

Stonehaven (Healthcare) Ltd

Dove Tree House

Inspection report

89-91 Heavitree Road
Exeter
Devon
EX1 2ND

Tel: 01392221648

Date of inspection visit:
23 August 2016
24 August 2016

Date of publication:
26 September 2016

Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
----------------------	--------

Is the service effective?	Requires Improvement ●
---------------------------	------------------------

Is the service caring?	Good ●
------------------------	--------

Is the service responsive?	Good ●
----------------------------	--------

Is the service well-led?	Good ●
--------------------------	--------

Summary of findings

Overall summary

This inspection was unannounced and took place on 23 and 24 August 2016.

Dove Tree House is registered to provide accommodation for 34 people who require personal care. The home is situated in Exeter, Devon. At the time of the inspection there were 33 people living there, 17 of whom were living with dementia.

The last inspection of the home was carried out on 21 July 2014. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Everybody was very complimentary about the registered manager. Staff told us, "I can go to [manager's name] with anything. I have confidence in them."

People's human rights were not being fully protected under the Mental Capacity Act 2005 (MCA) because staff were unclear how the legislation applied to their practice. In addition, people had been assessed as, 'not having the capacity to make decisions', rather being assessed in relation to a specific decision at a particular time, as required by the Act. This had not been identified when the care plans were being audited. The provider and registered manager undertook to call an immediate staff meeting to discuss the issue, and arrange additional face to face training to improve staff knowledge and ensure people's human rights were protected. The effectiveness of the audit system would be discussed at the next managers meeting.

The registered manager was committed to ensuring staff addressed people respectfully. During the inspection we heard some staff addressing people inappropriately. The registered manager assured us they would raise this issue again with them as a matter of urgency.

People and their relatives were unclear whether they had been involved in the drawing up of their care plan, although they had been involved in decisions about their care. The registered manager responded to this feedback by making plans for staff to read and discuss the care plans with people and their relatives and invite people to sign them to record their agreement.

The registered manager told us their ethos was to, "provide a safe, homely environment for people, and consistency and continuity for the residents. That's what they need to feel safe". We found they had been successful in achieving this. People told us they felt safe. There were sufficient numbers of staff deployed to meet their needs. They were protected from the risk of abuse through the provision of policies, procedures and staff training, and an effective recruitment process.

Systems were in place to ensure people received their medicines safely. Risk assessments and care plans

were effective in enabling staff to minimise risks and support people according to their needs and preferences.

The registered manager was proactive in ensuring people's healthcare needs were met. This was confirmed by relatives and health and social care professionals.

People had sufficient to eat and drink and received a balanced diet. Special dietary needs were well catered for. Relatives and people were extremely positive about the quality of food and choices available. One person told us, "I enjoy the meal every time".

People were valued members of the community at Dove Tree House. This sense of community was fostered by the registered manager and staff. One person told us, "I love it here. Especially the staff, they're brilliant! We all have a good laugh, especially at dinner times". People were able to take part in daily activities according to their interests. Some of the activities were provided by people living in the home, including a regular quiz and contributions to the newsletter.

People's relatives were very positive about the care provided to their family members. They said they were made welcome and encouraged to visit the home as often as they wished. They told us the service was good at keeping them informed and involving them in decisions about their relatives care.

There was a committed staff team at the home which was well supported by managers and directors. An induction and training programme was in place to support them to do their jobs effectively. Ongoing professional development was encouraged for all staff members. One member of staff told us, "I just love my job. The staff and residents are lovely. I've been off for a week, and I really missed my job".

The service had a quality assurance system which aimed to ensure they continued to meet people's needs effectively. The views of people, relatives, staff and external health and social care professionals were actively and suggestions acted on.

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.

There were sufficient numbers of staff to keep people safe and meet each person's individual needs.

People were protected from the risk of abuse through the provision of policies, procedures and staff training.

Systems were in place to ensure people received their medicines safely.

Is the service effective?

Requires Improvement ●

Some areas of the service were not fully effective.

People's rights were not always protected, because the service did not always act in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

People received effective care and support from staff with the experience, skills and knowledge to meet their needs.

People were effectively supported with nutrition and hydration.

People were supported to maintain their health and access healthcare services. Staff sought medical advice appropriately and followed it.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and dignity. The manager was working with staff to ensure they addressed people respectfully.

Staff were committed to promoting people's independence and supporting them to make choices.

People were valued members of the community at Dove Tree House. This sense of community was fostered by the registered

manager and staff.

Is the service responsive?

Good ●

The service was responsive.

Staff had a good knowledge of people's individual needs and this was communicated effectively across the staff team.

People were able to take part in daily activities according to their interests.

There was an effective complaints process which people were supported to use if necessary.

Is the service well-led?

Good ●

The service was well led.

People, relatives and staff expressed confidence in the management.

People were supported by a motivated and dedicated team of management and staff.

The provider had effective systems in place to monitor the quality of the service.

People, relatives and staff views were sought and taken into account.

Dove Tree House

Detailed findings

Background to this inspection

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

This inspection took place on 23 and 24 August 2016 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about), other enquiries from and about the provider and other key information we hold about the service. We looked at the information in the Provider Information Return (PIR) completed by the registered manager prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. At the last inspection on 21 July 2014 the service was meeting essential standards of quality and safety and no concerns were identified.

We looked at a range of records related to the running of the service. These included staff rotas, supervision and training records, medicine records and quality monitoring audits.

We looked at the care provided to people, observing how they were supported, looking at four care records and speaking with six people to help us understand their experiences. We spoke with four relatives and nine staff including care staff, the registered manager, deputy manager, director, maintenance person and chef. During the inspection we also spoke with two health and social care professionals who supported people at Dove Tree House, to ask for their views about the service.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said, "Do I feel safe? Very much so. I'm happy". This view was shared by relatives. Comments included, "I'm happy to leave [person's name] here, which says a lot as it was difficult for me to let go", and, "The family atmosphere gave [person's name] a feeling of security which was very important in their condition."

There were sufficient numbers of staff deployed to meet people's needs and keep them safe. Managers or senior staff were on call in case of emergency 24/7. The registered manager told us, "Staff always know we are at the end of the line". The service had employed agency staff for the first time in seven years, to cover for long term sickness and holidays. People were aware there had been staffing difficulties, but were positive about the support provided by the agency staff. One person told us, "It hasn't affected me. It's improving because of the agency staff". There was a recruitment drive underway at the time of the inspection.

Risks of abuse to people were minimised because the registered manager ensured all new staff were thoroughly checked to make sure they were suitable to work at the home. Staff recruitment records showed appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. The DBS checks people's criminal history and their suitability to work with vulnerable people.

The service protected people from the risk of abuse through the provision of policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. They were aware of the service's whistleblowing policy and told us they would feel confident to use it. Safeguarding and whistleblowing was on the agenda at every staff supervision, which ensured they maintained their knowledge and awareness. Records showed there had been one safeguarding concern raised in the 12 months prior to this inspection. This had been investigated fully and action taken to keep people safe. Staff disciplinary procedures were in place, and had been used effectively.

Systems were in place to ensure people received their medicines safely. Medicines were administered by trained staff in line with policies and procedures. They were dispensed in boxes and bottles, rather than blister packs, as recommended by the dispensing pharmacist, and were kept securely in a locked trolley. Staff told us medicines which required additional security were kept in a locked safe. We looked at the medicines administration records (MAR) and saw they had been correctly completed with two staff signatures on the MAR sheet for controlled drugs. There was clear guidance for staff in people's rooms to show them how to apply topical medicines. One person managed their own medication, with monitoring from staff to ensure their safety. They told us this arrangement worked well for them. Medicines were audited monthly and action taken to follow up any discrepancies or gaps in documentation. An audit was also carried out bi-annually by an external pharmacist.

Care plans and risk assessments supported staff to provide safe care. A new computer system was in place, which the registered manager explained would improve staff's ability to access information about people's

needs and risks and enable them to update records easily. A hard copy of the information was summarised in 'grab files', accessible to visiting professionals. Risk assessments were reviewed monthly and contained information about the risks and how to manage them, for example relating to falls, mental and physical health, skin vulnerability, nutrition and moving and handling risks. Staff told us the risk assessments helped them to effectively manage risks and keep people safe. This was confirmed by a relative who advised their family member had been very unwell and falling frequently prior to moving into Dove Tree House. They told us the person had "got so much better...They are safe and not falling now". Another relative told us how a person had been at risk of developing pressure ulcers, but this risk was being "kept under tight control", through effective pressure area care.

Staff had a good understanding of the policy and procedures related to accident and incident reporting. Records were clear and showed appropriate actions had been taken. These records were audited by the provider, in order to identify any causes, wider risks and trends. The provider and registered manager could then take any preventative actions that might be necessary to keep people safe.

There were effective arrangements in place to manage the premises and equipment, and all relevant checks were up to date. There were plans for responding to emergencies or untoward events. Staff had received training in fire safety, and fire checks and drills were carried out in accordance with fire regulations. People had individual personal protection evacuation plans (PEEP's), which took account of their mobility and communication needs. This meant, in the event of a fire, staff and emergency services staff would be aware of the safest way to move people quickly and evacuate them safely.

The home was clean with no odours. There was an effective cleaning programme which ensured cleanliness was maintained. In the Provider Information Return (PIR), the registered manager stated, "Infection control guidelines are followed to ensure cleanliness and hygiene to protect people against risk of infections. All staff receive infection control training". We saw staff using personal protective equipment (PPE), which was provided on all floors of the home. The laundry was done on the premises by staff and there were systems in place to keep soiled items separate from clean laundry, which minimised the risk of cross contamination.

Is the service effective?

Our findings

People's human rights were not always protected under the Mental Capacity Act 2005 (MCA). 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. Staff had completed training in the MCA. During our inspection we saw staff seeking people's consent before providing any support. They also offered choices and encouraged people to make decisions. However, they were unclear about the 'best interest decision making process', seeing it as the registered managers responsibility. In addition, we found people had been assessed as, 'not having the capacity to make decisions', rather than being assessed in relation to a specific decision at a particular time, as required by the Act. This meant people could potentially be prevented from making particular decisions they had the capacity to make. This had not been picked up during care plan audits, indicating a lack of understanding across the service. The provider and registered manager told us staff training in MCA was by eLearning, which did not give them the opportunity to fully explore the topic and ask for clarification if they did not understand. They undertook to call an immediate staff meeting to discuss the issue and arrange face to face training to improve their knowledge and ensure people's human rights were protected.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The service had referred people appropriately to the local authority for an assessment under DoLS, although the guidance for staff about when a referral was necessary was out of date and inaccurate, as it did not reflect the changes to the definition of deprivation of liberty following the Supreme Court judgement on 19 March 2014. The provider undertook to address this immediately.

People received effective care and support from staff with the experience, skills and knowledge to meet their needs. People told us they were very happy with the care they received. One person said, "They know me, they know what I'm happy with, they know what I'm like" A health and social care professional told us, "The dementia care is as good as anywhere". A relative commented, "I am utterly surprised about how much they understand the elderly, and their understanding of people's needs".

Staff were able to describe people's support needs in detail, for example their preferred method of communication, which might be sign language, lip reading, or having information written down for them. Staff understood how to support a person with dementia, who needed reassurance and prompting as they walked around the home. A 'key worker' system enabled them to develop and maintain a good understanding of people's individual support needs and preferences. Key workers were linked with people according to their shared interests which helped them to build a trusting relationship. Information about any changes to people's needs was shared at the staff handover, which took place three times a day. Every person was discussed, which meant staff were given a comprehensive update every time they started a shift.

New staff had undergone a 12 week probation period including an induction programme, which gave them the basic skills to care for people safely. This covered a range of essential topics like moving and handling, first aid, and fire safety. During this period they worked alongside more experienced staff to get to know people and about their care and support needs. New staff were also undertaking the new national skills for care certificate. This is a more detailed national training programme and qualification for newly recruited staff. Agency staff worked alongside permanent staff and were provided with a summary of the information they needed to support people effectively, like the layout of the building and emergency procedures.

There was an ongoing training programme for all staff which allowed them to keep their knowledge and skills up to date. Courses were delivered by eLearning or face to face, and included medication administration, dementia awareness and safeguarding. Staff told us, "The training helps me to do my job well, especially manual handling and first aid, which was in a small group and quite physical and practical". Staff were very positive about the dementia training they had done. This had included a visit from the 'Virtual dementia tour', described by the Alzheimer's Society as "a multi-sensory experience to give a person with a healthy brain an experience of what Dementia might be like". Everybody who worked for the provider was going to have this experience, and it was also open to the friends and families of people living at the home.

Staff told us they were well supported by their managers and by the organisation. One member of staff told us, "I just love my job. The staff and residents are lovely. I've been off for a week, and I really missed my job". Staff had formal supervision every eight to 12 weeks and an appraisal every two years. Supervision was an opportunity for them to receive feedback about their performance and discuss any problems and areas where they need to improve. Regular agenda items included people using the service, care plans, risk assessments, building maintenance, health and safety, training and whistleblowing.

People had sufficient to eat and drink and received a balanced diet. They were weighed and their nutritional status monitored, so any risks around nutrition could be picked up quickly and action taken. The service catered for people with special dietary needs, for example a diabetic or pureed diet, or allergies. This information was clearly recorded on a white board in the kitchen and people's food choices checked against this every day to ensure their safety. There was a water dispenser and coffee and tea making facilities in the dining room where people and their visitors could help themselves. We observed staff supporting people to have sufficient fluids throughout the day, and there were jugs of juice in people's rooms if they wanted them.

Every morning staff spoke with people individually and offered them three choices for lunch. Choices were recorded so the chefs could get to know people's likes and dislikes and plan the menus accordingly. In addition, people were asked at residents meetings what their favourite foods were, which also influenced the menu planning. Relatives and people were extremely positive about the quality of food and choices available. One person told us, "I enjoy the meal every time". A relative said, "My family member was a very fussy person. They said this was like living in a hotel. The food is lovely!"

We observed practice during the lunch time period. Staff provided calm reassurance and support to people who needed it, explaining what was on the plate and offering alternatives if people didn't want what was in front of them. Equipment was provided to help people to eat independently, like plate guards. Lunch time was a sociable and happy experience. People laughed and chatted with each other and with the staff. The chef told us how they liked to involve people as much as possible, for example making cakes for Christmas.

People were supported to maintain good health and had access to healthcare services. The registered manager was proactive in advocating for people to ensure their health needs were met, for example working

with the pharmacist to address failings in their service which were impacting on people at the home. One person told us the manager arranged any medical appointments they needed and supported them to attend. GP's, Community Nurses and other professionals visited people at the home, and their visits were documented in people's care plans. The registered manager was realistic about the level of support they could provide to safely meet people's needs, and referred appropriately for further assessment and support when needed. A relative said when their family member had become unwell the staff had been proactive in getting them the medical help they needed. "They don't leave things. They seem to know instinctively when they need support beyond what can be provided at Dove Tree House. "

Visiting health and social care professionals commented, "[Managers name] gets to know the clients. They can always spot if there's a problem. They are very involved" and, "They are brilliant at contacting us and raising concerns, and acting on the advice given".

In the PIR the registered manager stated, "We ensure the home is suitably furnished and decorated to meet the needs of the service users, particularly those with dementia". The provider had scheduled a programme of environmental improvements, which they told us were based on guidance from the Alzheimer's Society and Stirling University, and designed to improve the lives of people living with dementia. They included a new colour scheme, specific lighting and sanitary ware throughout, The provider reassured us once people had moved in they could change the décor of their room if they wished, "The starting point is you have what scientifically works."

Is the service caring?

Our findings

Overall staff were respectful when assisting people, however we heard some staff addressing people inappropriately, for example calling a woman a 'good girl' when supporting them. The registered manager was committed to ensuring staff treated people with dignity, and told us they had been reinforcing with staff the importance of addressing people respectfully. They assured us they would raise this issue again with them as a matter of urgency.

People told us they were supported by kind and caring staff. For example, we observed staff helping people to the dinner table. They were gentle and gave clear instructions, supporting the person to move independently at their own pace. People and staff interacted positively with each other, with much banter and laughter. One person told us, "I love it here. Especially the staff, they're brilliant! We all have a good laugh, especially at dinner times. They're ever so nice". Another person told us, "The staff are polite, caring and friendly, I wouldn't fault any of them, I hope this place carries on forever". Relatives shared this view. Comments included, "I think it's wonderful. The staff are very attentive and always ready to listen", and, another relative told us, "The staff are totally caring".

Staff respected people's privacy and all personal care was provided in private. One person told us, "They never come in without knocking on the door". Staff told us they ensured doors and curtains were closed and people were covered while personal care was being given, to preserve their dignity. We saw staff gained people's permission before providing support, for example asking, "'Shall I take your plate for you?", and, "Would you like a cup of tea now or later on?" Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Staff were committed to promoting people's independence and supporting them to make choices. One person's care plan guided staff to, "provide full assistance with all personal care, but allow me to do what I can for myself where possible". Staff told us how they helped people to choose what they were going to wear, by "talking it through and showing them options." Some people needed more time and support, for example if they were living with dementia. Staff said, "We would do it at their speed. We need to be patient... They are sometimes a bit disorientated first thing". A relative told us, "If we were looking after [person's name] we would be doing too much. Here they are promoting their independence, and that takes time, patience and observation".

People were valued members of the community at Dove Tree House. This sense of community was fostered by the registered manager and staff. For example, we saw the manager initiating a conversation between two people by making them aware they had both had jobs working with children. This led to an enthusiastic discussion as they realised they had a shared interest. The home celebrated people's special occasions, with the chef making personalised birthday cakes and putting photographs of them in the homes' newsletter. The chef told us, "We like to make it personal. It gives them something to look forward to".

People were supported to maintain ongoing relationships with their families and could see them in private

whenever they wished. For example, one relative told us how they had been given the use of an upstairs lounge so they could hold a birthday party with their family member. Relatives said staff were very good at keeping them informed, "If there's the slightest thing they will let us know, like they will ring and say ""We've called the doctor". During the inspection staff were working closely with families, offering reassurance and support as needed. The registered manager told us, "You've got to give the family peace of mind and reassurance that their loved ones are going to be safe. If the residents are happy, their family is happy".

People's end of life wishes were recorded in their care records. This meant staff and professionals would know what the person's wishes were and could ensure they were respected. Staff training included how to care for people who were dying. This meant they provided effective support to people at the end of their lives, with additional support from GP's and district nurses if required. This was evident in a comment from a relative thanking staff for their, "gentle kindness" at the end of the person's life, "...ensuring they were comfortable and well looked after in a very dignified and loving way".

Is the service responsive?

Our findings

Each person had their needs assessed before they moved in to Dove Tree House, to determine whether the service could meet them. Information about the person's support needs and history was gathered from the person, their relatives and health and social care professionals. This allowed time for preparations to be made, for example arranging moving and handling equipment or a pressure mattress. A 'pre-admission stay' could be arranged if necessary to help the person decide if the home was right for them. People were invited to bring their own furniture, bedding and other possessions from home if they wished.

On admission, the registered manager, deputy or senior staff drew up a basic care plan which was developed over time. The care plan contained information about people's physical, mental and emotional health support needs, including communication, mobility, nutrition, background, interests and likes and dislikes. They were personalised to each individual, and helped staff understand the person and their needs, and how they wanted their care to be provided. For example, one care plan said, "I occasionally lose my way. I have the ability to decide where I want to go." The stated aim for the person was, "... to remain safe in my environment and move around independently". Staff were guided to, "Ensure the environment around me is safe and all risks are reduced. Point me in the right direction if I get lost".

Although people and their relatives told us they had been consulted regarding decisions about their care, they were unclear whether they had been involved in the drawing up of their care plan. The registered manager responded to this feedback by making plans for staff to read and discuss the care plans with people and their relatives and invite people to sign them to record their agreement.

Care plans were reviewed monthly, or if the person's support needs changed. Information about changes in people's day to day needs was communicated across the staff team three times a day at the staff handover, and in the daily records completed by care staff. Relatives and health professionals spoke positively about how the service had responded to people's needs as their mental or physical health had deteriorated, for example taking action to prevent skin breakdown, or referring them for additional assessment if required.

People were able to take part in daily activities according to their interests. For example, a relative told us their family member used to be a book keeper, and was encouraged to use their skills to count the money at the summer fete. Another relative commented, "There are lots of activities. My family member loves it... It brightens them up completely". Some people required additional support to take part in activities or pursue their own interests, due to their physical or mental health needs. For example, a relative told us their family member was more reluctant to join in as their mental health had deteriorated, but staff offered encouragement, or support with one to one activities as required. Another person told us they missed attending their social club. The registered manager had tried to maintain this connection by arranging a taxi to take the person, and inviting the social club to meet at the home.

During the inspection a game of 'armchair sports' was underway. Everybody who wanted to join in was supported to participate, and there was much laughter. Other activities included music and movement, movie afternoons, visiting entertainers and reminiscence. A monthly quiz was devised by a person living in

the home. Church services and communion took place once a month. In addition a minibus was booked for trips out several times a year, to places like the seaside or local donkey sanctuary. A monthly 'Dove Tree House' newsletter kept people up to date with activities, events and developments at the service, and a publication called, "Weekly Sparkle", contained articles on a range of topics including historical figures and moments in history, 'the way we were', and quizzes.

In the PIR the registered manager stated, "There is a formal complaints procedure which is displayed in every bedroom and relatives are encouraged to speak to the manager if they have any concerns. Complaints are discussed when raised. We look upon concerns and complaints as part of driving improvement". People told us they would feel able to complain if necessary. "I would talk to the manager if I wanted to make a complaint. I'm sure they would do something about it". Care plans advised whether the person needed support to understand and use the complaints procedure or could do so independently. This meant people living at the home could make a complaint with support if they needed it. A complaints log was kept, which documented the action taken and outcome.

Is the service well-led?

Our findings

The service had a quality assurance system which aimed to ensure they continued to meet people's needs effectively. In the PIR the manager stated, "A quality assurance system is in place based on seeking views of people, their relatives and other health and social care professionals. Weekly and monthly audits including fire systems and maintenance are kept up to date". In addition, a Director visited the home bi-monthly to monitor the care standards of the home, and was gathering the views of people at the time of the inspection. However, we found the audits were not always effective, because they did not recognise people's human rights were not always protected under the Mental Capacity Act 2005, when people had been assessed as 'not having capacity to make decisions'. The registered manager assured us this issue would be raised at the next managers meeting and action taken to ensure the auditing system was more effective.

A relative told us, "We've got lots of chances to say what we think". People and their relatives were asked to complete an annual Quality Assurance Survey. The most recent survey showed the majority of respondents gave ratings of four or five (out of five) for the 12 questions, which included, "Are you satisfied with the standard of care provided during the day/night?", "Do you feel safe and comfortable within the environment at Dove Tree house?" and, "Do you feel the management and director of Dove Tree House are accessible and approachable?" A 'residents and relatives meeting' was held every two to three months. This was an opportunity for people to put forward their ideas for activities and menus, and be informed about upcoming events like the summer fete. Minutes showed people had discussed having an art class and more floor and arm chair exercises. They had also asked for more milk puddings, green pea soup and cheesecake, which would be followed up by the chef. One person told us, "I am able to make suggestions. They're listened to and acted on". Relatives told us they also valued this meeting, "They ask if there's anything we would like done. We get involved too. The director comes and tells us about their plans for the next six months". People, relatives and friends also gave feedback using the 'Carehome.co.uk' website. Dove Tree House had recently received an award for being one of the most highly recommended care homes in the south west. In addition the provider used a 'mystery shopper' scheme, where a 'relative' made an enquiry about a room for a family member in order to find out, "how do we present ourselves to the outside world?"

The views of staff and health and social care professionals were sought via a questionnaire. We saw positive comments from health professionals including, "'I've observed a lovely personal approach to residents which really respects their individuality", and, "I always feel staff care well for patients and we are called appropriately".

The home was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. The provider had confidence in the registered manager and told us, "It's going really well. They are a very good manager. Very personable, friendly and professional. They always get the job done". People, relatives and staff were also very complimentary about them. People commented, "[Manager's name] has always been so nice to me. Well actually they are so nice with everybody, not just me!" and, "The management are glorious. I hold them in very high consideration". A relative told us, "It's definitely a well led service. There is never any fluster, no panic... I give it ten out of ten." Another relative

commented, "[Manager's name] is brilliant, caring and efficient. They seem to have a handle on everything". Staff told us, "I can go to [manager's name] with anything. I have confidence in them." and, "They are very approachable, which is a bonus".

The registered manager provided 'hands on' support to people living at Dove Tree House, covering shifts if necessary and working alongside staff. It was evident they knew people well, and had developed a positive trusting relationship with them. They told us they had an 'open door' policy, and encouraged people and staff to "come and chat" if they had concerns or personal difficulties. "The residents don't like my door shut. They know they can just walk in". During the inspection people frequently went into the office to say hello. The manager told us they wanted to 'give people enough time', because, "some things they want to discuss can't be rushed".

The registered manager told us their ethos was to, "provide a safe, homely environment for people, and consistency and continuity for the residents. That's what they need to feel safe". They worked to ensure this ethos was shared by all staff at the home, so it would continue if they were away. "I've got to know that if I'm not here the home's going to be able to run. I can't do everything. I've got to make sure staff are comfortable with being in my shoes". A relative confirmed this was the case, and they had confidence in the deputy manager who covered while the registered manager was on holiday.

A staffing structure, including the recently appointed deputy manager, and senior care staff provided clear lines of accountability. This meant all staff were supported and monitored effectively. A new member of staff told us, "If I need to ask a question I will. If I'm not confident I will get someone to do it with me. Everybody is so supportive. They are absolutely fantastic". Staff meetings were held quarterly and minutes taken, so information could be shared amongst the whole staff team. There were additional meetings for night staff, which meant all staff were kept informed. Further team meetings were held at various other times throughout the year. Staff told us the meetings were productive, "Lots comes out. I feel able to say what I think". We saw from the meeting minutes that the registered manager had used the opportunity to remind staff of their responsibilities related to issues such as the cleanliness of the home, laundry or recording. Information was also provided about forthcoming training opportunities and potential improvements to the service were discussed.

Provider visits were undertaken every two to three months by the directors. They toured the home and spoke with staff, people living there and their families. The managers, staff and people told us they were supportive. The directors met regularly with the registered manager so any issues could be discussed and addressed, and spoke with them several times a week on the telephone.

The provider ensured the manager and staff were kept up to date with best practice. Managers were supported to attend external courses and keep up to date with their own training. A managers meeting was held every two to three months where any current issues or updates were shared and discussed. There were links with 'Exeter Dementia alliance', which raises awareness of dementia and promotes inclusivity in the local community. An organisation called 'Mentor', provided support and guidance with HR (Human Resources) issues. In addition, the provider had an 'Investors in People' accreditation, which helps organisations to improve performance and realise objectives through the management and development of staff. They were also ISO 9001 accredited, to support with effective quality management and continual improvement.

As far as we are aware, the provider met their statutory requirements to inform the relevant authorities of notifiable incidents. They promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. 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.