

Mr & Mrs T Lamont

Southwater Residential Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 29th April and 3rd May 2016.

Southwater residential home offers accommodation with care and support to up to 18 older people. Nursing care is not provided by the service. This service is provided by community nurses. At the time of our inspection there were 10 people living at Southwater. The home is a large converted 1930's house, with many original features and has an attractive, well maintained and secluded garden.

At the time of our inspection the provider was also the registered manager, and is referred to as the registered manager throughout the report. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The service provided excellent and innovative person centred care. People were supported to maintain their interests by a staff and management team that not only respected the persons adult status, but treated them as individuals. Activities were varied and tailored to their preferences, interests and wishes. People were able to make suggestions and discuss improvements and changes at any time. They felt listened to and put at the centre of their care. The whole ethos of Southwater is centred around making sure that people feel at home and part of an extended family creating a home from home environment. Southwater constantly strives to listen to people and does everything possible to ensure that everyone living and visiting the home feels comfortable and at ease. Comments from visitors include "we've hit the jackpot! It's a wonderful place" and "delighted to have found such a lovely home".

People told us that they were supported by staff that were kind and caring. Relatives of the people who lived at the home felt welcomed and supported by all of the staff. Staff had time for people and treated them with respect. People received care in a dignified manner that protected their privacy. Staff encouraged people to be as independent as possible and offered them choices in their day to day living.

People told us they felt safe, and we found that the registered manager had a number of systems and processes in place to promote safety. Staff received training in and understood their responsibilities in relation to safeguarding of vulnerable adults. We found risks to individuals were well assessed and clear plans were in place to minimise these risks. People had been involved in planning the care and support they received from the service. Their needs had been identified, assessed and reviewed on a regular basis.

The Care Quality Commission (CQC) is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. Care plans contained assessments of people's capacity to make decisions in line with the Mental Capacity Act 2005. We found that people's consent had been obtained for care and treatment provided to them by the home. We found that none of the people living at the home lacked capacity to make a decision. While no applications to deprive people of their

liberty had needed to be submitted, policies and procedures were in place. The registered manager and care staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and understood the principles of the MCA and when an application should be made.

People received personalised care and staff treated them as individuals and with respect. Staff knew people's likes and dislikes. We saw staff offering people choices. People who lived in the home told us how they made choices in relation to their care and support. For example when they wanted to get up, what they wanted to eat and where they wanted to spend their day.

People were protected from the risk of abuse as staff could demonstrate they understood what constituted potential abuse or poor care. Staff knew how to report any concerns and they felt confident the service would address these appropriately.

The home ensured that they had the correct staff recruitment process in place. Staff files sampled demonstrated that the home had carried out interviews to assess people's suitability for employment and had made the necessary Disclosure and Barring Service (DBS) check. We found that some staff files we sampled did not contain the required references and two files did not contain a full employment history or an explanation about any gaps in employment. This meant that insufficient information about their suitability to work with vulnerable adults was available in respect of some staff. This was brought to the attention of the registered manager who immediately updated the staff files, improving the interview checklist and applied for new references. These actions were all completed and presented to the lead inspector prior to the report being written.

Staff rotas showed that the staffing remained at the levels required to ensure all people's needs were met and helped to keep people safe. Staff told us they worked as part of a team, that Southwater was a good place to work, that they felt supported, morale was good and people were happy in their work. Staff had received sufficient training to support them to carry out their jobs. They received regular supervision and appraisal. They told us they felt listened to and were comfortable making suggestions.

We found the provider had audits in place to check that the systems at the home were being followed and people were receiving appropriate care and support. People's comments and complaints were responded to appropriately and there were systems in place to seek feedback from people and their relatives about the service provided. We saw that any comments, suggestions or complaints were appropriately actioned.

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

People told us they felt safe using the service. Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

Medication were ordered, stored and administered safely.

There were sufficient numbers of staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

Recruitment processes were in place to ensure suitably qualified staff were employed.

Is the service effective?

Good ●

The service was effective.

People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff received induction, on-going training, support and supervision to ensure they always delivered the very best care.

People made decisions about their day to day lives and were cared for in line with their preferences and choices.

People were provided with a choice of meals which met their personal preferences and they were supported to maintain a balanced diet and adequate hydration.

People had access to healthcare and were supported to maintain their health by staff who liaised with health professionals effectively and appropriately whilst promoting peoples' choices and independence.

Is the service caring?

Good ●

The service was caring.

People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

People and their relatives repeatedly praised the kindness and compassion of the registered manager and staff that supported them.

Staff treated people respectfully, and supported people to maintain their dignity and privacy.

Is the service responsive?

The service was responsive.

People's care plans were personalised and provided detailed information about people, their likes and dislikes and how staff should support them.

There was a range of varied activities available within the home that were tailored to the individual and responsive to their needs, wishes and interests.

People and their relatives felt listened to and were confident in expressing any concerns they had.

People were consulted and involved in the running of the service, their views were sought and acted upon.

Outstanding 

Is the service well-led?

The service was well led.

People, their relatives, staff and visiting professionals were extremely positive about the way the home was managed.

People benefited from staff that worked well together and were happy in their roles.

The quality of the service was monitored and the service was keen to further improve the care and support people received.

Good 

Southwater Residential Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on the 29th April and 3rd May 2016 and was conducted by one adult social care inspector.

As part of the inspection we reviewed the information we held about the service. We looked at previous inspection reports and other information we held about the home including notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about. The provider completed a Provider Information Return (PIR) before the inspection. The PIR was a form that asked the provider to give some information about the service, what the service does well and improvements they plan to make. We also consulted other health professionals for their opinion of the home.

During the inspection we looked around the home and observed the way staff interacted with people. We spoke with seven people who used the service, three relatives and one health care professional. We also spoke with the registered manager, four carers and the cleaner. We spent time looking at records including three care plans, four staff files, medication administration record (MAR), staff training plans, complaints, policies and procedures, audits, quality assurance reports and other records relating to the management of the service.

Is the service safe?

Our findings

People who lived at Southwater Residential Home told us that they were cared for and felt safe and happy. One person said "There's a safe atmosphere, I like the company there's always someone to talk to, I feel I'm lucky to be here". Another said " I have never felt so safe and happy and never want to leave". Relatives echoed this view and made comments such as "[name] is most definitely safe there" and "We are absolutely delighted that [name] is safe, happy and secure".

People were protected from the risk of abuse because systems were in place to ensure staff had the knowledge and understanding to safeguard people. All staff had been trained in safeguarding and were fully aware of their responsibilities for keeping people safe. Staff give us examples of abuse and were able to describe the types of abuse which may occur. Staff were also able to explain the signs and symptoms of abuse and how they would report these. Staff told us they would immediately report any concerns they had to the registered manager. One member of staff told us "I would let my manager know if I suspected abuse, I'd whistle blow." Staff understood how to raise concerns outside their own organisation and said that they would report concerns to the local safeguarding authorities.

We saw that people had risk assessments in place which identified any risks to their health and welfare. These assessments included information for the staff to follow to minimise the chance of harm occurring. For example, people who were at risk of developing pressure ulcers had detailed risk assessments. These identified their specific areas of concern and how to alleviate pressure. We saw that pressure relieving mattresses and cushions were in place. Staff encouraged and supported people with vulnerable skin, to mobilise and change their position frequently. We spoke with staff who told us that they monitored people's skin condition daily and would not hesitate to report any changes to the district nursing team, who they saw regularly. We saw that the risk assessment relating to a person with a specific medical condition did not identify how this was to be managed. We saw that the risk to the person had been recognised in practice as the person's medical condition was being regularly monitored. However, this safety measure was not reflected in their risk assessment to provide adequate guidance for staff. This was discussed with the registered manager who immediately amended the risk assessment to reflect what was happening in practice.

We looked at the recruitment process to ensure that it was robust. We looked at records for four members of staff. These showed that the home had carried out interviews to assess people's suitability for employment. A Disclosure and Barring Service (DBS) check was carried out before staff were employed to work directly with people who live at the home. A DBS provided the employer with information about any criminal convictions or cautions and whether the person was barred from working with vulnerable adults or children. Proof of people's identity had also been obtained. However, three out of four staff records did not contain references. Two out of the four records did not contain a full employment history or an explanation about any gaps in employment as required by law. This meant that insufficient information was available in respect of some staff who worked in the home. This was discussed with the registered manager who immediately put an action plan in place to update staff record files and request new references and account for any gaps in employment history. A new interview checklist had been updated to ensure that new

employees were interviewed correctly and the necessary information obtained. Evidence of this was seen by the lead inspector prior to the report being completed.

People and their relatives told us they were satisfied with the staffing levels. One person said, "There is always staff around, and I am well cared for, I never have to wait too long". Another person told us, "There is enough staff, we are well looked after". A relative we spoke with said "I think the staffing levels are good I have never had an issue or concern about there not being enough staff". We saw people's needs were met quickly. We heard bells ringing infrequently during the inspection and these were responded to in a timely manner. The staff rota showed there were always two care staff on duty and a cook and cleaner throughout the day. Each shift was supported by the registered manager who lived on the premises. There were two staff who worked at night, one awake and one staff member who spent a period of time as a sleeper but was located on the premises to be called if required. The staff were a stable team, many had worked at the service for a long time. They told us they felt they were a good team and worked well together. The registered manager told us that they did not use a tool to calculate staffing levels as they were a small team who knew the needs of the people well and would respond to any changes in dependency as necessary.

Processes were in place for the ordering, administration, and the disposal of medicines and these were put into practice. Medicines were stored safely and securely in line with the manufacturers or legal guidance. Medicine records showed that each person had a medicine administration record (MAR) which contained information on their medicines. Each MAR included a photograph of the person for identification, whether the person was managing their own medicines and if they had any allergies. Where people were managing their own medicines, risk assessments and management plans were in place. MARs had been completed correctly and confirmed that medicines were administered as prescribed. We saw one person was having their insulin medication administered, at their request, by their relative. This was not documented within the person's care plan and there was no record of the doses administered. This was discussed with the registered manager who immediately consulted with the person and their relative and records were amended. Documentation included consent forms and administration record forms. Records showed that the registered manager completed monthly medication audits and the home had 6 monthly medication audits conducted by the dispensing pharmacy.

Staff were aware of the process for reporting incidents and accidents to the registered manager. The registered manager reported there were very few accidents or incidents, the last being July 2015. The registered manager told us that people who lived at the home were mobile and independent. Accidents and incidents were pre-empted and avoided. All previous accidents and incidents had been recorded in a log and investigated thoroughly with action taken and care plans reviewed where required.

The home was clean and odour free. People told us the home was always clean and tidy. Hand washing facilities and gloves and aprons were easily available for staff to use. There was an Infection Control protocol in place and staff had received up to date training. All cleaning materials were stored securely when not in use.

People were cared for in a safe environment. Radiators were covered to protect people from burns. Windows had the appropriate and safe restrictors in place to reduce the risk of people falling out. Each person had a personal evacuation plan in place which described the support they would require from staff to leave the premises in an emergency. Regular fire alarm tests were completed and fire equipment and emergency lighting were in place and fire escapes were clear of obstructions. Equipment within the home was regularly maintained and serviced to ensure people were safe. There was a maintenance book in operation that showed that repairs to items or areas of the service had been completed. Gas safety certificates, electrical installation condition reports and stair lift servicing documentation was also available.

Is the service effective?

Our findings

People told us that they were happy with the care they received and that staff were helpful and supportive. One person told us, "The carers are very good, they've each got their jobs to do and obviously do anything for you". Another person said, "They are well trained and I am very happy here". A relative we spoke with told us, "The staff here are very good, some of them have worked here for ages and I think they are very skilled and knowledgeable, they know what they are doing".

Staff told us that prior to starting work at the home, they completed an informal induction that included reviewing the homes policies and procedures. They also spent a period of time working alongside the registered manager and more experienced staff. The registered manager said they were aware of the need for staff, who were new to the care industry, to undertake the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate helps ensure all care staff have the same introductory skills, knowledge and behaviours to provide necessary care and support. We observed from the personnel file of one new staff member that this had been discussed and the staff member would be supported to complete The Care Certificate and NVQ training.

Staff told us they had access to a good range of training and were always updating themselves. One member of staff said, "We get plenty of training. It's good". Another commented, "Training makes sure we care for them well". There was a training system in place which encouraged staff to increase and improve their skills and knowledge. Staff had received training in areas such as safeguarding, moving and handling, person centred care, first aid, challenging behaviour, death, dying and bereavement and dementia care.

Staff told us they received the support they needed to carry out their roles. They said the registered manager was very approachable and supportive. Staff received regular supervision and had an annual appraisal. We saw records of these in their files. Staff said they found these meetings helpful, and they were asked for their ideas about developing and improving the home and were able to identify and request training and support. One member of staff said "Supervision is good and It helps me do my job better". Another staff member said "My manager listens to my concerns and also lets me know if I'm doing well in my job".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection there were no people living at Southwater who were being deprived of their liberty. However, the registered manager described the process they would take to seek appropriate authorisation by the local authority. This would ensure that people were not deprived of their liberty unlawfully.

Staff we spoke with had attended training and understood the principles of the Mental Capacity Act 2005

and the Deprivation of Liberty Safeguards. Care plans made it clear that people could make their own choices. We saw mental capacity assessments had been completed and were decision specific. These included decisions in relation to the level of support a person required, where the person should live and whether a person required assistance to take their medicines.

People described how staff would always ask for their permission before completing any personal care or support for them and staff confirmed they did this. A relative said, "I have heard staff ask [relatives name] for their permission before they do things and they always ask if they can come in".

All people we spoke with said they enjoyed the meals and they were well prepared and cooked. They also told us they were able to request and enjoy their favourite meals. One person said "The food is very nice. I don't think there is anything I don't like". Another said "The food is lovely, lunch is a set main course then a choice of sweet". A further person said "The food's nice, we get so much food here, you can have anything you want. If you fancy something, mention it to [registered managers name] and it turns up".

The menu for the day was displayed on a board and was planned on a four week rota. Breakfast was served to people in their rooms and people were offered a wide range of options including fruit and cereals. Lunch was a sociable event with people choosing to sit in the dining room or to have their meal in the privacy of their own rooms. The atmosphere was relaxed and people were observed enjoying their meal, chatting to staff and each other. People were served a "high tea" in the afternoon and then a large buffet served in the evening to coincide with the daily group get together. People told us that the menus were discussed and planned at their evening get together and they would make suggestions and requests for meal options. People were supported and encouraged to eat a healthy and nutritious diet and could have drinks and snacks when they wanted to. Some people had specific health needs and staff positively supported them to manage their diets to make sure they were as healthy as possible. The environmental health department had inspected the home and awarded the home a five star, very good rating. This meant the preparation, storage, cooking and service of food was safe. We saw staff wearing the correct aprons if they needed to enter the kitchen to prevent any cross contamination of bacteria.

People had access to other healthcare professionals whenever advice or treatment was necessary to keep them well. People visited their doctor regularly for their care to be reviewed. People's health appointments were recorded in their care plans which demonstrated that people had support for their physical, mental and psychological wellbeing.

We looked around the home and found that it was warm, clean and tidy. The communal areas were homely and furnished with a variety of seating for people to sit in comfort. There were stair lifts to access higher floors. People had access to a charming private enclosed walled garden with seating areas to enjoy.

Is the service caring?

Our findings

People and their relatives spoke very highly of the care and support they received not only from the staff but from the registered manager who was described as "an angel". People said staff were patient and caring. One person said about staff, "I think it's nice here, very nice. They're marvellous, they're wonderful." Another person told us, "It's a bit like home from home." A further person said, "If I knew it was so loving I would have been here years ago." Relatives said that staff were kind and caring. One relative we spoke with said, "Staff couldn't be friendlier or more helpful. My [person's name] is really happy and settled." Another said that they were "delighted to have found such a lovely home".

Staff we spoke with knew people living at the home well. They had a good knowledge of people's personality, their lifestyles and interests and we saw staff using this information to chat with people throughout our inspection. People told us that staff often popped into their rooms for a chat and felt the staff treated them like their own family.

People and their relatives had been involved in discussions and planning how they wanted their care to be delivered. People felt involved and had been consulted about their likes and dislikes, and what and who was important to them. People were supported to make choices about their lives. People told us they chose when they got up and went to bed. We saw that people were offered choices in respect of the food and drinks they had, the activities they undertook and where they spent time during the day. One person said "If I decide I want a lie in, I do". Another said "It's so relaxed, it's easy, you can go where you like or stay in your room". A further person said "There are no restrictions going out, just sign the book and you can ask for a meal to be put back". They went on to describe how the home gave them the freedom and independence they wanted as well as companionship and care.

Staff recognised the importance of not intruding into people's private space. People had their own bedrooms that were laid out as bed sitting areas. Some of the rooms had their own lounge areas so that they could entertain their guests. This meant that they could relax and enjoy their own company if they did not want to use the communal lounges. We saw that staff had supported people to personalise their rooms with their own pictures, photographs and items of furniture. Communal toilets and bathrooms had locks on the doors and so could be secured when in use. We saw staff knocking and waiting for permission before going into bedrooms. In addition, when they provided people with close personal care they made sure that doors were shut so that people were assisted in private.

People we spoke with felt they were supported to be as independent as much as possible and to maintain their interests and social life. We saw people walk around the home as they wanted, some with equipment such as walking frames. People told us they were supported to go the shops, out with their families and friends and to complete household tasks such as tidying their bedrooms if they wished. People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to.

We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis. People's information was

treated confidentially. Personal records were stored securely and people's individual care records were stored in a locked office.

Although no one was experiencing end of life care at the home at the time of the inspection, the registered manager told us that they would always try and keep people at the home for their final days if they were able to meet their needs and it was the person's wishes. Staff had received training in supporting people at the end of their lives and the home had established good links with and would be supported by the community nursing team.

We saw that Southwater's philosophy of care was demonstrated in posters displayed on the walls of the communal areas. "What makes this house a good and happy home" identified the homes pledge of the care and support that people should expect. These promises included that people's care would be provided within warm, clean and friendly accommodation. People would be treated equally and with respect by a well managed and trained team. Care would be person centred where people's choice came first. A service user's guide was also available to people who lived at the home. Copies were seen in people's bedrooms and in some communal areas. The guide contained information on the registered manager, staff team and details people may find useful on services that were provided within the home.

Is the service responsive?

Our findings

The home was exemplary in responding to people's needs and preferences. People were supported by staff who were devoted to getting to know the people and family's they supported. The registered manager told us that everyone was treated as individuals and that people were regarded as extended family by staff. People told us that they felt very much at home. Relatives said that the reason they had chosen this home was because it was very homely and had a wonderful feeling. People we spoke with said they had the support they needed and staff looked after them well. One person said, "If you want anything they will get it for you". Another person said, "They try to be helpful, but I like to do everything for myself and they respect that".

People who lived in the home were involved in a range of activities and told us they were really happy with these and enjoyed them. Activities on offer included; quizzes, bingo, ludo, music singalong's, arts and craft days and visits from musicians and singers. Relatives told us how their family members enjoyed the social activities particularly the quizzes and the painting. We saw that art work from the arts and craft activities were very proudly displayed throughout the home. We saw photographs of recent art's and craft's session to make decorations for the Queens birthday celebration and were told that this session was enjoyed immensely with lots of laughter and fun. The home held a birthday celebration party the next day where people and staff wore masks that they had made of the royal family and displayed decorations all made at the art's and craft session.

The home arranged day trips for people to enjoy. People were able to discuss at the evening get together where they would like to go. We were told about a day trip out where the registered manager hired transport to take people to a local attraction to enjoy the gardens and then to a coastal town to enjoy the old fashioned bandstands and music. Feedback received from people said how much they enjoyed the day trip as it took them back to their childhood and facilitated lots of happy reminiscence. Another time the home arranged for people to visit a music show at the theatre.

People were also helped to take trips out to pursue their own individual interests. For example, one person who had an interest in trains was taken to a local train crossing to see the scenic train from Paignton to Dartmouth. Other occasions included trips out for ice creams and shopping. For people less able to go out on trips the registered manager arranged for services and entertainment to come to them. For example, one person with mobility issues, was becoming less able to visit the hairdresser. The registered manager noted this and after discussing this with the person, arranged for a hairdresser to visit them at the home. In another example the registered manager found that it would be difficult for people to visit the pantomime due to reduced mobility. The registered manager arranged for a local entertainer to bring a pantomime to the home and everyone enjoyed an evening of "Jack and the Beanstalk" with refreshment buffet provided.

People told us about how much they enjoyed the daily evening get together over the buffet supper. They described this as a time for people to chat, reminisce and laugh with staff and the registered manager, "a getting together of friends". One person said "Group session is a laugh, we talk about the olden days and when we were young, we laugh a lot. [name] sings sometimes and [registered manager] tells us stories

about her family. A bit like home from home". People also told us about "Granny's tea parties" that were held for people to discuss any concerns or make suggestions. Menus were discussed at these meetings and ideas presented on what foods people would like to eat. Improvements to the home and individuals rooms were discussed so that people were involved in every aspect of their care and had full influence over their environment, truly making it "their home". The registered manager told us that these evenings were very popular as people were able to get together air their views, make suggestions, share and bond as friends.

Staff ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. Staff set aside time to sit with people on an individual basis. A member of staff told us, "I visit people in their rooms. We read and sit and chat and do the quizzes". One person said "[registered manager] always comes and sees us at night for a one to one chat". The staff also supported people to maintain their hobbies and interests. For example some people liked to use their computers and were able to do so. People had free access to a phone and some had telephone points in their rooms. One person liked to make things such as greetings cards and model caricatures. They were fully supported to do this by the home who ordered and collected the materials they required. On the persons behalf, the staff helped sell the cards to people and visitors for the persons charity. Another person commented how much they had loved to bake when they were young. As a result of this discussion the registered manager arranged a baking activity where the person and other residents went into the kitchen with staff and made pancakes. One person had always enjoyed working and growing things in their garden so the registered manager arranged for the patio area outside of the person's room to be cleared so that they could plant flowers in pots and planters. These examples and interventions had a positive impact on people because they were able to maintain their interest after moving into the home.

All activities were recorded on activity sheets which documented who took part in the activity, what the activity was, how well people enjoyed it and any comments made. These were discussed at group meetings with people and new activities discussed and planned as a result. This also allowed the staff to assess if someone was becoming isolated or to identify what groups and activities people liked to join in with.

People were supported to continue to practice their religious faith. The registered manager, as a special minister, held weekly inter-denominational service for everyone who wished to attend. This was well supported with some people choosing the hymns and readings and making the flower arrangements. For people of other faiths the registered manger ensured that they could attend their chosen service and accompanied them if they wished. One person expressed a wish to be christened and confirmed. This was arranged by the registered manager.

Prior to moving in to Southwater people's health and social care needs were assessed to ensure the service was suitable and able to meet their needs. The registered manager explained that they always took into account the needs of the people who already lived in the home before they offered a place to people who wished to move in. People told us they were able to make decisions about their care and records showed they had been actively involved in planning their care. We looked at three people's care plans and found that they were very detailed with lots of information about the person, how they like to spend their time and how they wished to be cared for. For example one care plan said that the person really enjoyed choosing their clothes and had some nice clothes to wear. We spoke to this person and they confirmed that staff always took good care of their clothes as they knew it was important to them. Another care plan described how one person liked their steak medium rare and the vegetables crunchy and not soggy. The person told us that they always enjoyed the food and it was cooked how they liked it. Care plans showed attention to detail which ensured that people's every need and preference was recorded, respected and regarded as important. There was clear information about people's personal histories to make sure staff were aware of their lifestyle choices and what was important to them. Information was arranged into sections such as

mobility, personal care, pressure area care, how they take their medications, communication and a section titled "Information about me". This section had detail about what hobbies and interests were important to the person, what the person would like the staff to know about them and how they wished to be supported whilst living at the home. The impact of this was that people received a high level of care from staff who knew their history and people that were important to them. One person said "You just feel special, if you said you liked something, the next thing you know it would be there". One person told us that they liked a particular meal that the registered manager had never cooked before. They gave the manager the recipe and within a couple of days it appeared on the menu and was better than they could cook it themselves. Another person told us that they had always liked bubble and squeak and had not eaten it for years. They mentioned this at their group get together and found, to their delight, that a couple of days later it appeared on the menu.

Staff had the information they needed to support people with care that met their individual needs. We saw that staff attended handovers and completed daily evaluations of the care and support they gave. Care plans were written with people and updated regularly. This was confirmed by the people we spoke with, one said "There's a care plan, they've read it to me and I've signed it". Staff told us that changes or updates were shared among staff when their shift started. These included people's emotional experiences and changes to care needs.

Staff were responsive to people's changing needs. Relatives told us that when their family member had been unwell the registered manager had responded promptly and organised input from their healthcare professional. The home then acted on instruction and ensured that medication was ordered and collected. People told us that staff supported them to be as independent as possible and would only support them as much as they wanted them to. One person told us that when they had arrived the staff were overly helpful and tried to do everything for them. However, this was resolved once the person made their wishes known and now staff only assist them when they request it.

People who were important to people, such as members of their family and friends were named in the care plan. Relatives said they felt welcomed when visiting the home. They visited frequently and were very complimentary of the care given to their relatives. We saw that the home made every effort to ensure that people kept in touch with friends and family. People were encouraged to invite visitors to take part in life at the home. For example, we saw photographs displayed of people and their families celebrating christening's, birthday's and wedding's. We were told by the registered manager that people's families were more than welcome to share important occasions at the home with their family members. The home went out of their way to accommodate their celebration and often supplied buffet food and birthday cakes.

None of the people we spoke with had made a complaint about their care, but told us if they had a problem they would speak with the registered manager. One person said, "I don't have any complaints but I would go to [manager's name] and she would deal with it". Relatives also had every confidence that if they had a complaint the registered manager would go out of their way to deal with it. The complaints procedure was available to people and written in a format that people could understand. This was included in the service users guide given to all people and their families and included the details of how to complain to other agencies if required. The registered manger also had a day to day "grumbles" book that was used to immediately deal with any issues or complaints.

Is the service well-led?

Our findings

There was a very friendly and welcoming atmosphere at the home. People and their relatives could not speak more positively about the registered manager, the staff and how well the home was run. Comments we received included; "[registered manager's name] is marvellous, the patience of a saint, really, really good", "Very personal, like a family, very friendly" and "[registered manager's name] is kind, selfless, considerate, extremely hardworking and puts the needs of the residents paramount. Nothing is too much trouble".

The registered manager and staff were committed to providing personalised individual care to people living at Southwater. Some of them had worked in the home for several years and had a lot of experience in the care sector to ensure that people received a good quality of care. The registered manager knew people well and gave individual and compassionate care. It was clear to see that the registered manager was passionate about promoting independent living and making sure that people living at Southwater, felt that they were truly at home. The staff team followed their lead and interacted with people in the same caring manner.

Staff morale was high and they told us that there was good communication in the staff team and that everyone helped one another. They said that the service could only operate for the benefit of the people who lived in it with a good staff team and a supportive registered manager. They said "We are a good team and work well together", "It's a lovely atmosphere, family run, makes all the difference. People are looked after very well here" and "It's a nice environment everyone gets on together". Staff said they felt well supported in their role and felt they could raise concerns and could bring ideas forward and they would be listened to. The registered manager promoted open and transparent practice. Incidents were clearly recorded, investigated and responded to.

People and their relatives were asked for their views about the care and support they received at the home. The registered manager sent out annual questionnaires. These were collected and analysed to make sure people were satisfied with the home and the care they received. We looked at the results from the latest survey undertaken in 2015 and these showed a high degree of satisfaction with the home. The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the home was continually improving and responding to what people wanted. The registered manager told us that they were constantly speaking to the people and their families to discuss what they like or dislike and how to improve things. We saw comments included "Our [name] is very happy at Southwater, as are all of the family. They provide a very homely supportive and welcoming environment for her", "We would consider Southwater to be the best facility in Devon" and "We've hit the jackpot! It's a wonderful place, [name] is well looked after".

The registered manager undertook audits to check the quality of service provision. These audits included complaints, infection prevention and control, care plans, health and safety, buildings risk assessments for health and safety, evacuation procedures, location of fire fighting equipment, fire drills, medicines audit completed monthly and any incidents or accidents. We saw the registered manager looked at all aspects of the service and used the information to improve the service. We looked at policies and procedures which

were updated regularly. Although there was no recruitment policy, this was immediately dealt with and produced on the second day of our visit. The policies we viewed gave staff sufficient advice to follow good practice.

The environmental health department had inspected the home and awarded the home a five star, very good rating. This meant the preparation, storage, cooking and service of food was safe. We saw staff wearing the correct aprons if they needed to enter the kitchen to prevent any cross contamination of bacteria.

The registered manager was aware of the responsibilities associated with their role. The registered manager was aware of when notifications had to be sent to CQC and had submitted these as required. These notifications would tell us about any events that had happened in the home. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.

There was evidence in the care plans that the registered manager and care staff liaised with other professionals who visited the home to help ensure people received the care they needed. We spoke with the community nurse team who worked closely with Southwater and was told that it was well run and had staff that were caring and responsive.

We saw that Southwater's philosophy of care was demonstrated in posters displayed on the walls of the communal areas. "What makes this house a good and happy home" identified the homes pledge of the care and support that people should expect. These promises included that people's care would be provided within warm, clean and friendly accommodation. People would be treated equally and with respect by a well managed and trained team. Care would be person centred where people's choice came first. A service user's guide was also available to people who lived at the home. Copies were seen in people's bedrooms and in some communal areas. The guide contained information on the registered manager, staff team and details people may find useful on services that were provided within the home.