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Widecombe House

Inspection report

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Date of inspection visit:
11 July 2017
12 July 2017

Date of publication:
21 August 2017

Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 11 and 12 July 2017 by one adult social care inspector. The first day was unannounced.

The home was last inspected in April 2015 when it was rated as 'Good' overall.

Widecombe House is a residential home in Torquay, Devon providing accommodation and care for up to 18 people. People living at the home are older people, some of whom were living with dementia or a physical disability. On the day of the inspection, 18 people were living at the home.

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

The home was extremely caring. We observed a range of warm and affectionate interactions during our inspection, with people and staff sharing jokes and laughter. Staff were kind and caring and had developed good relationships with people. They treated them with kindness, compassion and understanding. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed. They supported people to enable them to remain as independent as possible. Staff showed that they understood how to assist people living with dementia through the use of good moving and handling techniques when they supported people to move about the home. They communicated clearly with people in a caring and supportive manner.

We found that people's end of life care was exceptional. Staff supported people compassionately, sensitively and with love in a familiar environment as they approached the end of their lives. One visiting healthcare professional told us, "Staff have gone above and beyond, particularly with regard to end of life care. They managed that really well and staff take the time to understand people's end of life wishes. People at the end of their lives receive one to one care at Widecombe and that is truly exceptional."

People we spoke with and their relatives were unanimous in their praise of the caring attitudes of staff. We found the atmosphere to be extremely relaxed, calm and welcoming and all relatives we spoke with told us this was the case whenever they visited. We saw people were treated in a dignified manner with regard to personal interactions with staff, as well as having their rights upheld, such as the right to choose where they spent their time.

People, relatives and staff felt the home was well–led. People and staff described the manager as approachable, available and supportive. Staff talked positively about their jobs and took pride in their work.

The manager was inspiring and dedicated to providing care which met the highest of standards. They strived for excellence and were passionate and dedicated to providing outstanding care to people and a loving family home. They led with a dynamic approach and continually reflected on how to improve the home further. They demonstrated a strong and supportive leadership style, seeking feedback in order to further improve what was offered. The provider's vision and values were understood and shared across the staff team, and they were fully supportive of development plans.

People told us they felt safe living at Widecombe House and staff knew how to safeguard people from the risk of abuse or poor practice. Staff knew what actions to take if they had any concerns for people's wellbeing. The manager knew what action to take if concerns regarding people's safety were brought to their attention.

The home had robust quality assurance processes in place. People's opinions were sought formally and informally. Feedback was sought from people and their relatives to assess the quality of the service provided. Audits were conducted to ensure the quality of care and environmental issues were identified promptly. Accidents were investigated and, where there were areas for improvement, these were shared for learning.

Staff had a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and people's right to make decisions about their care and treatment and to say how and where they wished to be supported. Staff confirmed a number people living at the home lacked the capacity to make decisions about their care. Care plans showed evidence of capacity assessments and best interests decision outcomes. Staff supported and encouraged people to make individual choices in how they lived their lives. For people who lacked capacity to make certain decisions, staff prompted and offered people choices which were made in their best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection applications had been submitted to the supervisory body (local authority), some were currently waiting approval and four had been authorised.

There were sufficient staff on duty at any one time to meet people's needs safely. People were protected by safe recruitment procedures. Staff were supported with an induction and an on going training programme to develop their skills and staff competency was regularly assessed. Staff received training in dementia care to support people living with dementia. Staff displayed a sound understanding of all aspects of care we asked them about during the inspection and we found care to be delivered extremely effectively.

Staff ensured people received a nutritious, balanced diet and people who required it were supported to eat their meals. People were very happy with the quality of their meals and said they were given enough to eat and drink.

People had their health needs met. People received visits from healthcare professionals, for example GPs and community nurses, to ensure they received appropriate care and treatment to meet their health care needs. Professionals confirmed staff followed the guidance they provided. This ensured people received the care they needed to remain safe and well.

People's medicines were managed, stored, and disposed of safely. Senior staff administered medicines and had received training and confirmed they understood the importance of safe administration and management of medicines.

Where possible people were involved in their care planning. Care records were personalised, comprehensive and detailed people's preferences. Staff supported people with health care appointments and visits from health care professionals. Care plans were amended to show any changes, and care plans were routinely reviewed to check they were up to date.

People's risks were considered, well-managed and regularly reviewed to keep people safe. Where possible, people had choice and control over their lives and were supported to engage in a wide range of varied activities within the home. Records were updated to reflect people's changing needs.

There were quality assurance systems in place which enabled the provider and manager to assess, monitor and improve the quality and safety of the service people received. Procedures were in place for the manager to monitor, investigate and respond to complaints in a timely manner.

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 home was safe.

People told us they felt safe in the home.

Staff had received training in safeguarding vulnerable adults and had a good understanding of how to keep people safe.

Risks to people's safety and well-being had been assessed prior to their admission to the home, regularly reviewed and were well managed.

Medicines were stored and administered safely. People received their medicines as prescribed.

People were protected by a robust staff recruitment process.

There were sufficient numbers of suitably qualified staff to meet the needs of people who lived at the home.

Is the service effective?

Good

The service remains 'Good'.

Is the service caring?

Outstanding ☆

The home was exceptionally caring.

People's end of life care was exceptional. People and their relative's were treated with love and compassion and supported to have a positive experience as possible. People's wishes were well documented and respected.

People spoke highly of the care they received. They told us the staff were kind, caring and friendly. Very positive caring relationships had been formed between people, relatives and staff.

Staff were dedicated and passionate about the care they provided and fully understood people's needs.

People were supported by staff that promoted their

independence, respected their dignity and maintained their privacy. People who were able, were in control of their care at every opportunity. People were actively involved in decisions about their care and support.	
Is the service responsive? The service remains 'Good'.	**Good**
Is the service well-led? The service remains 'Good'.	**Good**

Widecombe House

Detailed findings

Background to this inspection

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

This inspection took place on the 11 and 12 July 2017 and was conducted by one adult social care inspector. The first day was unannounced.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the home before the inspection visit such as statutory notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

We contacted the local authority Quality and Improvement Team and health care professionals that had been involved with the home. We used all of this information to plan how the inspection should be conducted.

During the inspection we looked around the home and observed the way staff interacted with people to help us understand the experience of people who lived there. We used elements of the Short Observational Framework for Inspection (SOFI)to help us make judgements about people's experiences and how well they were being supported. SOFI is a specific way of observing care to help us understand the experiences people had of the care at the service.

We spoke with six people who lived in the home, ten relatives and visitors and five healthcare professionals. We also spoke with the registered provider, the manager, deputy manager, five care workers and the chef.

To help us assess how people's care needs were being met we reviewed seven people's care records and other information, for example their risk assessments and medicines records. We looked at policies and procedures in relation to the operation of the home, such as the safeguarding and complaints policies,

audits and quality assurance reports. We also looked at four staff files to check the home was operating a full recruitment procedure, comprehensive training and provided regular supervision and appraisal of staff.

Good

Is the service safe?

Our findings

At the last inspection in April 2015 this key question was rated as 'Requires Improvement'. At this inspection in July 2017 we found improvements had been made to the way in which medicines were managed. The new rating for this key question is 'Good'

Policies, procedures, records and practices demonstrated medicines were managed safely and competently. Safe procedures were followed during the administration of medicines and staff ensured people received their medicines as prescribed. Staff wore tabards highlighting to anyone in the home they should not be interrupted during medicine rounds unless there was an emergency. This helped the senior care staff to concentrate and reduced the risk of errors. Medicines were given consistently by staff that had been trained in safe medicines management and that had access to the appropriate guidance.

Protocols were in place to guide staff when administering 'as required' medicines, such as pain relief and sedatives, to help ensure these were given in a consistent way. Protocols were also in place for when medicines were given disguised in food and drink. An assessment had been carried out by the person's GP to ensure the medicines were required to be given in this way because it was in the person's best interests so they remained healthy. Where people had prescribed skin creams and ointments, there were clear instructions for staff about how and where to apply these and records showed these had been applied as prescribed. Records were maintained for medicines which needed additional security and robust checks were carried out to check on the levels of stock.

People told us they felt safe and well cared for living at Widecombe House. One person said, "Yes I feel very safe". Another person said, "I feel safe and very happy here." Relatives told us they did not have any concerns about people's safety. One relative said "They are definitely safe, I don't think there is any question about that at all." Another relative told us "I know she is very secure and she feels very safe." We saw people were happy to be in the company of staff and were relaxed when staff were present.

People were protected from abuse and avoidable harm by staff who knew their responsibilities to deal with this in line with the provider's policy and procedures. All staff had received training in safeguarding people from abuse or avoidable harm. Staff we spoke with knew how to recognise and report signs that indicated a person was at risk of abuse. One staff member told us, "If I witnessed anything I would speak to the manager. If it wasn't dealt with I would speak to CQC." Another staff member said, "We make sure people are safe here."

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored.

People had up to date risk assessments in place to mitigate the risk of living at the home. People, or their relatives, had been involved in planning their risk assessments. Risk assessments highlighted individual risks

related to people falling, diet, skin care and mobility. We saw these risk assessments were regularly reviewed alongside information from healthcare professionals and changes made where appropriate. For example, where people had swallowing difficulties or choking risks, they had been referred to the speech and language therapist for advice. Staff had undertaken training on supporting people to manage these risks and personalised care plans gave very specific advice for minimising these risks. For example, whether the person needed their food prepared in a soft or pureed texture. Visiting healthcare professionals told us that the service contacted them where they identified any concerns. This meant the registered manager had ensured a structured approached to reviewing individual risks was in place and staff were able to identify concerns at an early stage.

Those who were at risk of developing pressure ulcers had special equipment in place to reduce the likelihood of their skin breaking down, for example special mattresses and seat cushions. Personal care plans highlighted staff were vigilant in checking people's skin; using prescribed skin creams when needed and helping people maintain their mobility. Staff showed they were knowledgeable about the care needs of people including their risks and when people required extra support. For example, when people confined to bed needed two staff to support them turning, this was actioned. This helped to ensure people were moved safely.

We saw there were enough skilled staff deployed to support people and meet their needs. People's relative's told us they thought the home was very well staffed and staff had time to spend with people. One relative said "There seems to be loads of them and they meet their needs well." During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels were kept under review and adjusted based on people's changing needs. For example, when people's needs changed, such as becoming more unsteady on their feet as their dementia progressed, additional staff were deployed on a one-to-one basis. This ensured people's safety was maintained whilst ensuring they remained as independent and unrestricted as possible. We saw records confirmed this was happening. A relative told us "Mum was getting more unsteady on her feet and was always on the go, she is up within seconds. [manager's name] pointed out that she was becoming more unstable, so he got her assessed and funding for one-to-one support. She is safer now and can walk around freely." Staff told us there were enough staff to meet people's needs and they were able to spend quality time with people.

Staff files evidenced that safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

The manager made every effort to ensure staff employed had suitable skills, experience and competence to fulfil their roles. Information submitted to us in the Provider Information Return (PIR) told us that staff were chosen through a robust selection process where experience and temperament were as important as qualifications. In addition the manager considered personal qualities to help provide assurances that they were honest, trustworthy and that they would treat people well.

Accidents and incidents that occurred within the home were appropriately managed to ensure that people remained safe. Preventative measures that could be introduced were, and medical attention was sought where needed. For example, one record showed that a person had been having more falls at night. The manager referred them to the falls team, physiotherapy team for assessment and their GP for a review of their medication. As a result their one-to-one support was increased to 24 hour support and they had not experienced any falls since the measures were put in place. A monthly analysis of accidents and incidents

was carried out to identify if any trends or patterns had developed that needed to be addressed. This looked at where the fall happened, how, during which part of the day, the people involved and the manager's recommendations in order to prevent repeat events.

People lived in an environment that was safe, secure, clean and hygienic and regularly maintained. Protective clothing such as gloves and aprons were readily available throughout the service to help reduce the risk of cross infection. Smoke alarms and emergency lighting were tested. Regular fire audits and evacuation drills had been carried out. People had individual emergency evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and to emergency services, so they could be supported and evacuated from the building in the correct way. Care records and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe.

There were various health and safety checks and risk assessments carried out to make sure the building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the fire safety, gas and electric systems.

Good

Is the service effective?

Our findings

At the inspection in April 2015 the service was rated 'Good'. At this inspection in July 2017 the service continued to provide people with effective care and support.

People, relatives and healthcare professionals consistently praised the excellent standards of care and treatment. One relative when talking about staff told us, "They are truly exemplary in their practice." Another told us, "All the staff are brilliant here."

There was a strong emphasis on training and continued development for staff. Staff undertook an induction programme at the start of their employment at the service and staff new to care were supported to undertake the Care Certificate. The Care Certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that care homes are expected to uphold. The Induction process included reviewing the service's policies and procedures and shadowing more experienced staff to gain knowledge and confidence.

Records and certificates of training confirmed a wide range of learning opportunities were available for all staff. Staff completed all mandatory training including manual handling, health and safety, infection control and first aid. Staff spoke highly of the training provided. One staff member said "You get really good opportunities to go on courses. If you find a course that looks interesting [managers name] will find out about it. We are really supported to learn and improve." Staff were also given opportunities to complete training specific to the needs of people they supported. For example, dementia awareness and end of life care. One staff member told us "The dementia training was really good and it helped me get a better understanding of how dementia affects people differently."

All of the staff we spoke with told us they felt very well supported. There was a consistent approach to supervision and appraisal. Staff received regular one to one supervision, annual appraisal and on-going support from the manager. This provided staff with the opportunity to discuss their responsibilities and the care of people living at the home.

People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. Staff had received training about the Mental Capacity Act 2005 (MCA). Staff told us most people were able to make day to day decisions but in some cases they had to act in their best interests. Where decisions had been made in a person's best interests these were fully recorded in care plans. Records confirmed that relatives and relevant professionals were involved in making decisions in the person's best interests. For example, some people in the home received their medication covertly. The medicine needed to be mixed in with their food or drink without them knowing it was there, to ensure their continuing health. Records confirmed that this had happened.

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

provider had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. During the day we saw people being supported to make decisions such as whether they wanted to go into the garden, what food and drink they wanted and whether they wanted to be involved in activities in the home. Members of staff recognised that people had the right to refuse consent.

People consistently reported they enjoyed the food, were happy with the options available and the quality of the meals. The meals were made with fresh produce and the food looked wholesome and appetising. People received a healthy nutritious diet that supported personal preferences. For example, one person had a very limited diet, by choice, the home made sure they had the foods they liked to eat available at all times. Staff also gently encouraged them to try new foods in an attempt to promote a more balanced diet.

In addition to morning coffee and afternoon tea and cakes, beverages and snacks were available to people throughout the day. Mealtimes were flexible and people were supported if they wished to receive meals in their rooms or the lounge. The dining room was popular with people and they enjoyed the social atmosphere of dining together. The home constantly talked with people and their relatives to ensure the menus reflected what people would like to eat. People were asked if they enjoyed their food each mealtime. Comments from people included, "I enjoyed it, I always do", " It's very nice" and "The food is second to none, they try to feed me up like a Christmas turkey!"

We saw that people received assistance and encouragement to eat their meal when needed. Staff told us that they monitored people to ensure that they were eating sufficient amounts to remain healthy. This included observing what people were eating on a day to day basis and raising concerns if they noted that people were not eating well. Meals could be fortified to increase people's calorie intake. People's weights were monitored for possible signs of malnutrition and underlining medical problems. Records showed that there was input from healthcare professionals if there were concerns about people not eating well or having swallowing difficulties.

Staff monitored people's health and made sure they were seen by appropriate healthcare professionals to meet their specific needs. For example, where people had been identified as having swallowing difficulties referrals had been made to Speech and Language Therapy (SALT). Care plans contained details of recommendations made by SALT and we saw staff were following the recommendations. One person told us "The second anything is wrong with us we get seen by the doctor or paramedics. I had chest pain and staff called the paramedics without hesitation." A health professional told us the home were always proactive in seeking advice when there was concern about people's wellbeing.

People who liked to move around were positively encouraged to move around the home freely, independently if they were able, or with staff support. They were able to go into the garden at their own leisure. Safety measures were present, but unobtrusive. During the day, we saw people leave the building on their own to make use of the outdoor facilities in the garden.

Throughout the home the environment was clean, tidy and very well maintained. We saw that consideration had been given to the environment so that people were appropriately supported in line with their mental health needs. Pictorial and written signage was in place to orientate people, for example, to the bathroom or toilets. The home had stair lifts and hand rails to help people with mobility needs. An extensive programme of refurbishment had taken place throughout the home with further improvements planned.

The provider had improved the décor and soft furnishings to make it more homely and less institutional.

Outstanding ☆

Is the service caring?

Our findings

At the last inspection in April 2015 this key question was rated as 'Good'. At this inspection in July 2017 we found significant improvements had been made to the way in which people were cared for at the end of their lives. The new rating for this key question is 'Outstanding'.

People receiving end of life care were treated with exceptional care and compassion. The management team and staff were very passionate about ensuring that people and their loved ones, experienced positive end of life care that was delivered with compassion and sensitivity with regular effective communication between staff, the dying person and their family.

The home had strong links with a local hospice and their 'Hospice at Home' team, who provided training recommendations and support for staff to provide high quality care for people nearing the end of their lives. This helped staff have the skills and confidence to support people and discuss death and dying with people, families and staff in order to help them have a good death. A visiting health professional from the 'Hospice at Home' team told us end of life care was extremely good and staff looked after people very well. They went on to add "A major credit to this home is that people at the end of their lives have one-to-one care at all times and this is exceptional." The manager told us they always ensured people receiving end of life care had one-to-one support from staff so they were never alone. For example, we were told about one person, who had recently passed away. Staff spent time with them singing their favourite song, 'morning has broken' and holding their hand until they slipped away in the early hours of the morning.

The relative of a person who had received end of life care said, "[manager's name] has been a godsend. As soon as we knew mum was at the end of her life everything was set up for her. They took all the worry and stress away from me. My mum's end of life was peaceful and she was well cared for and loved. Thank god my mum was put in this home."

People were asked about where and how they would like to be cared for when they reached the end of their life. Staff sensitively involved the person and those important to them in compiling a 'Last Wishes' advanced care plan. This captured their views about resuscitation, the withdrawal of treatment, where they wanted to spend their last days and details of funeral arrangements. It gave people and families the opportunity to let other family members, friends and professionals know what was important for them in the future, when they may no longer be able to express their views.

Staff understood the importance of spending time with the person and their family to comfort and reassure them. Also, how to recognise signs a person might be in discomfort or pain and promote their comfort through regular pain relief, personal care, repositioning and mouth care. The home assessed people's pain and comfort needs and discussed with the person's GP whether it was appropriate to prescribe 'Just in case bags.' This meant anticipatory medicines were available which the person might need, so avoided delays and meant the person was kept comfortable.

During the inspection we visited a person receiving end of life care. The person looked comfortable,

peaceful, relaxed and pain free. We overheard a member of staff talking to the person in a gentle and caring tone. They explained what they were doing, and asked the person if they needed some moisture, as their mouth looked dry.

Staff had attended funerals and this was encouraged by the management team. Compliments that relatives completed following their loved ones funerals, showed that families appreciated this.

The manager told us families were encouraged to continue to visit, following the death of a loved one and remain part of the home. One such relative visited on the day of our inspection. The relative spoke highly about the end of life care their loved one had received and how involved they were in their care. They told us "The care my relative received was out of this world, nothing was too much trouble, they were so well looked after it was a real comfort for me to know that they were made as comfortable as possible before they passed." They went on to tell us about the support they had received since their loss and how they were invited back to the home to help the manager plant flowers and develop the garden. The manager told us that an essential part of their end of life care at Widecombe House was supporting and caring for the families. One relative describing the care their loved one received said, "They really went the extra mile."

People, relatives and health professionals spoke very highly of the care provided at Widecombe House. For example, one person told us, "I wouldn't want to live anywhere else." They went on to tell us they were happy living at Widecombe House because they were supported so well. A visitor told us, "The care here is outstanding. Staff go the extra mile. [manager's name] is really devoted and has a lovely way with people, it's a wonderful thing to see." A health professional told us, "This is the best care home I have ever visited."

Staff and management were clear that the home was 'for the people' and their role was to support people to live the lives they wanted to live. The manager told us, "people are treated with respect and individuality at all times. This is their home and we endeavour to try and ensure that people live how they would like to live within a safe and secure environment." Care staff felt empowered by the manager to deliver a service that focused on the individual. Care staff told us, "It's their home" and "We are there for them. You have to consider their feelings and fears. It's what they want not what's convenient to me."

Staff knew the people they cared for. They were able to tell us about people's past lives, likes and dislikes and how they used this information to support and care for people in the home. This meant staff could reminisce with people, understand what might make people feel happy or sad,
and ensure hobbies or interests were pursued. Records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life.

Staff interacted with people in a patient, calm manner. They engaged with them at their eye level, using gentle tones to persuade when required, for example with food and those reluctant to take their medicines. We overheard staff talking with people with tenderness and warmth, this made people feel they mattered.

Staff understood the importance of physical contact to reassure and communicate care and affection to people living with dementia. During our visit we saw several people received hand massages and manicures from staff, which soothed them. We saw staff giving people hugs and kisses which we saw made people happy. One person, who was being supported on a one-to-one basis, was asleep on the sofa with the arm of their carer around them. This person's relative told us "[name of carer] is amazing, a natural carer. Mum loves her. She asks mum if she wants a nap and says to her 'cuddle in'. All of the staff are amazing." A member of staff told us, "To me caring is about comforting someone; sometimes that might be a touch or reassuring words." The number of staff on duty meant that they had time during the day to socialise with

people. This was seen as an important aspect at the home. We saw people and staff enjoyed the company of each other.

Staff told us their training helped them understand people's behaviour and needs. We saw staff were observant and proactive in minimising anxiety when people appeared anxious. We saw staff holding people's hands and heard them encouraging people to remember happy times and supporting them to look forward to future events, to relieve their anxiety. Where people expressed concern we saw staff allay their fears. For example, one person was concerned about the location of their wallet. We saw staff gave re-assurance to the person by gently telling them that their brother had it and it was safe. The person asked again, and the member of staff again re-assured the person their wallet was safe. We saw that this visibly relaxed the person.

Staff were highly motivated to understand people who were not able to communicate verbally and supported them with kindness and compassion. For example, for one person who was not able to remember or communicate well, their care plan explained how staff should watch their facial expression, make eye contact, speak slowly and use tones of voice and gestures in particular, rather than words to communicate with them. We saw staff took these actions during our inspection, which minimised the risks of poor communication.

People were respected by all staff within the service. Staff honoured how people wanted to be addressed and adjusted their manner to suit people's preferences. For example, some people liked to be called by their first names; others preferred a more formal address. People told us their privacy and dignity was respected. Staff told us they always knocked or doors and bathrooms, they ensured people were dressed in the way they liked and which made them feel good about themselves.

Staff understood the importance of promoting people's independence. We saw staff encouraging people to carry out whatever tasks they could for themselves, whilst always being on hand to provide support where needed. For example, one person had become distracted whilst eating their meal, staff gently brought their attention back to their food and they carried on eating.

There was information displayed in the home about advocacy services and how to contact them. We saw people had the involvement of an advocate where there was no relative involvement. An advocate is an independent worker who can help speak up for people and ensure their rights are promoted.

The home had a friendly and welcoming atmosphere and people we spoke with commented on this. Friends and relatives were able to visit without unnecessary restriction. Relatives all confirmed they visited at all times of day, could stay as long as they wished and participate in their loved ones care as much as they wanted. One visitor told us they were always offered a drink when they came to the home and welcomed by staff. We observed staff being friendly to visitors and making sure they were available to talk if they wished to.

Good

Is the service responsive?

Our findings

At the inspection in April 2015 the service was rated 'Good'. At this inspection in July 2017 the service continued to provide people with personalised care that was responsive to their individual needs.

People's care plans continued to be person centred and detailed. A range of assessment tools were used to determine people's needs. Assessments covered areas relating to people's physical health, mental health and social needs. Assessments were used to inform care plans which stated how staff should provide support. They provided staff with sufficient guidance to ensure people care needs were met and included information about people individual preferences. For example, one person's care plan included guidance about how they wanted to receive support from staff to maintain their dentures and oral health.

Care plans were thorough and specific. Where advice had been sought from health professionals it had been incorporated into care plans. For example, one person had been assessed as being at high risk of pressure sores as they had very delicate tissue paper thin skin. This was assessed and monitored on a regular basis and advice from the community nurse had been sought for guidance on the best methods to manage the person's skin. Care records showed clear guidance on how to protect the skin by ensuring staff use the prescribed cream, prevent rubbing and shearing of the skin and how staff should position them when in their bed or sitting in a chair. Measures were put in place to help prevent deterioration to the skin, this included the person being nursed in bed on a pressure relieving mattress as well as being regularly repositioned, with this also being documented on a repositioning chart.

People living with dementia at Widecombe House were in various stages of the disease. The staff demonstrated a good awareness of how dementia could affect people's wellbeing. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people living with dementia could still live a happy and active life. One staff member told us about the way they supported a person if they were displaying anxiety or agitation. They were able to talk us through the potential triggers for such behaviours, and the specific phrasing they used to help the person to relax.

The home had recently employed an activities co-ordinator to develop and provide meaningful activities, which ensured people were able to maintain their hobbies and interests. Staff were finding creative ways to support people to live as full a life as possible, this included aromatherapy, music therapy, foot and hand massage. For example, one person who liked to be active and occupied was encouraged to help around the home laying tables and polishing the staircase, which they enjoyed. The person's relative told us they liked being busy and have something to do as it made them feel they were being helpful and valued. Staff told us they aimed to promote people's wellbeing by offering one-to-one time and provided examples of sitting and chatting with people, making arts and crafts, going for walks and spending time in the garden helping them to water the plants and sweep the patio. In addition to scheduled activities, such as visits from entertainers, group activities were offered to those who wanted to participate, such as quizzes, film afternoons and baking.

Where people had chosen to spend their time in their rooms, they told us that this was their choice and

commented, "I like to spend some time in my own room and I choose whether I go into the lounge or not." They told us that staff frequently popped into see them to say hello and enquired if they needed anything. This ensured that people were protected from the risks of social isolation and loneliness.

We saw that people were provided with suitable equipment in order to maintain their independence, these included mobility aids, crockery and cutlery. Where people needed support to move this was provided in a dignified way. For example, we observed staff supporting a person to transfer using a hoist. Staff spoke with the person throughout explaining what was happening in a reassuring manner.

There was a robust complaints policy and complaints information which was available to everyone in the hallway. People and their relatives said they had nothing to complain about but said they would certainly make a complaint if they needed to. They were confident any concerns would be listened to and acted upon. The manager said the home had not received any complaints since the last inspection. They said they make every effort to maintain good relationships with people and their families and always tried to resolve any concerns quickly and to people's satisfaction.

Good

Is the service well-led?

Our findings

At the inspection in April 2015 the service was rated 'Good'. At this inspection in July 2017 the service continued to be well led.

People and their relatives were overwhelmingly positive about the manager and the staff employed at the home. They told us that the home was very well managed and said they could speak to any of the staff about issues. One person told us that the home was "very efficiently run." Another person said of the manager that, "The manager is very thorough and keep's a tight rein on things. He is very good at his job and has such a good relationship with everyone." While another described him as "Marvellous, nothings ever too much trouble, such a lovely manner about him. You genuinely feel he cares. We have a lovely home to be proud of because of this." People and staff described the manager as approachable, available and supportive.

People received a high standard of care because the management team led by example and set high expectations of staff about the standards of care people should receive. Without exception, people, visitors and staff told us the management team were inspiring and dedicated to providing care which met the highest of standards by putting people at the heart of everything they did. They strived for excellence and were passionate and dedicated to providing an outstanding service to people and a loving family home. They led with a dynamic approach and continually reflected on how to improve the home further. The manager demonstrated a strong and supportive leadership style, seeking feedback in order to further improve what was offered. The provider's vision and values were understood and shared across the staff team, and they were fully supportive of development plans.

The manager and registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. They were fully aware of their registration requirements and had ensured that the Care Quality Commission (CQC) was notified of any events which affected the home and the service provided.

Staff talked positively about their jobs and took pride in their work. Staff told us they were well supported by the manager. Regular staff meetings, formal supervision and appraisals ensured staff were provided with information important in their role as well as ensuring their care practices were in line with the home's procedures and the manager's expectations.

There were effective systems in place to monitor all aspects of the care and treatment people received. Audits had been conducted regularly by the manager and there was continual oversight by the provider. These had assessed areas such as the cleanliness and safety of the environment, the accuracy of people's care records, falls prevention, people's nutritional needs and the management of people's medicines. Whenever necessary, action plans were put in place to address the improvements needed. This protected people from unsafe care and poor service.

There was a strong focus on continually striving to improve. The manager and the provider had identified areas where the home could be further improved. For example, recent improvements included redecoration of the dining area and people's bedrooms, improvements to the garden with planted flower pots for people to enjoy and the appointment of a dedicated activities co-ordinator. The manager told us they constantly strove to ensure that people lived in a safe, comfortable, homely environment.

The manager encouraged open communication with people and their family members and due to their 'hands on approach', was always available to discuss concerns and issues. People, their relatives and health care professionals who attended the home were invited to complete a twice yearly questionnaire about the home. The questionnaire provided an opportunity for people to comment on their experience of living in or visiting the home. The results of the questionnaire were analysed and helped to inform an action plan for the following year. Results from the last questionnaire were positive about the quality of service received. Comments included "Cannot praise enough the whole set up of this home. Widecombe House is an example of how all care homes should be", "Staff and management are always kind and helpful to all residents" and "Widecombe House is comfortable, homely and caring."