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Widcombe House

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

About the service

Widcombe House is a residential care home that provides accommodation and personal care for up to 18 older people. At the time of our inspection there were 18 people were living at the home.

People's experience of using this service and what we found

People, their relatives and health professionals told us people living at Widcombe House were well cared for and staff were respectful, kind, and caring. People's rights to privacy and dignity were understood and promoted by staff.

People told us they felt safe. Staff were trained in safeguarding and knew what to do if they were concerned about the welfare of any of the people who lived at the home.

People continued to receive care that was personalised, responsive to their needs and effectively delivered to ensure the best outcomes were achieved. People were placed at the centre of their care and staff developed strong relationships with people and fully understood what caused each person stress or anxiety. Staff involved people and their relatives in their care and support, so they felt consulted, empowered, listened to and valued, which achieved good outcomes for people.

Staff were passionate about helping people to live happy and fulfilled lives. The home developed and provided meaningful activities for people tailored to people's individual hobbies and interests. Staff understood the importance of meaningful occupation in helping people to maintain their independence.

Staff continued to demonstrate a strong commitment to supporting people to receive a comfortable, dignified and pain-free death. Staff understood the importance of spending time with people to comfort and reassure them whilst respecting their individual wishes. The home received many letters and cards sent by relatives thanking staff for the care, compassion and support they gave to their loved ones at the end of their lives.

Risks to people's health and welfare were assessed and care plans were in place to manage and mitigate the risk. Where people had risks associated to their health needs care plans did not contain sufficiently detailed information to guide staff. However, staff we spoke with were knowledgeable about these health needs and had received training in these areas. We made a recommendation to the provider to ensure records contain sufficient information for staff to follow.

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 principles of the Mental Capacity Act (MCA) were followed. However, improvements could be made within the home regarding the way best interests decisions were recorded. We made a recommendation to the provider

about this.

People received care from staff who had received suitable training and induction. There were sufficient numbers of staff on duty to meet the needs of people living at the home and spend quality time with them. During the inspection visit we observed staff had the time they needed to support people safely. If people needed assistance this was provided promptly, and staff were always present in communal areas to observe people and keep them safe.

Appropriate recruitment procedures were in place to help ensure only suitable staff were employed.

Records showed people were referred to the appropriate health care professionals when necessary and that their advice was acted upon. This meant people were supported to maintain good health.

People were very complimentary about the meals provided at the service. Mealtimes were a social affair and meals were enjoyed in a calm and relaxed environment. Where people were at risk of poor nutrition, advice from health care professionals was sought and their recommendations followed.

People received their medicines safely and as prescribed. Appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines.

People, relatives and staff expressed a very high level of confidence in the leadership and management of the home. Comments included, "The management are lovely. You never feel as if the home is 'managed', it's very personal, more like a home" and "It's managed well. The care is being provided to a high level even when they [managers] are not here and that's a sign of good leadership."

People and their relatives were listened to and there were systems in place to obtain people's views about their care. People and relatives were encouraged to provide feedback on the service and felt they could raise concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 19 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Widecombe House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one Inspector.

Service and service type

Widecombe House 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we looked at the information we held about the service. This included feedback or notifications which the provider is required to send to us by law. We also sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

During the inspection

We spoke with eight people who lived at the home and five visitors to the home about their experience of the care provided. Some people living at the home were unable to talk with us. We used the principles of the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six members of staff including the

registered manager, deputy manager, care staff and the activities co-ordinator. We also spoke with three visiting health professionals.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including governance systems, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and provide additional evidence. Following the inspection we were contacted by three health professionals and nine friends and relatives of people living in the home who shared their views of the service people received.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health and welfare were assessed and care plans were in place to manage and mitigate the risk. These included risks associated with moving and handling, avoiding skin damage, and nutrition.
- Where people had risks associated to their health needs such as, diabetes, seizures or catheter care, care plans did not contain sufficiently detailed information to guide staff. However, staff we spoke with were knowledgeable about these health needs, their potential complications and what to do if they had concerns. Staff told us they had received training in these areas.

We recommend the provider reviews care records to ensure all risks related to people's health care needs have been assessed and staff have sufficient information to manage and mitigate risks.

- Care plans and risk assessments were reviewed monthly to ensure they were accurate and up to date.
- Staff supported people to maintain their safety and knew the type and level of assistance each person required. Staff were observed using moving and handling equipment safely when supporting people.
- Staff understood the balance between providing support for people and maintaining independence. For example, additional one to one staff support was provided to some people at risk of falls, to ensure they could continue to walk safely and freely around the home and gardens whenever they wished.
- The home had a programme of daily, weekly and monthly checks in place to keep the premises, people, visitors and staff safe. This included fire safety checks, water checks, checks of the premises, servicing and maintenance of all equipment.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at Widecombe House. One person told us, "Am I safe? I should say so!" A relative told us, "I can go home at night and feel that [person's name] is safe."
- The provider had effective systems in place to protect people from the risk of abuse and avoidable harm. Staff had received training to recognise signs of abuse and protect people from avoidable harm. Staff understood how to report any concerns and had access to the relevant policies and procedures.
- The registered manager was aware of their responsibilities for reporting any safeguarding concerns to the local safeguarding authority and to the Care Quality Commission (CQC).

Staffing and recruitment

- People said there were enough staff. We saw staff had time to talk with people and were always available

to assist them when they were needed.

- Staff recruitment records demonstrated the provider carried out pre-employment checks that included obtaining references and checks through the Disclosure and Barring Service (DBS). This helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services.

Using medicines safely

- People received their medicines safely. Medicines were stored and administered safely and records were checked, showed staff had correctly signed medicines administration records when medicines had been given.
- People were happy with the way they received their medicines. One person confirmed, "They make sure we take all of our medicines."
- Not all people had 'as and when required' (PRN) medicines protocols with their medicine's administration records. This was discussed with the deputy manager who told us they were currently reviewing these to see if people needed the medicines and they would be replaced once completed.
- Staff were trained to administer medication and regular audits were completed to ensure medicines continued to be given safely and as prescribed.

Preventing and controlling infection

- People were protected from the risks of infection. The home was very clean and there were no malodours. An infection prevention and control audit was undertaken every month.
- Staff were trained in infection control and personal protective equipment, (PPE) was provided. We saw staff using appropriate PPE such as gloves and aprons when providing care and serving meals.

Learning lessons when things go wrong

- The provider had a system in place that ensured accidents and incidents were recorded, investigated and analysed to consider any lessons which could be learned to avoid the risk of it happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager understood when an application to deprive someone of their liberty should be made and appropriate applications had been made where required.
- Where people had been identified as not having the capacity to make a specific decision at a specific time, staff had followed the principles of the MCA. They had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. However, improvements could be made within the home regarding the way best interests decisions were recorded. For example, one person had bed rails fitted on their bed in order to prevent them from falling out of bed and injuring themselves. Records did not make it clear that the best interests process had been followed and this had been identified as the least restrictive option to ensure the person was safe whilst also respecting their rights. We discussed what we found with the management team who told us they had sought support from the local authority improvement team in order to ensure all decisions made on behalf of people and all records reflected the principles and requirements of the MCA.

We recommend the provider ensures that all assessments and best interests decisions are made and recorded in compliance with the Mental Capacity Act 2005.

- Staff had undertaken training in the MCA and displayed an understanding of its principles. Staff understood the importance of supporting people to make choices about their daily lives and we heard staff seeking consent from people before providing support with day today tasks.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed a detailed assessment of people's needs before they came to live at Widcombe House. This was to make sure people's needs could be fully met and the home had a detailed understanding of how people wanted their support to be provided.
- Care plans were reviewed regularly to make sure they accurately reflected the person's needs and wishes. Care plans contained evidence of promoting choice in all areas of daily activities. We observed staff offering people choice about the things they wanted to do.
- People received care and support that fully met their needs and was in line with current good practice.

Staff support: induction, training, skills and experience

- People were supported by staff who knew them well and had the skills to meet their needs.
- New staff received induction training at the start of their employment to ensure they had the basic skills and knowledge to meet people's needs safely and effectively. The induction programme included orientation of the building, getting to know people and shadowing experienced staff. Staff new to care, were given the opportunity to enrol on the care certificate or undertake higher education, supported by the home. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of staff working in a care environment.
- Staff completed a range of training which was considered mandatory by the provider, including health and safety related courses, safeguarding and moving and handling. They also completed a range of additional courses in relation to people's specific needs, such as, dementia awareness. A system was in place to record the training that staff had completed and to identify when training needed to be refreshed.
- The provider introduced lead roles in key areas including equality and diversity, mental capacity and wellbeing. Staff had been supported to take part in a range of learning opportunities relating to their lead roles and had been empowered to make improvements at the home.
- Staff told us they felt supported and we saw staff received individual supervision at least three monthly, annual appraisals and staffs' practice was observed by the management team on a daily basis.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives were positive in their feedback about the quality and variety of food available. Their comments included, "The food's quite good. There are quite a few choices, two for lunch", "It's good. The food's always home cooked" and "Mum will just eat what she wants to eat but she gets to choose and it all looks good."
- People were supported to enjoy meals that met their preferences and dietary needs. We observed lunch and found this was a pleasant experience and people were supported to choose what they would like to eat and where they would like to eat it.
- Information about people's dietary needs was recorded in their care plans and there was evidence that advice had been sought from relevant professionals, such as speech and language therapists. People had their weight monitored for changes and referrals had been made promptly for advice and support from the GP and dieticians when needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives and to access health professionals when required.
- Records showed that when there were concerns about people's health, they were referred to appropriate healthcare professionals. For example, GP's, dieticians and speech and language therapy and the advice

provided by them was listened to and used to plan and deliver people's care.

- Feedback from healthcare professionals was extremely positive. One healthcare professional told us, "It's one of the best homes we visit. I would not hesitate to put one of my family here. They always inform us of any concerns, have a background knowledge of health issues, are proactive with accessing health and support and act quickly when needed."

Adapting service, design, decoration to meet people's needs

- The adaptation, design and decoration of the premises was suitably adapted for the people who lived there. We saw appropriate signage throughout the home, for example, signs to toilets and bathrooms. Individualised bedroom door signs were used to promote orientation and independence for those living with dementia.

- People could choose to personalise their bedrooms with photographs, furniture and other personal possessions. One relative told us, "When [name] moved in we were encouraged to bring in pieces of furniture from home so that she feels more 'at home'. This has helped her settle."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question is now rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were well cared for and staff were respectful, kind, and caring. Comments included, "They're all very nice and friendly. The carers are very good, I can't fault them", "They're very caring" and "They're very friendly. They take care of you and listen to what you say."
- Relatives consistently praised the care their loved ones received. We received numerous testimonials expressing how happy they were with the service at Widecombe House. One relative told us, "Everybody here really does care. Staff are so warm and caring and they try their hardest to make them happy." Another relative told us, "I feel extremely grateful that I found this place."
- The provider's kindness and compassion was also extended to family members and friends. For example, one relative told us, "It was an extremely difficult time for me when I had to make the decision for [name] to be cared for in a home, but [registered manager's name] made the transition easier and supported me with what I've gone through. I will always be grateful and I'm so glad she's here."
- There was a relaxed and friendly atmosphere in the home and people were very comfortable in the presence of staff and we noted lots of warm and friendly interactions. Staff spoke to and about people in a compassionate way. They clearly knew people well and were very fond of the people they cared for. One staff member said, "It's a very nice place, a real family home. We care for them like our own family and the residents are happy. We have time for the residents."
- The provider had an equality and diversity policy and all staff received training in equality and diversity. People's spiritual needs were met

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care. Staff supported people to make their own choices and decisions whenever possible. We observed staff asking people what they would like to eat and drink, where they would like to spend their time and if they wanted to take part in activities.
- People were given the opportunity to express their views about the home, both on a one to one basis with staff or managers and during resident's meetings.
- Wherever possible, people and their relatives were involved in the care planning process. People were asked about their needs and wishes, and if there were changes in their care plan, these were discussed.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity, and we saw that staff always knocked on people's bedroom doors before entering.
- People were encouraged to remain as independent as possible with regards to everyday skills. Equipment was in place to help people, for example, plates with curved edges to help people eat independently.
- People's care plans highlighted what they were able to do for themselves and how staff should support and encourage them to maintain their independence for as long as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same with elements of outstanding practice. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider, registered manager and staff were committed to developing a service where people received genuinely person-centred care, this meant people received care responsive to their needs and effectively delivered to ensure the best outcomes were achieved. For example, a health professional told us about the dramatic improvement one person had made following their admission to Widecombe House. We met this person, reviewed their care records, spoke with the registered manager and staff about them. We saw a clear improvement in the person's wellbeing, self-esteem, personal hygiene and interaction with others, since living at the home. The health professional told us, "The before and after is truly wonderful. [Name] is and looks like a different person now. They've got to know him extremely well and they have made sure they do things with him that have been meaningful for him. [Name] feels like he has a place and purpose." This view was echoed by this person's friends and following the inspection we received exceptional feedback about the positive transformation they had seen. One told us, "The progress he has made under their care has been absolutely remarkable. To think at one stage the thought of him walking and talking again was a very distant thought, but now look at him slowly getting back to his old self."
- Other visiting professionals spoke with us about the personalised care people received at Widecombe House. One said, "Widecombe House personalise their clientele insuring that their individual needs are met, which can be so important. I could go on forever in praise of Widecombe House and I know my colleges, both in Health and Social Care, feel the same."
- People were placed at the centre of their care and staff developed strong relationships with people and understood what caused each person stress or anxiety. Care and support were provided in a flexible way that was regularly reviewed to meet the needs of each person. For example, the registered manager told us about the support provided to one person who became high risk of falls. The person liked to walk freely around the home and would become anxious if not able to do so. To help them maintain their independence and continue to move around when they wished, they were provided with one to one staff support. We saw this was extremely beneficial to this person as they were able to go and do exactly what they wanted, whilst being supported to remain safe. The staff member supporting this person clearly knew this person well and cared about their wellbeing. They engaged them in conversations and activities that were of interest to the person and the staff member was much more than a staff escort, they were the person's companion. A relative told us, "Every time I come, I see staff providing one to one care and they don't just sit there, they interact with them all the time. I have never heard a member of staff tell someone to sit down if they (people) wanted to get up and walk around."
- Staff involved people and their relatives in their care and support, so they felt consulted, empowered, listened to and valued. For example, staff observed that one person was becoming increasingly less

interested in feeding themselves. Staff discussed this with their family who were wanting to maintain some help in caring for the person. A rota was put in place whereby the person's family and friends came into the home at lunchtime to assist and encourage the person with their meal. This resulted in the person enjoying their meals and their family and friends felt they were doing something worthwhile to help with the person's ongoing care. The person's relative told us, "I think this is an exceptional place. I don't worry about [name]. I know for the first time ever, whatever happens to me, [name] will always be in the best possible place for her wellbeing." They went on to say, "This place has gone way beyond my expectations."

- Staff were skilled and knowledgeable about initiatives which could assist people living with dementia. For example, staff served meals on coloured plates to encourage people to eat. This was in line with guidance from the Alzheimer's society based on research which showed that people living with dementia recognise food better from a coloured plate than a white one. The registered manager told us they had seen a significant increase in the amount of food people were eating which for some people had reduced the risks from malnutrition.
- People's care plans demonstrated that they received care which was tailor made to their individual needs. The care plans were written in a person-centred way and captured the personality of people, detailed their routines and guided staff in how people's preferences, and needs were to be met whilst promoting their independence.
- Staff were knowledgeable about how people wanted to be supported. Daily records of people's care and our observations confirmed that people had been supported in line with their preferences and needs.
- People's religious and spiritual needs were recognised and embraced. People's needs in relation to the protected characteristics under the Equalities Act 2010, were taken into account in the planning of their care.

End of life care and support

- Staff continued to demonstrate a strong commitment to supporting people to receive a comfortable, dignified and pain-free death.
- The provider's person-centred approach was also reflected in the way staff supported people at the end of their life. For example, one person came to the home to be cared for at the end of their life. Staff found out the person had recently had to have their cat rehomed when they become unwell which was upsetting for the person. The registered manager contacted the rehoming centre and brought the person's cat to live with them in their last days at the home. When the person passed away their beloved cat was rehomed with the deputy manager. Staff told us the knowledge that the person's cat would be taken care of when they died, was a great comfort to the person.
- Staff understood the importance of spending time with people to comfort and reassure them whilst respecting their individual wishes. For example, one person expressed a wish that they did not want visitors and only wanted to be supported by staff at the end of their life. This was respected by staff and sensitively explained to anyone wishing to visit, that this was the person's own wishes. The person died peacefully, in the way they wanted with staff at their bedside.
- Relatives were welcome to stay with their family member to be close to them in the last days of a person's life. Staff went out of their way to ensure people's relatives were supported and spent meaningful time with their loved one. For example, one person loved to sit with their husband in the summerhouse. When the person became unwell in the last days of their life, the registered manager purchased a sofa, so they could sit together when their husband visited.
- The home received many letters and cards sent by relatives thanking staff for the care, compassion and support they gave to their loved ones at the end of their lives. Comments included, "Mum had a lovely long life and I'm thankful that it came to an end calmly and peacefully in a very special place" and "I could not have imagined a better place for Mum to end her days."

- Staff received training in end of life care and understood and met the needs of people and their families in relation to emotional support and the practical assistance they needed at the end of the person's life. Staff attended an end of life care planning course which helped them prepare more in-depth care planning for a person's end of life.
- Information about people's end of life wishes was recorded in their care plans to help ensure they would be known and met when needed.
- Links had been developed with community nurses and palliative care services to enable staff to seek specialist advice and support when needed. Specialist equipment and medicines were made available at short notice. A community nurse told us, "They give outstanding end of life care. They try wherever possible, to keep people here until the end. they make sure they have everything in place, pain relief, repositioning and mouthcare. They stay with people."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were passionate about helping people to live happy and fulfilled lives. The home employed an activities co-ordinator who developed and provided meaningful activities for people tailored to people's individual hobbies and interests. For example, some people expressed an interest in baking. The activity co-ordinator arranged cake and biscuit decorating activities and staff hosted a 'bake off' where people were the judges of staffs' culinary skills.
- Staff understood the importance of meaningful occupation in helping people to maintain their independence. This meant that activities and interactions often had a purpose. For example, one person was encouraged to lay the tables each day for the lunchtime meal as they used to do this in a previous employment. This person's close friend told us, "They listened to what [name] used to do and before long they had him laying the lunch table or breakfast tables in the care home, they gave him a daily purpose. Each time I saw [name] I began to see a bit of my old friend returning. They had the ability to unlock memories trapped and allowed him to grow."
- Staff also spent one to one time with people just simply sitting and chatting, helping people to make arts and crafts, playing puzzle games, singing and going for walks with people. A relative told us, "They do a good job and really try to get people participating. They do try hard to engage people and get them involved in things they never would normally do." Another relative told us, "I have most definitely seen an improvement in the activities. Everybody joins in even the visitors. I think they (people) feel really involved in things."
- People were encouraged to participate in activities which were designed to improve their health and maintain their wellbeing. Daily exercises were introduced to help people improve and maintain their mobility. Staff told us about the positive effect this had for people. For example, one person had limited use of their arm following a stroke. Daily exercise activity helped to reduce stiffness in their arm and improved their range of movement. This resulted in them being able to raise their arm above their head, have the dexterity and strength to cut up their own food and hold a drink independently. Staff told us this had a huge impact and the person's confidence grew. They told us the person no longer felt embarrassed because they could do things for themselves.
- People also benefited from a range of outside entertainers visiting the home, such as musicians, singers and animal visits. The home had also organised for some more unique animals such as alpacas, which were dressed as reindeer and visited the home at Christmas. Staff told us people really enjoyed the visits and said that it helped to encourage social interaction.
- People were supported with activities in the community and community life. For example, fundraising for the local hospice, going out shopping with staff, trips for ice cream at the beach, walking and visiting local pubs and cafes.
- People and relatives told us how much they enjoyed the social activities and entertainment provided. One

person told us, "It's very good actually. Sometimes we play games, such as quizzes." Another person told us how much they enjoyed the singing and music sessions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The home was proactive in identifying and meeting the information and communication needs of people living with dementia and/or experiencing sensory loss.
- People were provided with information in an accessible format to enable better understanding and to make informed choices. There were easy read versions of the home's complaints procedure and signs on bathroom and toilet doors to remind people where these were located.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and they were confident that their concerns and complaints would be addressed. One person told us, "I don't have any. I would most probably speak to the care staff if I had a problem, but I don't" Relatives told us they knew how to raise a complaint and were confident the management team would deal with it appropriately.
- There was a complaints procedure in the home, which advised people and visitors how they could make a complaint and how this would be managed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff expressed a very high level of confidence in the leadership and management of the home. Comments included, "The management are lovely. You never feel as if the home is 'managed', it's very personal, more like a home", "[Managers name] is always in. It's just a home from home. They say they like to treat everyone here as their own family and that's just what it's like" and "It's managed well. The care is being provided to a high level even when they [managers] are not here and that's a sign of good leadership."
- One health professional told us, "I have been working with Widecombe House for over 20 years. The manager and his team provide excellent care." Another health professional commented, "I'm always impressed with team members knowledge and commitment."
- The registered manager and staff were passionate about providing people with a good quality and person-centred care at all times. The management team were visible in the home and we could see that people knew who they were and responded to them positively.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The ethos of the service was to be open, transparent and honest. The registered and deputy manager worked alongside staff and led by example.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear management structure in place, which consisted of the provider, registered manager, a deputy manager and senior care staff; each of whom had clear roles and responsibilities. The management team and staff communicated effectively to ensure people's needs were met and changes or concerns were shared appropriately.
- People benefited from a good standard of care because there were systems in place to assess, monitor and improve the quality and safety of care in the home. A programme of audits and checks were in place to monitor the safety of the premises, care plans, staffing, medicines management and accidents and

incidents. Regular spot checks were carried out and where these measures identified issues, action was taken to make improvements.

- The registered manager was aware of their regulatory responsibilities and completed notifications to the Care Quality Commission and other agencies when incidents in the service affected people's wellbeing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were involved in developing the home and were provided with the opportunity to share their views. This included quality assurance questionnaires. People and their relatives could also attend meetings to discuss the service.
- Staff told us they felt well supported by the managers. They told us the registered manager and provider were committed to providing a high-quality service to people. One staff member said, "It is well led. Our manager is very supportive, and everybody is willing to help out. I definitely feel supported."
- Staff meetings were held where staff discussed any changes in the home and in people's needs.
- The management and staff had a good working relationship with local primary care services, such as district nurses and GPs as well as the local authority and older person's mental health services. One health professional told us. "When I visit I find [registered manager's name] very helpful and informative. The care staff in general are very informed about their residents. The home is very good at seeking help and taking advice about the residents."
- The home and staff had signed up as 'Purple Angel' champions and worked with the organisation to benefit people living at the home. Purple Angel Dementia Campaign is an organisation that's aim is to raise awareness, give hope to and empower people with dementia.