

Pilton House Trust

# Pilton 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

Pilton House is a 'care home' that provides accommodation for a maximum of 27 adults, of all ages, with a range of health care needs and physical disabilities. At the time of the inspection there were 27 people living at the service and one respite person visiting the service for the day. 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.

Pilton House provides accommodation. Some bedrooms are on the ground floor where communal areas are also present. The remaining bedrooms are on the first floor which is served by a lift. Staff are present on both floors of the home at all times to ensure people's needs are met.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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. The registered manager of Pilton House came into post in September 2017 however she had worked at the service for a number of years in a management position.

We carried out this unannounced inspection on 5 December 2017. At the last inspection, in September 2015, the service was rated Good. At this inspection we found the service remained Good.

On the day of the inspection there was a calm, relaxed and friendly atmosphere in the service. We observed that staff interacted with people in a caring and compassionate manner. People who were able to talk to us about their views of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people included, "It's very well organised", "All the staff are lovely" and "It's all good" Relatives we spoke with told us they were "very pleased" with the care that their family member received. Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time.

Where people were unable to tell us about their experiences we observed they were relaxed and at ease with staff. People's behaviour and body language showed that they felt cared for by staff. Staff said they were proud to work at Pilton House and told us "It's the best and most supportive place I have worked" and "The people are lovely. It's lovely here we [staff] work well as a team."

People were protected from abuse and harm because staff understood their safeguarding responsibilities and were able to assess and mitigate any individual risk to a person's safety. People said they felt safe at Pilton House.

The service was warm, comfortable and appeared clean with no unpleasant odours. The service was well maintained by a maintenance team who completed any faults in a timely manner. Bedrooms were

personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect.

Some people living at Pilton House were living with dementia and were independently mobile around the service. However, the service did not have clear pictorial signage to help people who need additional support recognising areas of the building such as their bedrooms, toilet and shower rooms. The registered manager had discussed signage with people at the service and they had stated that they did not want this in their home. Therefore the registered manager respected their wishes but placed signage on people's bedroom areas if they requested this.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Pilton House. Staff supported people to access appropriate healthcare services. Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made.

Care plans were well organised and contained personalised information about the individual person's needs and wishes. Care planning was reviewed regularly and whenever people's needs changed. People's care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Risks in relation to people's care and support were assessed and planned for to minimise the risk of harm.

People were able to take part in a range of group and individual activities. Three activity coordinators were in post who arranged regular events for people.

There were safe arrangements in place for the administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs.

Staff were supported by a system of induction training, one-to-one supervision and appraisals. The induction and on-going training of staff ensured they were effective in their role. Staff knew how to ensure each person was supported as an individual in a way that did not discriminate against them. People's legal rights were understood and upheld.

Management and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff demonstrated the principles of the MCA in the way they cared for people. Where people did not have the capacity to make certain decisions the service acted in accordance with legal requirements. Applications for DoLS authorisations had been made to the local authority appropriately.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership and led by example.

People and relatives all described the management of the home as open and approachable. Relatives told us, "I can talk to the manager or staff at any time." There were regular meetings for people and their families,

which meant they could share their views about the running of the service. People and their families were given information about how to complain. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Pilton 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 checked 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 was a comprehensive inspection. It took place on 5 December 2017 and was unannounced. The inspection team included one adult social care inspector.

Before the inspection we reviewed information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the Provider Information Return (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plan to make.

During the inspection we spoke with seven people who were able to express their views of living at the service. Not everyone was able to verbally communicate with us due to their health care needs. We also spoke with two relatives, staff, pathway tracking (reading people's care plans, and other records kept about them), attended a staff handover meeting, carrying out a formal observation of care, and reviewed other records about how the service was managed. We looked around the premises and observed care practices on the day of our visit.

We spoke with the registered manager, assistant manager, team leader, senior support workers and support workers. We also spoke with the cook, kitchen assistant and laundress. We looked at three records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. We spoke with a visiting health and social care professional to gain their views on the service.

# Is the service safe?

## Our findings

People told us they felt safe at Pilton House. The service had a safeguarding information board for people and visitors with information on who the safeguarding leads were in the home. This informed people and visitors how to raise concerns internally and externally.

People were protected from abuse and harm because staff knew how to respond to any concerns. Throughout staffing areas information was displayed on what constituted abuse and how to respond. All staff had received safeguarding training. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe. Where necessary the registered provider had submitted safeguarding referrals to the local authority where they felt there was a risk of abuse. Safeguarding concerns were handled correctly in line with good practice and local protocols. The service had a whistle-blowing policy so if staff had concerns they could report these and be confident of their concerns being listened to.

There was equality and diversity policy in place and staff received training on equality and diversity. This helped ensure that staff were aware of their responsibilities in how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices

The service did not hold any money for people. When people needed to purchase items such as for toiletries and hairdressing items, the person's family or representatives were invoiced for any expenditure. Appropriate records were held that were regularly audited.

Risk assessments were in place for each person. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe. For example, to prevent poor nutrition and hydration, skin integrity, falls and pressure sores. Risk assessments were reviewed monthly and updated as necessary. Health and safety risk assessments were completed for all areas of the building, as well as tasks which may present a risk. For example a person requested a lock to be placed on their bedroom door. A risk assessment was undertaken with the involvement of the person and their representatives and an appropriate lock was fitted.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions were taken to help reduce any identified risk in the future.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Care records contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example, providing staff with information on what effectively distracted the person and what calmed them if anxious. Staff were clear about people's rights and ensured any necessary restrictions were the least restrictive.

Equipment owned or used by the service, such as specialist chairs, beds, adapted wheelchairs, hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors. We observed staff safely and competently supporting people and using appropriate equipment; for example when moving people from wheelchairs to more comfortable furnishings.

People and their relatives told us they thought there were enough staff on duty and staff always responded promptly to people's needs. We saw people received care and support in a timely manner.

Staffing arrangements met people's needs in a safe way. The registered manager reviewed people's needs regularly. This helped ensure there were sufficient skilled and experienced staff planned to be on duty to meet people's needs. The registered manager was office based but was available to people if this was necessary. On the day of the inspection there were five care staff on duty, two team leaders and assistant manager to meet the needs of 27 people plus one person on day respite. In addition, the registered manager, cook, kitchen assistant and housekeepers were working at the service during the inspection visit. At night one team leader plus two support workers were on duty. Each day managers ensured staff were allocated to work in specific areas of the service. This helped to ensure staffing was allocated appropriately so people received the help they needed. Staff completed regular 'comfort rounds' to anticipate people's needs and team leaders also checked people every 3 hours. Any gaps in staffing were met by existing staff which has meant that the service has not needed to use agency staff to ensure continuity of care for people by staff who know them.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

The service had suitable arrangements for the ordering, storage and disposal of medicines. The medicines records were completed accurately, for example on checking the amount of medicines in stock this tallied with the medicines records. Weekly and monthly audits of medicines were undertaken. Medicines were administered by staff who had been trained and assessed as competent to manage medicines. Staff explained to people what their medicines were for and ensured each person had taken them before signing the medication record. People were given their medicines at the correct times. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The stock of these medicines was checked weekly.

Some people required medicines to be given as necessary or occasionally. There were clear records to show when such medicine might be indicated and if it had been effective. For example, pain relief for an occasional ailment.

People had suitable links with their GP's, consultant psychiatric nurses and medical consultants who prescribe and review people's medicines. Where necessary staff appropriately consulted with medical professionals to ensure types of medicines prescribed, and dosages were helping people with their health needs.

The service had arrangements in place to ensure the service was kept clean. The service had an infection control policy and lead staff who monitored infection control audits. The registered manager understood who they needed to contact if they need advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff

were able to access aprons and gloves and these were used appropriately throughout the inspection visits.

Relevant staff had completed food hygiene training. Catering staff were on duty from breakfast time until the evening. Suitable procedures were in place to ensure food preparation and storage meets national guidance. The local authority environmental health department rated Pilton house with a top rating of 5.

## Is the service effective?

### Our findings

The service continued to provide people with effective care and support because their needs were fully assessed, understood and met in line with relevant guidance. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs. People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

People's need and choices were assessed prior to moving in to the service. Before moving into the service a member of the management team would assess people to check the service could meet the person's needs. People, and/or their relatives, were also able to visit the service before admission. Copies of pre admission assessments on people's files were comprehensive. This information was used as the basis for their care plan which was created during the first few days of them living at the service.

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff they told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. Pilton house had a full time training manager in post along with a moving and handling instructor. There was an in house training programme in place to help ensure staff received relevant training and refresher training was kept up to date. In addition staff had lead 'ambassador' roles to focus on specific topics such as infection control diabetes, end of life care, nutrition, sensory needs, falls management, skincare and positive mental health. They would research these topics and provide staff with updated training and guidance in their areas of interest.

When staff started working at the service they received an induction. This involved spending time with a senior member of staff, and shadowing more experienced staff to learn their roles. Records showed that new staff were in process of completing the Care Certificate, which is an identified set of national standards that health and social care workers should follow when starting work in care. Staff we spoke with said they had received a thorough induction. Staff were also supported to gain qualifications and all staff had attained or were working towards a Diploma in Health and Social Care.

Staff received support from the management team in the form of supervision and annual appraisals. They told us they felt supported by the registered manager and were able to ask for additional support if they needed it. Staff meetings were held to provide staff with an opportunity to share information and voice any ideas or concerns regarding the running of the service.

Staff regularly monitored people's food and drink intake to ensure all residents received sufficient each day. Staff monitored people's weight regularly to ensure they maintained a healthy weight. Staff regularly consulted with people on what type of food they preferred and ensured that food was available to meet peoples' diverse needs.

People told us the food was "Very good" and confirmed that if they did not want the menu choice on offer

they could request an alternative and this would be provided. Along with the main meal served at lunch and supper an additional menu of 7 different options was provided. These range from salads/jacket potatoes/something on toast, so that at each mealtime there were 8 options for people to choose from. We also saw snack and drink stations in all communal areas so that people had access to a range of food and fluid at all times. We observed the support people received during the lunchtime period. The atmosphere was warm and friendly with staff talking with people as they ate their meals. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs.

The chef was knowledgeable about people's individual needs and likes and dislikes. They were aware of people's dietary requirements and preferences. Some people had been assessed as needing pureed food due to their healthcare needs. This was provided as separate foods and colours on the plate to help the meal look appealing and people were able to see what they were eating. People had choking risk assessments which were reviewed monthly.

Catering staff told us they had arranged 'taster days' such as Mexican and Indian foods and from people's feedback some dishes such as curry was now on the menu. They told us, "People can have pretty much whatever they want when they want it." Care staff had 24 hour access to the kitchen so people were able to have snacks at any time of the day even if the kitchen was not staffed.

The registered manager said the service had good links with external professionals. The service worked closely with a wide range of professionals such as community psychiatric nurses, social workers and general practitioners to ensure people lived comfortably at the service. This was echoed by the visiting health and social care professional who confirmed that positive working relationships had been developed. They told us if staff had concerns about a person's wellbeing they would contact them, would listen to advise and put into place any actions agreed.

People's health conditions were well managed and staff supported people to access healthcare services. Staff supported people to see external healthcare professionals such as occupational therapists, GPs, speech and language therapists (SALT) and chiropodists. Care records contained details of multi professionals visits and care plans were updated when advice and guidance was given. Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made.

The service was well maintained, with a good standard of décor and carpeting. Some people living at Pilton House were living with dementia and were independently mobile around the building. They required additional support to recognise their surroundings. There was limited pictorial signage to clearly identify specific rooms such as toilets and shower rooms and people's own rooms. The registered manager had discussed signage in their residents meetings, but the overall view was that people did not want this. However the registered manager said if particular people needed or requested this it would be provided.

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. People had their capacity assessed appropriately. The service knew who had appointed lasting powers of attorney for either finances or health, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Management had applied appropriately for some people to have a DoLS authorisation, for example due to the level of monitoring some people needed to keep them safe.

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. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

## Is the service caring?

### Our findings

The service continued to be caring because people were supported to understand that it was their home and the staff were there to support them in running their home. One person said, "It's lovely living here" and "It's our home." People and staff have created their own mission statement for the home on the culture that they feel staff should all work towards.

On the day of the inspection there was a calm, relaxed and friendly atmosphere in the service. We observed that staff interacted with people in a caring and compassionate manner. People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people included, "All the staff are lovely", and "They look after me so well." Relatives commented "All the staff are brilliant" and "The staff are kind and they know my wife well. They not only look after her but they look after me too."

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. One relative came to have lunch everyday with his wife at the service as this was important to them both. Several relatives visited the service during our inspection. Staff were seen greeting visitors and chatting knowledgeably to them about their family member.

We received many positive comments about the attitudes of staff. The majority of people and their relatives said people were treated with kindness, respect and compassion. Staff also demonstrated this by telling us "This is their home and I am pleased that they want me to work here to support them" and "the people are lovely. It is like we are all family." The registered manager told us how proud she was of the staff team that provided "good quality care."

We saw numerous compliments from people and relatives. All were complimentary about the service they had received. Examples of comments from people included 'Thank you for all your help and support when I was not well and for all your help now. It's been great.' Relatives comments included 'I can see how hard the staff work and the professionalism and the care is amazing', and 'Thank you for taking immense care of someone so precious it is so comforting to know how safe and secure that [family members name] feels.'

We observed staff sitting and talking with people in lounges in a respectful and friendly manner. Staff did not rush people and took time to listen to them. There was plenty of shared humour between people and staff. People, who were able to verbally communicate, engaged in friendly and respectful conversations with staff. Where people were unable to communicate verbally, their behaviour and body language showed that they were comfortable and happy when staff interacted with them.

The care we saw provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, we observed care staff supporting one person to eat their lunch. The staff member was completely focused on the person they were helping, speaking with them and maintaining eye contact throughout the

meal time.

Some people's ability to communicate was affected by their disability but the staff were able to understand them and provide for their needs effectively. Staff knew people's care and support needs very well. For example, one person became upset and staff knew the best way to reassure and support them until they became less anxious.

Staff had worked with people and their relatives to develop their 'life stories' to understand about people's past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. Staff were able to tell us about people's backgrounds and past lives.

People and their families were involved in decisions about the running of the service as well as their care. People's care plans recorded their choices and preferred routines. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in care planning and review. However due to people's capacity involvement was often limited, and consultation could only occur with people's representatives such as their relatives. Families told us they knew about their care plans and the registered manager would invite them to attend any care plan review meeting if they wished. Staff knew some visitors well and involved them in plans for the future such as events planned for Christmas.

The service sought the views and experiences of people who used the service, their families and friends and also visiting healthcare professionals. There were residents meetings held which provided people with an opportunity to raise any ideas or concerns they may have. We saw the minutes of these meetings. Activities and staffing were discussed along with meals

We observed staff making sure people's privacy and dignity needs were understood and always respected. Where people needed physical and intimate care, for example if somebody needed to change their clothes, help was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom this assistance was always provided behind closed doors.

Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. This was reported on in equality and human rights through well-developed person-centred care planning. Support planning documentation used by the service helped staff to capture information. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs. For example respecting people's disability, gender, identity, race and religion.

## Is the service responsive?

### Our findings

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. Each person had a care plan that was tailored to meet their individual needs. Where possible people, and their representatives, were consulted about people's care plans and their review. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed to help ensure they were accurate and up to date. People, and where appropriate family members with appropriate powers of attorney, were given the opportunity to sign in agreement with the content of care plans.

Care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the individual guidance they needed to care for people.

Care plans were electronically completed, however a hard copy was printed out so that it was accessible to staff at all times. The electronic care system alerted staff when caring tasks were due, for example when medicines were to be administered, or when a person needed particular monitoring such as turning to assist in pressure area care. Daily notes were completed on the electronic system by the team leaders from information they gathered from care staff. This ensured that all caring tasks had been completed in a timely manner.

There was a staff handover meeting at each shift change this was built into the staff rota to ensure there was sufficient time to exchange any information. This allowed staff the opportunity to discuss each person they supported and gain an overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Relevant equipment was provided and records showed staff monitored this equipment to ensure it was set according to people's individual needs.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs as well as their backgrounds and life history from information gathered from people, families and friends.

The service had activity organisers to support people to follow their interests and take part in activities. Activities available included a service of remembrance, quizzes, cards, keep fit and sing-alongs. For those people who were not able or did not wish to join in the group activities, one to one time was spent with staff.

On the day of inspection a birthday party was being celebrated by all the people in the home. Later the person was having a private family birthday party and the service organised a separate area for this to be facilitated in and had decorated it for the celebrations. Also during the inspection a singer came to the service and sang to and with people in the service. Staff were also singing and dancing and there was a lot of shared laughter between people who used the service, relatives and staff.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

Some people were unable to easily access written information due to their healthcare needs. Staff supported these people to have access to this information. For example, menu options were given to resident's approx. 2-3hrs before the meal was due to be served. Staff were seen sitting with people going through the menu to help people to make a choice. The residents meeting minutes were printed in written and pictorial format. A staff member told us of their own sensory impairment and commented that rotas were enlarged and received support with reading care plans.

The registered manager said they could access services that could translate information into braille for people who have visual difficulties when needed and also had larger print and audio services available.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. The people and their relatives, who we spoke with, said if they had any concerns or complaints, they felt they could discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint.

The registered manager said they welcomed concerns or complaints as the management team would use the findings of the complaint as an opportunity to learn from what had occurred. The registered manager believed that by meeting regularly with people and relatives this gave them the opportunity to raise any issues that they may not be happy with before they became an official complaint. This open communication has ensured that any issues are addressed promptly.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held at the service to be used if necessary to keep people comfortable. Where appropriate people had an end of life care plan which outlined their preferences and choices for their end of life care. The service consulted with the person and, where appropriate, their representatives about the development and review of this care plan. The registered manager said there were good links with the local hospice and they had completed training with them. There were also good links with the GP's and the district nursing service to ensure people received suitable medical care during this period of their lives.

## Is the service well-led?

### Our findings

The service continued to remain well-led. There was a registered manager in post. They had been registered in September 2017, which was since the previous inspection. 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.

There was a clear vision and strategy to deliver high quality care and support. There were clear lines of accountability and responsibility both within the service and at provider level. There was a clear management structure. The registered manager was supported by a motivated team of care and ancillary staff.

Staff had a positive attitude and the management team provided strong leadership and led by example. They were visible around the service each day and supported staff well. The registered manager spent time within the service so was aware of day to day issues. Comments from staff included, "I love working here" and "It's an open door here, there are no closed doors. The registered manager is always available and listens and responds."

The registered manager told us the service treated people as individuals whilst ensuring that they had a flexible level of support which met their needs. The registered manager provided regular feedback to senior management in order to ensure operational goals were being achieved. By seeking feedback from people, families and healthcare professionals meant their views were used to continuously develop the service.

There was a management structure in the service which provided clear lines of responsibility and accountability. There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the registered manager, at daily handover meetings, regular staff meetings and supervisions.

The registered persons understand their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. The registered manager said if she had concerns about people's welfare she liaised with external professionals as necessary, and had submitted safeguarding referrals when she felt it was appropriate.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.

People and relatives all described the management of the home as open and approachable. Comments from people included, "It's very well organised", Relatives told us, "I can talk to the manager or staff at any

time" There were regular meetings for people and their families, which meant they could share their views about the running of the service.

The registered manager constantly looked at ways to improve the service through involving all stakeholders in the service. For example, team meetings for all staff plus individual meetings dependent on their role in the service, for example team leaders, senior support workers, care staff, and ancillary staff. Staff said that everybody had the opportunity to have their views heard and taken into account.

The service had positive relationships with the local community. For example they hold a fortnightly memory café for those in the community and also provided telephone support to carers and drop in opportunities to provide support and prevent isolation. Pilton house has good links with the local fire brigade and are able to offer fire safety home visits to anyone at risk in the local community. The fire brigade visited people and chatted to them about fire safety and have given talks at their Memory Café. This year Pilton house had collaborated with Age UK and the Barnstaple Dementia Action Alliance and set up a community gardening group at a local church for those with dementia.

There were systems in place to monitor the quality of the service and to look at ways of developing it. Audits in all areas of the service were completed at timed intervals. It analysed the outcomes against the organisations key performance targets in order to measure its effectiveness. There were regular management and business meetings with the trustees of the service where the outcomes were reviewed regularly and a business plan put in place for the following year. This demonstrated the service had a structure and budgets to follow, so that its development would be enhanced year on year.

The registered provider had a quality assurance policy. The service's approach to quality assurance included completion of an annual survey. The results of the most recent survey had been positive. There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included checking care practice, for example checking records demonstrated people had regular food and drinks; checking the quality of the food provided; monitoring care plans were to a good standard and regularly reviewed; monitoring accidents and incidents; auditing the medicines system and checking property standards were to a good standard.

The provider carried out regular repairs and maintenance work to the premises. There was a maintenance person in post with responsibility for the maintenance and auditing of the premises. Any defects were reported and addressed in a timely manner. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use.

The registered manager said relationships with other agencies were positive. Where appropriate the registered manager ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.