives and staff, showed there were sufficient staff on duty to meet people's needs and keep them safe. Staff worked in an unhurried way and had time to meet people's individual needs. People, visitors and staff said they felt there were adequate staff levels to meet their needs promptly. The registered manager had a system to regularly monitor the staff levels at the service. They recorded in their PIR that they used "A dependency tool that calculates dependency from the care review assessments; this allocates staff time for each area of need and links this with the staff hours on the rota. This allows management to provide sufficient levels of staffing over 24 hours."

The registered manager was actively recruiting to fill three vacant positions. Staff undertook additional duties and the provider used the services of local care agencies to cover gaps in the rota. When agencies had not always been able to provide cover, the registered manager said staff were very good at stepping in to cover short falls. A staff member confirmed this they said, "We have enough staff...have agency and our own staff will cover."

Where agency staff were used, checks were made to ensure they were suitable. Agency staff were given sufficient information to ensure they were able to work at the home safely. One agency worker said, "I was shown around the building...where everything is and introduced to residents.... Compared to other homes I am definitely enough information. I am impressed."

Staff who administered medicines had received medicine training. The management team were undertaking competency assessments to make sure they had the required skills and knowledge required. Staff while administering medicines wore red tabards advising that they were undertaking medicine administration and should not be disturbed.

People's medicines were checked in when they arrived at the service from the pharmacy and the amount of stock documented to ensure accuracy. Medicines were kept safely in a locked medicine cabinet. The cabinet was kept in an orderly way to reduce the possibility of mistakes happening. The medicine fridge temperature was being recorded and staff had guidance regarding the required temperature and what action they should take if it was outside of the required range. Where people had medicines prescribed on an 'as required' basis (known as PRN), protocols were in place about when they should be used. This meant that staff were aware of why and when they should administer these medicines to people appropriately. Staff administering prescribed topical creams recorded the administration on the computerised care system.

The management team were working with the local pharmacist and GP practice to improve medicines administration at the service.

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority safeguarding team, police and to CQC. One staff member said, "My training showed what I could do if I wanted to report something I don't agree with...It would be dealt with. (The registered manager and general manager) are good and would deal with it." The management team demonstrated an understanding of their safeguarding roles and responsibilities. The registered manager had raised one safeguarding concern in the last year with the local authority and had taken measures to protect people.

The home was protected by coded security locks on the front door. To help maintain people's safety the access code for the building was changed every three months.

People were protected because risks for each person were identified and managed. The registered manager recorded on the PIR, "We have an ongoing programme of risk assessments to address both environmental and personal risk." Care records contained risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments associated with people's nutritional needs, moving and handling, pressure damage and falls. People identified as at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores. This included, pressure relieving mattresses on their beds and cushions in their chairs.

An individual risk assessment for evacuation of people in the event of a fire was in place. This provided information about each person's mobility and communication needs and the support they would require in case of an emergency evacuation of the service. These were checked weekly to ensure they remained accurate. First aid boxes were regularly checked and restocked to ensure they have all of the equipment needed in an emergency.

Accidents and incidents were reported and appropriate action taken. They were reviewed by the management team to identify ways to reduce risks as much as possible. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally when required. The registered manager and management team worked alongside staff to identify issues and take action when required.

The home had a pleasant homely atmosphere with no unpleasant odours. Staff had access to appropriate cleaning materials and to personal protective equipment (PPE) such as gloves and aprons. The provider had an infection control policy in place that was in line with best practice guidance. The housekeeping staff used a cleaning schedule to ensure all areas of the home were kept clean. There was handwashing guidance in

communal toilet.

Premises and equipment were managed and maintained to keep people safe. The general manager took responsibility for the environmental health and safety of the service undertaking regular audits and assessments. There were systems in place to ensure the maintenance person undertook regular checks. These included electrical testing, effectiveness of window restrictors, hot water temperatures, wheelchair checks, weekly fire bells and routes of escape, monthly cleaning the tumble drier vent and three monthly checks on fire door guards and door strips. Wheelchair checks reviewed the safety of footplates, tyres and brakes. Action was taken regarding any found to be unsafe.

External contractors regularly serviced and tested moving and handling equipment, fire equipment and lift and stair lift maintenance. Staff recorded repairs and faulty equipment. All tasks undertaken by the maintenance person were recorded to ensure there was an audit trail of work carried out. The provider had systems in place to check the water quality at the service annually against the risk of legionella.

## Is the service effective?

### Our findings

People's needs were consistently met by staff who had the right competencies, knowledge and qualifications. Staff had received appropriate training and had the experience, skills and attitudes to support the complexities of people living at the service.

When staff first came to work at the home, they undertook a period of induction and completed an induction checklist. This included working alongside experienced staff to get to know people and their care and support needs. One new member of staff said "This is one of the best ones I have worked in. I did shadow shifts. When I started they showed me the fire exits and what to do in an emergency." Another said, "I had three shadow shifts...followed someone around...showed policies and equipment, resident's needs, how they are all different, showed fire drill, panel and exits."

The registered manager supported new staff new to care to complete the Care Certificate, which is a nationally recognised Skills for Care training programme for newly recruited staff. Staff said they felt the induction enabled them to perform their role well. A care worker who had recently completed the Care Certificate said, "I found it fairly easy, if I wanted help I could get it."

Staff had regular opportunities to update their knowledge and skills. Staff had completed the provider's mandatory training which included fire safety, moving and handling, safeguarding, infection control, health and safety, food hygiene. They also undertaken other training to ensure they were able to meet people's needs. One staff member said, "Training is really good here." Staff were encouraged to undertake additional qualifications in health and social care and to extend their knowledge further. A health care professional said, "Good skills from senior carers." Another said "They have knowledge of the equipment they use. They are interested to learn and improve their knowledge."

Staff and records confirmed they received supervision on a regular basis. This was an opportunity to meet with their line manager, reflect on recent work and their own wellbeing as well as discuss any support and training they might need. Staff said they found the supervisions really useful and were positive about the support they received. Comments included, "I have had two or three and an appraisal...quite helpful...felt listened to."

People were supported to have regular appointments with their dentist, optician and chiropodist. People were also supported to access other health services when necessary. For example, community nurses, speech and language therapist (SALT) and opticians. We discussed with the management team the timeliness of one referral not taking place promptly to the optician and audiology. The registered manager explained they were aware of this and took action immediately. Health professionals said they had no concerns about the service and had confidence in the staff to make referrals promptly. Comments included, "Staff prompt at asking for advice, and ensure patients are safely cared for... They follow our guidance."

An emergency had occurred on the morning of the inspection visit, which resulted in the person needing to go into hospital. Records demonstrated staff had been very responsive to the person's needs. They had

called emergency service promptly and informed their family. The person returned to the service during our visit. Their relative praised the responsiveness of the staff. They went on to say, "The hospital nurse was impressed by the information sent to hospital."

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA.

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 authorisation 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.

We found the home was meeting these requirements. The registered manager understood their responsibilities in relation to DoLS and knew how to make an application if they needed to restrict a person's liberties. Appropriate applications had been made to the DoLS team and best interest decisions were being made where people lacked capacity. The registered manager had recently been working with the local DoLS team and had increased their knowledge about the MCA. Staff had received training on the MCA and demonstrated an understanding of people's right to make their own decisions. One staff member said, "Assessing if they can make decisions for themselves and respecting if they can or cannot...not forcing them to do things."

The provider ensured people were informed and guided around the home. There was a significant amount of signage on display around the home, much of which concerned matters of safety. The noticeboard in the main hallway had relevant and current information about the service's insurance, the fire plan, support services for people living with dementia, and a notice requesting relatives not to bring untested, portable electrical equipment into the home.

The home had a homely feel with fresh flowers distributed throughout and all the clocks on display were working and showing the correct time. One staff member said, "I recommended this place. It doesn't smell like a care home and all of the staff are nice...they don't rush they are person-centred."

People were supported to have sufficient to eat and drink and maintain a balanced diet. Staff gathered information about people's dietary requirements likes and dislikes when they first arrived at the home. This information was available in the kitchen for the catering team to inform them about people's requirements. People at risk had their weight monitored regularly and further action was taken in response to weight loss and appropriate referrals made. The cook said they added milk powder, cream and butter to foods for people who needed additional calories. They also said, "They are able to change their mind...If somebody doesn't like what is on the menu we ask them what they would like and we get it in for them. It is their home." There was a varied menu containing well balanced nutritious options with at least two main meal choices and desserts. Snacks and drinks were available if people required them. Each morning the kitchen assistant asked people their choices while giving out mid-morning refreshments.

We observed a lunchtime meal at the service. The tables were set with fresh flowers and crockery. Residents were offered a choice of water, fruit juice or wine to drink with their meals. One person who required

assistance to eat their specialist meal was sitting with other people, and not marginalised or isolated due to their needs. People were happy about the food and said they were offered a choice if they did not want what was on the menu. Comments included, "I really enjoy the food. There is a gorgeous menu and the only real problem is that one could easily eat too much" and "I can't fault the food. You have a lovely hot lunch and a range of snacks for tea. You can have other snacks in between if you wish."

Where people had any swallowing difficulties, they had been seen and assessed by SALT. Where the SALT had assessed a person as requiring a special diet and recommended a pureed food, these meals were provided in the required consistencies for people. One relative said, "My relative has particular care needs and dietary choices. They go out of their way to meet those needs."

## Is the service caring?

### Our findings

Staff were kind, friendly and caring towards people. People were seen positively interacting with staff, chatting, laughing and joking. People and visitors said they felt the care at the home was very good. People's and relatives comments included, "The standard of care I receive here is first class", "I think they look after us very well", "The staff are really so very caring, I don't know what I'd do without them", "I have only been here for a short while, but what has struck me is that the staff here have time for us" and "My relative and I were made to feel so welcome from day one. I can't begin to describe just how good the care is here. Marvellous. They cope so well and I can't praise them enough."

The Yelverton Residential Home had a culture of compassion and understanding. Staff were considerate and caring in their manner with people and knew people's needs well. When someone was brought into the lounge, staff were very attentive and spoke and reassured the person throughout the transfer into a chair using a hoist. They then ensured the person was comfortable and had all they needed.

Staff also felt the service was a nice place to work. Comments included, "This is a great place to work. I've been here a long time and wouldn't want to work anywhere else. The best thing about it is the team spirit", "The best thing about my job is the contact I have with the residents", "I thoroughly enjoy coming to work here, the thought of coming to work here gets me up in the morning" and "I think this is such a wonderfully run place to work in, I love coming to work here."

Staff treated people with dignity and respect when helping them with daily living tasks. Staff said they maintained people's privacy and dignity when assisting with intimate care. One staff member said, "I shut the curtains when I go into a room to do personal care, place a towel in their lap and give them a flannel to do themselves, I give them things they can do, not taking things away from them."

Staff involved people in their care and supported them to make daily choices. For example, people chose where they spent their day and the clothes they wore. One person said, "There's a lot of choice here, for example, you can choose to eat on your own in your room, or in the dining room. You can also choose what time to get up and go to bed." Staff said they knew people's preferred routines such as who liked to get up early, who enjoyed a chat and who required reassurance and emotional support.

In people's care plans staff were reminded to seek consent from people before carrying out tasks. People had been asked for their preference of gender of carer. One care worker said, "One lady doesn't like male carers so has female, it is her choice." Formal consent was also obtained regarding having their photographs taken while staying at the service.

People's relatives and friends were able to visit without being unnecessarily restricted. People and a relative said they were made to feel welcome when they visited the home.

The atmosphere at the home was calm and welcoming with people living there appearing 'at home'. The staff were aware that it was people's home and did not rush around carrying out tasks. One staff member



said, "We are allowed to talk to people here." There were comfortable communal areas for people to use as they pleased. The registered manager had recently had new pictures added to the main lounge making it more homely. People's rooms were personalised with their personal possessions, photographs and furniture. One person commented, "My room is always kept so clean, and as you can see, I have all my photographs here."

## Is the service responsive?

### Our findings

People said the service was good at meeting their individual needs. One person said "Within reason you can ask for anything and it'll be provided, meals, help to go out and so on." It was evident from speaking with the registered manager and staff that people mattered at the service; they spoke with pride about the people they cared for and wanting to make it a lovely place to stay.

Wherever possible a pre-admission assessment of needs was completed prior to people coming to live at the service. 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. This information was used to develop care plans. The provider recorded in their provider information return (PIR), "Each resident has a full assessment to highlight potential risks prior to admission and put in place necessary arrangements to reduce risks to the person."

It was evident staff were familiar with people's history and backgrounds and supported them fairly and without bias. People's care plans were reflective of their health care needs and how they would like to receive their care, treatment and support.

People's personal information and the relevant people involved in their care, such as their GP, optician and chiropodist was recorded in the care plan. This meant that when staff were assisting people they had information about the person's choices, likes and dislikes; staff used this information to provide appropriate care and support. Staff said they found the care plans helpful and were able to refer to them when required. The staff were required to record all interactions with people and the support provided on the computer tablets. This included people's dietary and fluid intake if they were assessed as being at risk. The management team were working with staff to ensure recordings were accurate and that staff recognised if people had not had the required amount and the actions that should be then taken.

Relevant assessments were completed and up to date, from initial planning through to on-going reviews of care. Each month a designated staff member would review people's care needs. They would involve people and their relatives according to their individual wishes. Relatives, where people had consented, were able to access their relative's care records on the computerised system. The PIR said, "We meet with residents and their family regularly for care reviews to ensure they are happy with them and that they can take ownership of their own care. We have used email regularly whereby family members may live a long way away for updates and to include them in care planning."

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had information about their communication needs in their care plans to guide staff how to ensure they had the information required. Staff ensured people had their hearing aids in place and had their glasses cleaned. The registered manager said some information was provided to people in accessible formats where needed, to help people understand the care and support available to them. They said this would continue to be developed.

There was no one receiving 'end of life' care at the time of our visit. The registered manager gave an example of a person who they had supported at the end of their life. They explained that the person had periods of anxiety and that staff had sat with them to reassure and comfort them throughout.

People had Treatment Escalation Plans (TEP) in place that recorded people's wishes regarding resuscitation in the event of a collapse. Relatives had sent thank you cards to the team thanking them for the care the staff had given their loved one. One of these said, "Without exception you all demonstrated kindness, compassion and professionalism and we are truly grateful for the services you have provided. To know that our (person) was being treated with love and consideration was truly reassuring." Another wrote "Thank you so much for all your care and understanding and looking after mum in her final days. We very much appreciated the support you all gave to both of us." A third wrote, "I can't find the words to thank you all enough for the wonderful care understanding and sympathy you gave to my dear (person) during the last few months of her life. You became 'special' friends...getting to know you all so well has given me many treasured memories of kindness, through the happy times and sad."

The registered manager recognised the importance of social activities and understood that activities formed an important part of people's lives. A staff member was responsible for co-ordinating activities and there was a varied timetable of events. The staff member was new to their role and, with the registered manager's support, had plans to develop activities further. They said, "I tailor the activities for the residents...I get to know what interests they have. I give hand massages, nail painting in their rooms, one to one chats and play cards. Every resident is different. I like to find out about before they came here to get an insight about them." They went on to tell us about an Easter egg hunt they had planned for the following week. They had recognised people's possible sight impairment telling us "We have brought fairly big eggs as some have poor eyesight and they are brightly coloured." An activity sheet had been produced monthly which had pictures to help guide people. These included chair exercises, painting, quizzes and film afternoons.

We observed a music activity session which ten people attended. People were engaged in the session and care staff had time to join them and ensure that everyone participated. People were encouraged to access the local community. The PIR said, "We encourage our residents and visitors to become part of the Yelverton community visiting the shops or attending various looking groups/clubs. The memory café has been a big hit for our residents and we send care staff along to support the local group." This was confirmed by the activity staff member who said, "Alternative Fridays we take some residents down to the local memory café."

People's special occasions were celebrated at the service. The PIR stated, "The local florist provides bespoke flowers and the cook bakes a cake to celebrate birthdays."

The provider had a complaints procedure which made people aware of how they could make a complaint. The complaint procedure identified outside agencies people could contact if their complaint was not resolved to their satisfaction. This included the local government ombudsman, local authority and The Care Quality Commission (CQC).

People and relatives said they would feel happy to raise a concern and knew how to. There had been two complaints received at the service since it opened. The registered manager had responded to the complaints in line with the provider's policy and had made changes as a result. Learning from the complaint had led to improvements.

## Is the service well-led?

### Our findings

The service had a registered manager in post as required by their registration with the Care Quality Commission (CQC). The registered manager was one of the directors. The registered manager was supported by a general manager. They were also a director, who took responsibility for the environmental health and safety at the service amongst other things and a new deputy manager. The provider's two other directors also took an active role at the service supporting the registered manager and team.

People and relatives were positive about the registered manager and the management team. They said they were approachable and always available if they wanted to talk with them. Comments included, "It's such a lovely place to live. (The registered manager and general manager) are wonderful and nothing is too much trouble" and "(The registered manager and general manager) are very good...very good at getting everything organised." Health professionals said they felt the service was well led. Comments included "The Manager listens and knows his residents, and cascades information to his staff. We consider the home is well run and staff are educated to a good standard."

Staff were complimentary about working at the service and the support they received from the registered manager and management team. Comments included, "I feel this is my second home...I don't feel I am just a number, they actually care", "They listen to you...they are doing well" and "The management are really helpful. I can go to them for anything, they answer any questions I need to ask...very good."

The management team worked well together and had the same goals. They had, since opening, developed a good team and were working with staff to develop their roles and to further improve the service. The provider's philosophy of care states "We believe that people should aim to treat each other as they would like to be treated themselves – with tolerance, consideration and compassion. Trying to work, and indeed live, according to the Golden Rule means trying to empathise with other people, including those who may be very different from us. Empathy is at the root of kindness, compassion, understanding and respect ... qualities that we all appreciate being shown, whoever we are, whatever we think and wherever we come from." This culture was displayed at the service.

Everyone had a clear understanding of their responsibilities and referred people appropriately to outside healthcare professionals when required. The registered manager said they had worked hard to get the right staff and it had only been in the last couple of months they had their nearly complete team. Staff said there was a good team spirit at the service.

The management team had promoted a positive culture by supporting staff during the first year. This included recognising staff abilities, supporting them to develop their skills. The registered manager had put in place lead roles for staff. These included induction and supervisions lead, continence lead, nutrition and hydration lead, medications and manual handling lead, infection control lead and safeguarding and mental health lead. These had only recently been implemented and work was underway to support the designated staff in these roles. The registered manager said they were setting up a duty manager system. This meant that one of the management team would be at the service each day to support senior staff in their roles.

The management team had invited a local authority Quality Assurance and Improvement Team (QAiT) officer to the service to discuss areas for improvement. The registered manager said this had been a very useful experience and they had put in place numerous quality assurance systems. This included a service improvement plan (SIP) which had been completed to structure the development of the service. The management team each had specific tasks to complete and reviewed the SIP together weekly to look at progress and additional actions which needed to be made.

The provider used a range of quality monitoring systems, including audits to continually review and improve the service. They had taken appropriate action for issues identified in the audits. There were regular audits which included checks of medicines, care records, call bell response times, staff files, the environment, health and safety as well as room spot checks. The registered manager completed a 'Manager's monthly audit' where they reviewed audits and actions taken to ensure they had been completed. The monthly audit was used in conjunction with the SIP to ensure actions remained updated, in the correct priority and relevance. The registered manager said "If action is not taken it will be picked up in the next month's audit."

The provider had introduced a computerised care records system. This had had a few small issues and they were working with the computer software provider regarding these to make the system totally effective for them.

People and staff were actively involved in developing the service. The registered manager had arranged for a cheese and wine event as the first resident and relative meeting. The registered manager said these meetings would be being held monthly. A relative confirmed they were aware of the planned event; they said, "They are arranging a cheese and wine party for relatives to come and mingle. You can say anything you want to freely. Everything I have suggested they have taken on board."

The provider was conducting a survey of people, relatives, staff and health and social care professionals. This involved sending out each month surveys to staff, people, relatives and visiting professionals. This was so they could get monthly feedback about how the service was progressing. The registered manager confirmed people and staff were advised of the responses and any changes which had been made as an outcome.

Whole staff meetings were held monthly. The management team also met with the senior care staff, night staff and catering and housekeeping staff regularly to discuss issues specific to these roles. Records of meetings showed staff were able to express their views, ideas and concerns. One staff member said, "The management go out of their way for you. I feel included we have meetings, have group chats everyone is updated." Another said "They (meetings) are good; (we are) able to speak up; we are being involved in developing the service." A third saying "We have monthly staff meetings...quite helpful...told what is going right, going wrong and what needs to be improved. Minutes are put on display and we have to sign that we have read them." The registered manager said at the senior staff meetings they included a main topic to be discussed. For example health and safety.

Agency staff on completing shifts at the service were asked for feedback. The registered manager had also undertaken exit interviews for staff moving on from the service. This showed the provider valued all staff and were always looking to improve the service.

Between each shift there was a handover to give staff key information about each person's care and any issues brought forward. The registered manager said they had decided that a member of the management team would be attending handover each morning to ensure key information was handed over and to identify any concerns. They also said in the PIR, "Have produced a handover supervision/competency which

the managers will undertake with the seniors to ensure the handover is thorough and information is not missed."

In January 2018 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained.

Records were stored in the staff office and main office. These offices were kept locked when not in use so information was secure and not accessible to unauthorised people.

The registered manager was meeting their legal obligations for example submitting statutory notifications to the CQC when certain events, such as a death or injury to a person occurred. They also provided additional information to the CQC promptly when requested.