Southern Healthcare (Wessex) Ltd

The Old Rectory Nursing Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

The Old Rectory Nursing Home is a care home with nursing for older people and people living with dementia. It is registered for a maximum of 47 people. There is a manager who is responsible for the home. They have applied to register with us and the application is in progress. 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. At the last inspection carried out in February 2015 the service was rated as good in all areas. The provider Southern Healthcare Limited also operates three other homes in the South West.

This inspection took place on 22 and 23 May 2017. At the time we visited, 39 people lived at the home. We found The Old Rectory to be providing an excellent service. The provider and manager were clearly passionate about providing a high quality, individualised service and regularly promoted and shared this with people, relatives and the staff team. Their ethos was to create a family orientated feel and to ensure when people moved into a care home setting they, "didn't have to leave their life at the door". The manager said, "We are all about the lived experience. We support staff to think about the care they are giving. It's about engaging with people. I don't sit in the office. I'm out there, I like to be visible. We all live and work together." They felt well supported by the provider who, "ultimately wants the right outcome for people."

People had access to and were involved in developing personalised activities that complemented their individual hobbies and interests. Links with the local community had been established and people were supported to participate in community events and other events that were important and meaningful to them. This provided people with a sense of purpose and wellbeing. This was enhanced by social communal areas such as a country style pub and beer garden, lifestyle kitchen and café offering specialist coffee and snacks. Areas were available for family parties, private space, fine dining and a cinema club.

People were supported by very kind, caring and compassionate staff who often went the extra mile to provide people with good, high quality care. This high standard of care enhanced people's quality of life and wellbeing. The staff as a team were extremely passionate about providing people with support that was based on their individual needs, goals and aspirations and often visited the home outside of working hours to attend events and visit people. One staff member lived locally and visited people every night to say goodnight. They were pro-active in ensuring care was based on people's preferences and interests, getting to know people as individuals, seeking out activities and opportunities in the wider community and helping people live a fulfilled life, individually and in groups.

The staff were happy working in the home and felt very supported in their role. They were clear about their individual roles and responsibilities and felt valued by the management team. Good leadership was demonstrated at all levels with a pro-active effort to encourage ideas from staff to further benefit the people in their care and maintain a strong, stable staff team with a shared goal. This was underpinned by use of positive language and communication and heavy investment in quality training promoting the ethos based

on nationally recognised Butterfly and Eden philosophies. Each individual staff member was engaged in sourcing new opportunities for people and putting ideas into practice using their particular skills, whether related to their role or not.

People were safe living at The Old Rectory. There were enough staff to meet people's care needs safely and also to provide individualised support in and out of the service. There was a strong culture within the home of treating people with respect. The staff and managers were always visible and listened to people and their relatives/friends, offered them choice and made them feel that they mattered.

People and the staff knew each other well and these relationships were valued. Staff saw the service as a nice place to be and often popped in when not on duty to say hello to people or attend particular events. Relatives were pro-actively encouraged to maintain a relationship with the home when their loved one had died and the service's café was used as a meeting place.

Staff had received appropriate training in line with nationally recognised qualifications and regular supervision to provide them with the necessary skills and knowledge to provide people with effective care. There was a strong emphasis on resourcing training that was meaningful in relation to dementia care, for all staff who put their learning into practice.

People received their medicines when they needed them. People received a nutritious, varied and interesting diet and enough to eat and drink to meet their individual needs and timely action was taken by the staff when they were concerned about people's health.

There were very effective systems in place to monitor the quality and safety of the care provided. People felt able to raise any concerns and be confident they would be addressed. Where concerns were raised by people, relatives or through regular auditing we saw the home took them seriously and took appropriate actions to focus on learning and improvement for the benefit of the people using the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff to meet people's needs in a timely way.

Risks associated with peoples individual needs were managed effectively to help keep people safe.

Staff recruitment processes were robust to ensure people were cared for by suitable employees.

People received their medicines as required by qualified staff.

People were protected because staff understood what constituted abuse and how to safeguard people in their care.

Is the service effective?

Outstanding

The service was very effective.

People received effective care because staff were supported in their roles and received comprehensive, relevant training and induction.

People were supported to eat and drink in sufficient quantities for their needs and risks from malnutrition/dehydration were monitored.

People received the health care they needed, when they needed it.

Staff acted lawfully in relation to legislation relating to mental capacity and deprivation of liberty safeguards.

Is the service caring?

Outstanding

The service was very caring.

People had a quality of life which enhanced their well-being and physical health.

The service was inclusive of all individuals and provided

personalised care.

The service was inclusive of people's family, wider circles of support and the community.

People received empathetic, respectful care and their dignity and independence was upheld.

Lives were valued and people were supported in continuing their lives in a meaningful way with good end of life care promoting dignity in death.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People received care and support around their individual needs in a timely way.

People had opportunity to take part in different activities, stimulation and engagement and have a full life.

The service took into account people's wishes and feelings in the way it provided the service. Feedback was acted upon to improve people's overall experiences.

Is the service well-led?

Outstanding ☆

The service was very well led.

There were clear visions and values, known by all the staff who were valued by the management team. These were around the principles of personalised care based on each person's wishes and needs.

People were treated with dignity and respect and staff worked hard to get to know the person in order to understand how best to support them.

The service took into account peoples past experiences and wishes for the future to ensure people retained what was important to them and staff helped them achieve what they still wanted to do.

The management team were continuously looking at ways to improve their service and ensure people continued to have fulfilling lives without barriers.

Engagement with other professionals, family and the community

was strong and enhanced the quality of people's lives. Staff were encouraged to develop deep and meaningful relationships with people they were supporting which helped them deliver person centred and compassionate care.

The service continued to support families during the persons life and after their passing.

The Old Rectory Nursing 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 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 inspection took place on 22 and 23 May 2017. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. It was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

The home is laid out over three floors with four areas to which staff are allocated and there are a variety of communal areas. At the time of this inspection there were 39 people living at the home. Most people living at the home were living with dementia and were not always able to tell us about their experiences directly. We spent time observing care in the communal areas and spoke with 19 people. During the day we also spoke with five relatives and a visiting priest. We spoke with the provider, manager, activity co-ordinator, housekeeper, laundry person, seven care workers, the deputy manager and administrator and two registered nurses.

We looked at a sample of records relating to the running of the home such as audits, staff files and quality assurance and to the care of nine individuals We also reviewed the information we held about the home such as previous reports and notifications. There were no recent safeguarding procedures on-going.

Good

Is the service safe?

Our findings

All of the people we spent time with told us they felt safe living at The Old Rectory. People told us they felt safe in the care of the staff. Comments included, "I feel so safe here – everyone cares for me", "I feel very safe here", "Most of the time it's good to be here, [rather than at home] but whatever else, I always feel safe" and "They keep me safe and make sure I have my insulin. One relative said, "We have always felt safe here. My mum is greatly cared for by all staff." Another relative said, "I feel my aunt's safe here and I feel OK about that when I leave."

There were systems in place to protect people from the risk of abuse and avoidable harm. For example, staff were vigilant in ensuring people whose behaviour could be challenging for staff and others was minimal. This was because staff knew what people liked and what events could trigger behaviour which could be challenging or raise people's distress levels. Staff knew how to keep people safe. This included from the risk of abuse. All of the staff knew the different types of abuse that could occur and told us they would not hesitate to report any concerns they had to senior staff. They would also report any concerns outside of the home if they felt this was appropriate. Staff and the manager understood the correct reporting procedures and we saw these had been followed when necessary using the local authority safeguarding process. There had been no recent safeguarding issues.

Risks to people's safety had been assessed and actions taken where necessary to mitigate these risks. This included risks in relation to falls, not eating and drinking, developing skin pressure damage and social isolation. There was clear information within people's care records providing staff with guidance on how to reduce these risks. Staff were clear that the least restrictive method was sought and regularly reviewed. Staff also said it was important not to crush people's dreams. They told us how one person wanted to continue to use their electric wheelchair but this had been assessed as high risk. They carried out a trial period to enable the person to realise their capabilities and give them the chance to try.

People were free to move around the home as they wished. Staff were able to demonstrate they understood risks and what they needed to do to keep people safe. For example, some staff told us the importance of making sure the environment was safe and clear of any obstacles when people were walking around the home. This was to protect them from the risk of falls and also to maximise independence. The home was very clean throughout with no offensive odours. The home used ozone machines to refresh the air and help kill any bacteria throughout the building. Staff wore appropriate personal protective equipment (PPE) to ensure infection control was well managed. Handwashing facilities were available in the treatment room and the home had a ultra violet light box that showed how clean hands are when washed. These light boxes were used as spot checks for staff and as a good teaching aid on the importance of hand hygiene.

In respect of the premises, we saw that fire doors were kept closed and the emergency exits were well sign posted. They were clear of any obstacles so that people could easily reach the exits if needed. Testing of the fire equipment and the fire alarm system had taken place regularly. Staff demonstrated to us that they knew what action to take in the event of an emergency such as a fire or when someone became unwell. They confirmed that they had received training within these areas. Each person had a personal protection

evacuation plan (PEEP) giving staff and the fire brigade easy access to important information about individuals. The equipment that people used such as hoists and slings had been regularly checked and serviced in line with the relevant regulations to make sure it was safe to use. Any accidents or incidents that took place were recorded by the staff and investigated by the manager. We saw action had been taken when any accidents or incidents had occurred to prevent reoccurrence. Staff balanced 'real risk' and promoted people's independence well.

There were sufficient numbers of suitably qualified staff to keep people safe and meet their needs. Senior staff told us that the staffing ratio was one member of staff to 3 to 5 residents. We saw numerous staff in the home helping and supporting the residents. Staff were unhurried in their interactions with residents and we saw numerous examples of staff engaging with people on a one to one basis as well as in groups. We looked at the duty rotas and saw evidence of 11 care staff each morning and 10 care staff in the afternoons and evenings. There were also two registered nurses each day plus the manager and deputy manager, in house trainer ,ancillary and catering staff. The home also employed two activity co-ordinators known as lifestyle co-ordinators. We observed staff meeting people's requests for assistance consistently in a timely manner during the inspection but also pro-actively going and spending time with people, dancing, chatting, singing, offering things to do and generally enjoying time together. Staff told us, "Staffing is good here, we are a great team", "We have lots of staff because the ratio is good, it is very welcoming here" , "The staffing numbers are really good", "We are overstaffed, it is very good practice and we do have complex residents."

People commented, "I think there are enough staff, there are some lovely young girls" and a visitor told us, "The staff are so helpful here". Staff told us there were opportunities for people to go out and staffing levels were adjusted to enable this, which we saw. It was an important part of how the service was run. For example, a group were off out to a primary school play that morning. Other people were popping out to the local shops. Review of staff related to people's needs was on-going using a dependency tool. For example, if one to one care was needed for someone at the end of their life, the service would provide it.

Staff files showed that the relevant checks had taken place before a staff member commenced their employment. This included criminal record checks (DBS), gaps in employment and the service asked for at least two references including previous employer. This was to make sure potential new staff were safe to work with vulnerable people. The home were starting to encourage people living at the home to be involved in staff interviews. One person had already been booked and senior care workers were also involved as they would be working with any new staff.

Medicine management was well organised and audited. Medication was administered by registered nurses trained in medication administration. All receive a comprehensive workbook covering various elements of medicine administration including three observed assessments and regular competency assessments. The clinical lead completed monthly medication audits looking at National Institute for Health and Clinical Excellence (NICE) guidelines and the service had registered as a member of the British National Formulary (BNF) so nurses could ensure they had up to date information about medication. There were daily self audits by the dispensing nurses. Senior staff told us that these self audits had been very successful in reducing any discrepancies, routine medicine 'housekeeping' or recording errors. The clinical lead also told us it was important to promote staff to give medication in a caring way, ensuring people were not cold or thirsty and ready to take their medication. They said they were always reading the latest information and that the service saw medication as a last resort, meaning that people were given the least amount of medication required in liason with their GP.

There had been one drug error in the previous six months and we noted that the professional involved had been supported to write a reflective practice account in accordance with Nursing and Midwifery Council

(NMC) guidance, had received one to one supervision and also supervised practice for competency. The most recent audit highlighted no concerns other than one nurse using a blue pen rather than a black pen which is good practice. It highlighted detail such as blurred prescriptions requiring a repeat from the pharmacy or updating of people's identification photos if their features had changed to minimise risk. The action plan relating to the audit showed the local pharmacy had been contacted for another prescription and all staff reminded to use black pen when signing. There was also a storage of medicines audit showing which people had individual locked medicine storage in their rooms, temperature checks and stock level management. Medicine management was also discussed on a monthly basis in nurse meetings. This demonstrated that the organisation learnt from adverse events in order to try and prevent recurrence.

People received their medicines in a safe and caring way. The home has recently changed medicine provider and also the way medicines were stored in the home. Instead of having a medicine trolley that contains all the medicines for everyone living in the home, individuals' medicines were now stored in their rooms. Staff felt that medicines management had improved since the implementation of this new system. One person said they liked having their medicines kept in their own rooms, "It feels more like home". There were systems and policies in place so that people could look after their own medicines if they wished, and it had been assessed as safe for them. There were clear records of medicines administered to people or not given for any reason. This helped to show that people received their medicines correctly in the way prescribed for them. There were separate charts with instructions for staff to record the use of creams or other external items. There were clear protocols for each person to guide staff when to offer or give medicines prescribed 'when required' to help make sure people received these medicines correctly, and when they were needed. Occasionally there were agreements in place for staff to give people their medicines covertly. This meant staff could disguise the medicines in food or drink to make sure the person took them. Safeguards were in place to protect people and make sure this was in their best interest. There was an audit trail of medicines received into the home and those sent for destruction. This helped to show how medicines were managed and handled in the home.

Outstanding ☆

Is the service effective?

Our findings

The service was very effective. People received effective care based on best practice from staff who had the knowledge and skills required to enable them to carry out their roles. People all said they felt the staff were well trained. As well as promoting a clear home ethos, aims and aspirations the provider had invested heavily in nationally recognised quality training from experts in their field to further imbed the ethos across the entire staff team. The home's brochure also included a section on how developing their staff was at the heart of what they do. It stated, "Our developing 'Butterfly' course focusses on the meaning of being person centred as an individual and helps staff as a team to grow in confidence to improve the quality of people's lives." This enabled relatives and people living at the home to also understand what living at The Old Rectory was all about. Staff told us, "We have an in-house trainer here Monday to Friday. I can go to our training room and we have small group training", "I'm doing a level three national vocational qualification (NVQ- as were 33 staff), I have been supported with my training." Thirty four staff were doing the NVQ training.

All staff felt very well supported and included by the manager, provider and management team. There was a real sense of staff working as a true team for the benefit of people in the home, regardless of role. Staff completed a regular staff questionnaire which they could complete anonymously if they wished. Regular general staff meetings were held stating the clear purpose of the meeting, for example, to recognise progress and set out forward vision plans and aspirations. Their campaign was to 'promote family orientated, quality and aspirational care within a care home setting. This was developed by the home and based on nationally recognised key influences in the field such as a leading name in person centredness, a founder of positive dementia care, using nationally recognised training in dementia care based on people's feelings and the founder of the Eden Alternative. Eight staff had trained as Eden associates. This philosophy is nationally recognised and was designed to address the challenges to ensure people do not experience loneliness, helplessness and boredom by creating an environment of loving, meaningful and spontaneous activity. A comment on the home's culture said staff retention had improved and people commented on the 'buzz and happiness' of the home. Thirty staff had completed the five day 'Butterfly' training through the provider's two Butterfly trainers and the home was aiming to achieve 'Butterfly' status. This ethos focussed on 'feelings mattering most' in dementia care. For example, being, nurturing and enabling. Staff completed modules looking at memories, the journey of dementia with physical tasks such as sitting in silence to experience isolation and boredom, highlighting how people may feel when they are not acknowledged, puree tasting and feeding each other. We saw learning from the training in action throughout the inspection. For example, giving compliments to people and acknowledging them as they passed and asking people how the primary school trip went that morning. One care worker said, "I had lots of job offers but this one really feels like a home. It's wonderful." Another said, "If we know about people we can understand them and look after them properly." A registered nurse greeted a relative who had been on the school trip and said, "It's wonderful to see relatives and really have a genuine relationship with people outside of work."

Staff meeting minutes commented on how well staff had developed with increasingly careful use of body language, behaviour and respect, for example. It was important that staff also felt fulfilled, appreciated and that employment at The Old Rectory had real value.

Champion project meetings were held to develop the idea of named staff becoming champions for a particular topic. For example, the notice board introduced each champion saying what they did such as dementia champion, the Butterfly trainer, 'masses of moments that matter is our ambition'. The health promotion champion promoted a health lifestyle through teaching sessions and specialised in skin health. The home had no pressure sores despite many people assessed as at high risk of pressure skin damage. A well being champion 'put the person at the centre of what we do' and they were responsible for ensuring medication reviews were done asking, 'does that person really need all those medicines', for example.

Staff felt they had received excellent training to provide people with effective care. An operational trainer covered the four provider's services and monitored staff supervision and induction to ensure staff were regularly supported. Most staff had or were progressing through the qualifications and credit framework (QCF) or care certificate with visits from an assessor. These are a set of recognised standards that health workers stick to in their daily working life to provide safe, compassionate care. Staff competency to do their role was regularly assessed and staff received clear and constructive feedback to enable them to improve their practice when necessary. We observed the staff providing people with safe care and demonstrating good care practice throughout the inspection. New staff received a first week of training and orientation before shadowing more experienced staff, duration depending on their experience. There was a comprehensive employee handbook. Staff had completed training in a number of different subjects such as safeguarding adults, dementia, medicine management, tissue viability, nutrition and hydration. They said they were given lots of opportunities to attend training in areas that reflected the needs of the people who lived at The Old Rectory. Staff told us "The induction was good, it included mandatory training and I had a mentor to help me." Registered nursing staff told us that management supported them with revalidation. Revalidation is a process that trained nurses have to complete every three years and involves comprehensive accounts of training received and in what format.

Staff received meaningful and positive supervision. This meant they had all had opportunity to meet with a senior member of staff to discuss competency, training needs and any issues. Also where issues arose on a day to day basis this was linked to related supervision sessions to ensure staff knew the standard they needed to work by. For example, where one staff member had not signed with another member of staff as required for that medication, the medication audit said 'staff supervision' and staff supervision records were in place related to the issue. Staff told us, "I feel well supported", "We have regular supervision, how we can improve and if we have any suggestions" and "I have had regular supervision and the management have responded positively to my ideas."

The service was keen to enable students and people with an interest in medicine or social care to gain work experience at the home. A student interested in medicine was keen to start work as a volunteer and the home encouraged this. The Old Rectory mentored two health and social care level 3 first year students who had requested to do their placements at the home. The home provided a mentor to help them complete reflective journals to link theory to practice in the 'real world'.

The service pro-actively looked at how the culture of the environment related to people's quality of life. They recognised how services had historically been orientated towards institutional and controlling systems and promoted placing value on people living at the service. The Old Rectory had subsequently developed positive areas including a bar and pub, a café which doubled as a cinema with a wide drop down projector screen. The garden had been landscaped and was used as a family orientated beer garden. During the inspection staff and families were spontaneously taking people outside in groups for chat, sunbathing and ice creams in the warm weather. The service had researched what would work best for people living at The Old Rectory. During our inspection we saw the maintenance team clearing the central courtyard and building a large al-fresco dining decking area with outdoor bar. New storage areas had been created so they

would not impact on the homely feel. In the dementia unit, Christow, the environment was particularly dementia friendly. For example, staff recognised 'sundowning' where people living with dementia may exhibit an increase in certain behaviours in the early evening. There were distinctive colour schemes on toilets and bathrooms to promote independent continence management, muted lights at dead ends and sensory stimulation such as a bench and 'bus stop' to facilitate rest, a local map, post office and an old chemist shop. People had access to many objects to engage with. One person loved their make up so staff ensured they always had it in their handbag and we saw the person living with dementia happily using face powder. Some people were playing skittles with staff. Staff on this unit did not wear uniform to maintain a homely feel.

People were very involved in devising the rolling menu and posters advertised new menus with excitement. Catering staff told us, "We have a special diet and allergies list plus people's likes and dislikes. All food that is eaten is documented on the care plan electronic tablet, that applies to food and fluids. We also have a list of food and fluids that can interact with certain drugs. If someone's diet changes we are informed, we have very good communications. We also have 'fine dining' experiences that the residents enjoy." The chef met with people regularly to find out what they liked to eat and food and drink tasting sessions also encouraged people to try different foods. This encouraged a celebration of meals and food. The service brochure included a taster menu showing choices such as soup or fruit juice starter, choice of two main courses such as cottage pie made with beef steak or chilli and lime fish cakes, followed by homemade lemon tart with West Country cream. Evening meals were also hot and include choices such as beef and pork meatballs with spaghetti and tomato sauce followed by raspberry pavlova. There was a wide range of drinks on offer such as soft drinks, wine or lager. One relative told us the meals were excellent saying, "My relative had to go off site for a medical appointment. When she returned, we found that staff had kept back a meal for her." One person said, "We have very good food here, fruit mid mornings or squeezable jelly snacks and they make the most wonderful cakes here…great big ones. The food really is excellent, they make the best gravy."

There were regular diet and nutrition staff meetings. These involved the clinical lead, chef and registered nurses and discussed how the staff could manage people who were at risk of losing weight, fortified diets and individual's needs. For example, one person had brittle diabetes. The registered nurses liased with the community dietician and fed back to the chef. They sourced diabetic chocolate, for example, which the person liked. When people fancied a certain food this was sourced or people could go out and buy items from the local shops with a care worker. The chef ensured that people on special diets such as high calorie and fork mashable were able to enjoy the food that the majority were able to eat. For example, a side of meat was slow cooked which enabled those with a soft diet to enjoy also. High calorie diets were provided for people at risk of losing weight. High calorie drinks were offered in between meals and individuals were offered snack boxes throughout the day to further encourage 'grazing'. The registered nurses on duty monitored intake and ensured staff were encouraging those who were reluctant to eat. People were weighed regularly and progress noted in detail on a graph, those people at risk were discussed and included in the meeting minutes.

The quality of the food was also important. For example, a newsletter celebrated the new contract with a local bakery who had won the Devon Life Food and Drink Best Bakery Award. The new menu poster said, "nearly all our food on the menu is homemade, locally sourced and prepared by our chefs [named]. Please let us know your views. Bon appetite!" We took lunch and observed lunch in all areas. These were social, lively experiences with food plated up individually from hot trolleys, staff showing people living with dementia the choices. People could choose where they ate, what they wanted and had pretty, laid tables and condiments with opportunity for 'seconds'. The chefs aimed to make each menu interesting and included meals such as 'Fizz 'n' chips' battered, baked or poached cod served with sparkling wine. They also used a publication called 'The Art of Care Home Baking' to keep meals interesting whilst suitable to meet

nutritional needs.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA).The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 are called the Deprivation of Liberty Safeguards (DoLS). Staff clearly understood the importance of seeking people's consent and offering them choice about the care they received. Where people lacked capacity to make some decisions, the staff were clear about their responsibilities to follow the principles of the MCA when making decisions for people in their best interests.

Staff gave us clear examples and records showed how they supported people to make decisions. We observed staff asking for people's consent throughout the inspection. For example, showing simple choices of menu, clothes and drinks. Records showed that people's ability to consent to certain decisions had been assessed and best interest decisions made. These had involved the relevant individuals such as the person's family or a healthcare professional. There was clear information within these records to give staff guidance on how they needed to support people to make a number of different decisions about their daily lives.

People were supported to maintain good health and had access to healthcare services as necessary. People were referred in a timely way and saw healthcare professionals such as their GP, dentist, hospice, optician or chiropodist when they needed. People could choose their own GP and the home worked with various surgeries. If people chose to access health care appointments independently this was arranged. For example, one person was out at the dentist with a care worker during our inspection. We saw records about how one person had been considered at the end of their life but due to effective care, a serious pressure sore present on their admission had healed. The person was now eating well and was able to access the communal areas and sit in their chair rather than be nursed in bed.

Outstanding ☆

Is the service caring?

Our findings

The service provided outstanding care to people using the service and this was extended to their friends and family. People told us, "Everything about my care here is good. Only full time, one to one carers could improve it, but I know that's not possible" and "The staff care about me. They know I need time to think about what to eat, and although I sometimes want longer to choose, I'm never rushed and I always have the choice". Other people added, "I can choose to eat either in my room or in the dining room. I can choose when I want to get up and nothing's too much trouble for the staff here", "Staff regularly talk with me – they make me really happy" and "The staff here are very caring, they were really good when my aunt moved in and made an extra effort for her to be with her best friend, who was already here." A sign in the treatment room said, "Our job as nurses is to cushion the sorrow and celebrate the joy everyday while we are 'just doing our jobs'."

The provider shared a document with people and relatives describing what they were trying to do in their homes. This included, developing a family feel, feeling and believing, enhancing quality of life, making a positive difference, spontaneity and building and nurturing our team. This was seen throughout the inspection. Staff showed empathy, warmth and understanding. During our inspection we saw positive relationships had been developed between staff and people using the service which enhanced their wellbeing. We saw lots of laughter and tenderness. We observed an easy rapport between staff and people using the service. Staff demonstrated knowledge and understanding of people through their actions and conversation. We witnessed several occasions where members of staff greeted people with genuine pleasure. Relatives said, "My mum is very well cared for and loved at The Old Rectory. All staff have always been very kind to myself and my family. Staff are caring and passionate." One relative responded to the recent friends and family questionnaire saying, "My mum is greatly cared for by all. They are treated with dignity and respect in all ways. I thank you everyone for their continued love."

Genuine friendships had been created and this was extended to people's families who were welcome at the service and able to be as involved in the person's care as much as the person wished them to be. There were friends and family popping in throughout the day. We heard how one relative was involved in running the 'pub quiz' and another relative with an IT background had suggested IT equipment which could be used to enhance people's lives. The manager had purchased this and showed us how they could 'talk' to the device asking it to bring up music, news sound bites and clips from particular years. For example, if you stated '1945', memories from that year would begin, which staff used to initiate conversation and reminiscence. Staff also used it to share people's favourite songs. Another relative was making a time lapse video of 'life at the home' with people's consent to showcase the feel of the home, the intention being to promote positive views of care home living.

People were comfortable and attention had been paid to ensuring people were wearing the clothes they liked, suitable for the weather and relatives told us their loved ones always looked well cared for with jewellery, painted nails and hair styles as they preferred. People's clothes were well cared for, clean and well fitting. At the gardening club, during the inspection, we saw each person, most of whom were living with dementia, had taken their turn to plant bulbs in individual pots. The staff member took time to carefully

clean people's hands using hand wipes, and explaining to them what they were doing. One person needed a new hairdryer so a care worker took them out shopping. Another staff member popped out to buy red lipstick for one person so they did not run out as this could be a trigger for behaviour that challenged staff.

Residents, relatives and friends meetings were held regularly. The group had decided that once a quarter was sufficient. Staff created a safe space in the home café for relatives and people living at The Old Rectory to share ideas and explore their feelings in relation to the care provided. The manager explained relatives often experienced a range of emotions resulting from the person moving into a care home in the first place and also following a decline in health. Relatives met regularly and could be involved in setting items for the agenda. Minutes were very detailed, recent minutes talked about the new lifestyle kitchen, new menus and café which could be used for activities, family, meetings and relaxing. Staff had found that people really liked a roast dinner so now the kitchen offered three roast dinners a week. A comment that staff name badges were not clear to all had resulted in a relative offering to donate new staff name badges in large black lettering so they were easier for people to read. The meeting was concluded with staff singing 'Happy Birthday' to one person living at the home.

The resident meeting minutes included information about the service quality assurance questionnaire, sent by post and email to relatives and people living at The Old Rectory. Comments and suggestions were put on the notice board showing responses. Friday mornings were kept free for people to have private discussions with the manager and administrator so people could raise any concerns. The minutes stated, "If you have any issues, please do let us know, they are easier to deal with sooner rather than later."

Relatives continued to remain involved even after loved ones had passed away. For example, two spouses had become friends whilst spending time with their loved ones at the home. When they passed away, the two spouses continued to meet every morning for a coffee in the home's café, which was a comfort to them. The café provided a space for relatives to be where their loved one had been and to talk of their experiences together in a positive way. The café had a coffee machine and snacks available and people were made welcome.

Relatives were encouraged to participate in events and activities within the service and relatives were consulted regularly about the care provided. For example, during the morning some relatives arrived to enjoy a visit to a dress rehearsal for a play at a local primary school. People were having a lovely time chatting and waiting for the minibus. Relatives gave us positive feedback about the service. There was a 'Visitor's Charter' included in the service brochure. This encouraged visitors to ask questions at any time, enjoy privacy with their loved ones in provided spaces and that the home encouraged their involvement. A regular home newsletter further updated people and families on what was happening at The Old Rectory. This showed photos of recent events such as a Thai food tasting session and a visit to Exeter Cathedral on a guided tour. A 'Get to know us' section highlighted different staff. For example, one newsletter showed the housekeeper and a health care assistant describing their favourite subject at school, what super power they would have, favourite food and animals. This further promoted the sense of fun and involvement people could expect at The Old Rectory. Relatives and friends could also access The Old Rectory Facebook page which showed activities and events and also a video of a staff nativity performance, for example. The manager was looking into enabling relatives to access electronic care plans with a password, with people's permission.

The providers were actively involved in the service, knew about people's needs and backgrounds and staff said they saw them regularly. They provided support to staff and encouraged them to develop meaningful and lasting relationships with people using the service. There was no clear hierarchy in the service with the entire staff team being accountable for the people's care and ensuring people had everything they needed

to continue enjoying their lives and fulfilling dreams. For example, all staff were valued in their roles but this also extended to valuing any other skills or interests they may have. Regular sessions with advertisement posters were included in the activity programme. The housekeeper also provided musical entertainment with a care worker, the administrator delivered food and drink sessions such as wine tasting and cooking classes. The poster said, "Join [staff name] for some wine tasting in Bolty's Kitchen, Thursdays from 11am" and showed a photo of the administrator wearing a Bolty's Kitchen apron.

People got to know each staff member's name and knew them well regardless of their role. Photographs showed how people and staff alike enjoyed living life and sharing experiences together. Time and effort had been put in to ensuring people enjoyed spending time together with well thought out experiences that people and staff of all levels shared. For example, one staff member was an accomplished chef in their spare time. They were working on creating some fine dining experiences, especially for people who could not access restaurants. A newsletter described how the lifestyle kitchen would be a 'destination for a mealtime experience' for people throughout the home. Staff had been finding out what people's musical preferences were. This had resulted in the musical offerings to be tailored to the likes of the audience by knowing who liked what. This had been a hit with people and during the inspection the lounge was full of people enjoying their favourite songs.

Through an ongoing desire to get to know people's life stories the service was able to demonstrate to us how much people had been supported to achieve what they wanted. The residents, relatives and friends meeting minutes stated, "We can never have too much detail, the more we have the more person centred we can be." People's care plans included information specific to the person's needs, wishes and feelings. There were 'This is Me' records (a document used by the Altzheimer's Society), on-going life histories put together by people and their families giving an insight into the person's life and significant events which had shaped who they were. The life journal continued to be written and developed when people moved to The Old Rectory. This was underpinned by the incorporation of staff training in the 'Butterfly Approach and the Eden Alternative' (see effective) and Dementia Care Matters ethos. This ethos was based on the view that it was not about 'leaving your life at the front door' when moving into a care home. A recent local magazine article further promoted this ethos in the community. It highlighted the service creation of the country style pub/beer garden offering beer and spirits and the contemporary café serving specialist roasted coffee and light snacks. A photo showed the management team and the housekeeper serving behind the bar in a waistcoat. The manager was quoted as saying, "We believe that you don't have to leave your life at the door when entering one of our care homes." Throughout the inspection all staff as a whole took time to build relationships with people. The housekeeper came to tell us how excited they were because they had discovered one person with very limited mobility and conversation, had been involved in politics during their career. The housekeeper had been talking about the then imminent general election and was now organising a trip out with the person to enable them to canvas door to door as the person used to do.

The service ethos was to positively enable people to continue 'living' when they moved into the service. The manager told us about people coming to the service some of whom had chronic health issues or mental health issues and had improved significantly since being at the service with the right support. Staff said this worked by finding out from the person what was important to them and how to maintain this. The service prided itself in being able to manage a wide range of needs by simply working on the principle that by providing personalised care around the individual's needs and wishes and through perseverance and making every day count, they could not fail. A new lifestyle kitchen on the dementia unit was being completed to further enable people to have a hands on, sensory and practical experience in the kitchen. Families commented on how much their relative's overall health including mental health had improved since them being at the service. The administrator had been working with people living at the home doing indoor gardening and filling flower beds ready for the completion of the al fresco dining decking area. This

showed how important it was for staff to include people and create an excitement and involvement in happenings and developments at the service. Before the new cinema was opened people were asked about their favourite films to open the movie night sessions.

All around the service there were constant reminders of what people needed to thrive including reference to family, loved ones and memories and photographs from the past and current day. Poems referred to love and relationships and about promoting people's well- being through dignity and respect. People living with dementia at the service were able to interact with dolls, holding and nursing them. This is seen as positive practice that can be comforting for people living with dementia. The care team sat with these ladies and supported them with their motherly duties. They had an old fashioned pram where the 'babies' rested or went for a stroll.

Staff worked with individuals to establish what was important to the person and to share memories and their experiences. Staff explored how they could support the person to live well but also considered with the person how they wished to be supported in their final days. Staff ensured they knew what people's final wishes were and helped this to happen. Another person was nervous of going out due to their condition. Staff reassured and managed this so they could continue their trip out for coffee despite nearing the end of their life. Staff told us they would stay with a person in their final hours and relatives were encouraged to stay as they wished. Staff established such close relationships with people that it was not inappropriate to openly show the person affection and comfort them. Staff linked with a local hospice nurse on a weekly basis to discuss symptom management, supporting anxious families and medication reviews. Two hospice care workers came to work at the home with The Old Rectory staff and felt the staff already knew how to manage end of life care well. For example, managing oral care and using syringe drivers to administer pain relief. Leaflets were available relating to what to do when someone dies and there was a quiet room for families.

Staff supported families and attended people's funerals. After death, staff continued to support the family and pro-actively encouraged people to continue visiting the service. One family said, "The staff were all so amazing, making this feel like a real family home, we can't thank them enough, and will definitely be still popping in for a cuppa, when we are passing." Comments on the care home review website included, "The kindness and care my mother was given was first class. My mother was on end of life care and required a great deal of staff time, which they always gave with a happy smile, compassion and their expert training. Always doing everything they could to keep my mother happy and comfortable. So often when I was approaching my mother's room, I could hear the care staff seeing to mum, how they were speaking to mum was so lovely. No wonder my mum was happy, even though she suffered sometimes they did their best to make sure she didn't." Another relative commented, "We found this home to be great for mum, the carers loved and cared for her right to the end. We couldn't have asked for more. If we had any problems I spoke to the manager and we came to an agreement to suit both sides which was great." The home also followed up families of loved ones who had died to see how they were managing a few weeks later.

We observed caring interactions throughout the day. People were supported to join in different things but staff also respected people's autonomy only offering support when it was appropriate to do so. People were encouraged to be as independent as they could be. People were encouraged to mobilise to keep active, continuing to refer people to the physiotherapist or occupational therapist as necessary. People were supported appropriately at lunch to ensure they could eat their meal in the way that they chose, whether that be with staff assistance or adapted cutlery. When people needed assistance staff provided this in a timely way and when moving a person with a hoist used screens to protect their dignity. We observed staff assisting one person using the hoist and saw that they clearly explained what they were doing and asking for permissions. They did not rush and checked that the person was settled and had all they needed before they

left. We observed staff knocking on doors and waiting for people's permissions to enter.

We observed rooms were individualised and clean with personal items such as ornaments, photos and furniture. Each person had a key worker who had oversight of that person and ensured that their needs were being met and liaised as much as possible with their families and friends. The service continued to involve and engage people and this shaped how the service was provided and reflected in the care, support and activities people participated in. We saw regular reviews of plans of care, which incorporated the individual and family when appropriate. Advocates would be called upon as and when required and would be involved in best interest decisions where individuals were without family members who were able to support them. There were regular reviews of the service and opportunities to participate.

Outstanding ☆

Is the service responsive?

Our findings

The service was very responsive. Staff and the management team were all able to tell us about people's needs and how diverse their service was in terms of meeting a wide range of needs including different types of dementia. Staff recognised these differences and the effects on individuals. Staff told us they thought the care they provided was very good and they were proud of what they achieved. Relatives said, "My mum has been here for [some years], and if ever I've raised an issue it's been addressed. Things have become even better in the past few months – there have been huge improvements" and "Staff celebrated her 98th birthday with her. They are so friendly." Another relative told us, "I can do nothing but commend them here. [Person's name] had a medical condition, which I have known about since before she became a resident. I identified the problem to the staff, together with the solution, and they responded in a very caring and positive way, and together we then updated the care plan for the future."

The environment was very stimulating with lots of information about the service to help people living there, such as resident/relative meetings, planned activities, outcomes of questionnaires and actions taken and menus for forthcoming meals. There was a very comprehensive activity/lifestyle programme. The home focussed on living and engagement and how people liked to spend their day giving them many opportunities for enjoyment, relaxing, socialising and pleasure. The ethos on living life in a community was evident. People could pick and choose from the programme with the life of individuals overseen by the activity co-ordinator supported by the home staff team as a whole. The team/community atmosphere of The Old Rectory was promoted with all staff responsible for ensuring people's needs were met in a holistic day.

The activity programme offered events throughout each day, seven days a week. The manager said, "The home doesn't shut down" even at weekends. We ask people, "How would you spend your mornings at home and then follow their routine." There was a full time activity/lifestyle co-ordinator who focussed on managing activities but all staff were encouraged to offer their own skills outside of their roles to benefit people. The programme showed many staff taking on regular activity events. Staff told us how much they enjoyed having fun and spending time doing activities with people rather than focussing on tasks. The laundry person dressed up as the 'Three Amigos', for example to entertain and sing with people. Activity programme examples included :
Monday: breakfast with [staff name], one to ones, exercise class main lounge, exercise class Christow, church communion, 'knit and natter', flower arranging, drinks and games at the pub, pub lunch, 'green fingers' gardening group, pamper session, play your cards right, quiz, one to ones.
Tuesday: pancake breakfast, one to ones, salsa exercise, 'The story of Mardi Gras' in the café, watch the parade on the big screen, laying tables with [staff name], roast dinner, 'let the jazz take hold', music with [staff name], [staff name] does Jazz, cocktail hour, supper preparation and cinema club with popcorn.

This was the case each day with a weekend example:
Saturday: breakfast with [staff name], one to ones in bedrooms, exercise class, art and craft group (we saw a lot of art work completed by people living at the service), housework with [staff name], cooking with [staff name], 'let me entertain you' with [staff name], wine and nibbles, matinee in the cinema.

This showed each day was a life to be lived and enjoyed, with all staff having some input to the life of the home and pro-actively seeking out experiences and 'fresh faces' such as volunteers. Other staff including the deputy manager with massage experience offered regular sessions such as hand massage, manicures and poetry readings. The provider also was involved offering a 'cocktails and music' lunch and a music afternoon. They had also dressed as 'The Blues Brothers' with another staff member for a musical performance.

During the Christmas period, for example, the service had enjoyed visits from community groups such as a primary school choir and a university student band. There had been topical craft sessions to make candle holders and face scrubs. The staff had even performed their own nativity play. People were able to go out of the home, during organised events or spontaneously. For example, people went to see the turning on of the Christmas lights and market and had a guided tour of the cathedral followed by tea and cake. There were topical tea parties such as for the Queen's birthday, an Easter bonnet parade, Grand National event and a Good Friday BBQ. Interesting sessions from external groups were included such as an animal handling session from a local wildlife park, classical guitarist, a visit from the local museum to educate people on the 'Seaton Roman Coin Hoard' find and a visit from an owl expert.

The home had developed a musicality programme. Staff had researched what the advantage of music was sharing this with staff, "singing and eating are necessary to stay alive" and "singing and dancing together makes groups of people more altruistic and to have a stronger collective identity". Different musical artists were featured with information about them and discussion of their music. One poster advertised 'The Great Artists' Series 2017' by The Southern Healthcare Musicality Program, interactive shows based around great artists. During a music session we saw how joyful people were and connected to the housekeeper leading the 'show'. They knew their audience and tailored songs for them. They told us, "I love it. I get so much from it and get to know people." The manager said, "This guy 'just has it'". We heard how two people had previously been agitated and repetitive but now engaged with the show and were really animated. Staff said there had been magical moments. Another person had been nursed at home in bed for some months. Now, they lived at the home and participated in the communal areas. We saw them laughing with staff enjoying the music and a group game with pool tubes to hit a balloon. The manager told us about the person's past and said how their wife had been emotional to see the change. Some people brought their 'babies' as doll therapy to events and staff acknowledged the babies' existence with people. Staff took photographs with permission which they could share with families.

There were many examples of how the home was responsive. The computer system allowed alerts to notify staff if someone needed to be ready for an activity they liked or were going out. We heard how one person's dementia could 'sometimes take hold'. Staff looked for ways to distract the person. They had found an online video of the person performing onstage in their past and this had worked well to engage the person. If people wanted something staff tried to get it, for example, kippers, polo mints. One person was 'mad on dogs' and lit up when staff brought in their puppy. Staff had never heard the person speak until then and their hands became less stiff and contracted stroking the animal. One person loved reading so staff had a little book club, sourcing large print books and asking the person about each one.

People, including those living with dementia, were encouraged to continue learning and a computer club encouraged people living at the home to explore the 'web' and keep in touch with old friends and relatives, for example. The activity co-ordinator had contacted a local history group and was arranging for a talk to 'come to them' as people could not get out so easily in the evenings. In addition, housework and laying tables, doing chores was also part of daily life and would be further enhanced by the completion of the Christow lifestyle kitchen where people could do hands on cooking. Staff re-worked songs in a positive way to successfully prompt people living with dementia, such as 'it's time for tea', 'time for the bathroom' and

'time to take medication'. The administrator led a wine and food tasting group, demonstrating cooking and enabling people to sample new foods such as blinis and smoked salmon, satay chicken, spicy tortillas and greek meatballs. There was also an in-house shopping trolley with a wide range of toiletries and stationary, sweets and gifts for people to buy.

People's records showed contemporaneous records of the care provided by staff and staff were observed throughout the day updating records. Staff used a comprehensive computer care planning programme and updated care records using electronic tablets. Care plans were evaluated at least monthly or more often when people's needs had changed. Staff used the care plans to inform them about the care they should be providing. We saw recorded reviews which involved the person where able and family members as appropriate. The plans were written in a person centred way stating why the plan was needed, and focusing on what the person could already do and what they needed support with. There were life stories associated with people's care needs which were on-going and provided a useful insight into the person's lives, careers and family life. Care plans included routines and preferences and there were separate care plans for day and night routines. An example of preferences include what the persons usual routine was, any likes or dislikes and what was important to them. Staff handovers between shifts were electronically signed by staff and included the last 72 hours to ensure staff were up to date and there was good communication. Each staff member across the home knew people very well. Families could also leave notes for staff in people's rooms with any comments. For example, one person liked to be sat more upright, staff ensured they followed this, which we saw and added the comment to the care plan.

The service had a complaints procedure, also included in the home's brochure and on the notice board and they regularly asked people and relatives for their feedback. We viewed complaints and saw these had been appropriately responded to as per the company's policy. The policy included more informal verbal complaints and staff knew to record and deal with these as soon as possible. People and their relatives told us they knew how to complaint but stated because they were kept up to date about things they did not need to.

Outstanding ☆

Is the service well-led?

Our findings

We found the service outstanding in well led and run in the interest of the people using it and with the involvement of the wider community. The aim was to create and maintain high quality care and an energised life that showed people they mattered. When the new manager had started employment they had introduced themselves in the service newsletter. This described who they were and how they aimed to achieve the home's aims. They made it clear their passion was to promote and make life and the 'lived experience' at The Old Rectory as meaningful as possible. For example, they told us how they had introduced virtual reality equipment for one person with complex needs who had really enjoyed a virtual tour of Rome when they could no longer travel.

The manager was in the process of registering with CQC. They had been a registered nurse for 30 years with a social work qualification and degree in management, managing homes since 1994. This newsletter described the on-going projects such as the Butterfly project, Eden Alternatives validation, Musicality project and how these were at the centre of their work. The provider and management team set high standards and treated staff as equals and with respect. This showed in their staff support systems and staff socials, 'we live and work together'. One staff member said, "I'm a worrier but I can go to the manager even about personal things, anytime." Another staff member said, "The provider and the manager, they really do believe in person centred care, we all do." We saw how the manager had supported staff in their personal lives, for example, advocating for them in a personal health professional visit and ensuring support post a medical procedure. They said, "At work and outside of work we value our staff relationships. They are all special and we aim to create loving relationships in the staff team and with people living here." One staff member told us how they had spoken about their job during external training and how moved other attendees were at their passion. The service aimed to be open, transparent and accessible to people, relatives and staff.

The service highlighted that it was important for staff to feel fulfilled in a service that listened and responded effectively. People spoke of how lovely all the staff and management team were, they knew their names and said they saw them around regularly. Relatives said, "The partnership approach of the management, staff and relatives, and their willingness to listen, communicate and dialogue means my [relative's] care has improved since she moved here from another home" and "I would recommend this home to anyone. If I ever need one I'll choose here, and I told the provider that when I saw him recently at the relatives' meeting." During our inspection some relatives arrived to celebrate a staff member's new baby. The manager was a visible presence in the home. They sat in public areas so they were available to people, relatives and staff. There was excellent communication about people's needs with staff signing electronic shift handovers covering the previous 72 hours and a morning 'flash' meeting with the management team every morning to discuss the day.

Staff told us "The manager is accessible", "It is very welcoming here, good camaraderie", "The management have responded positively to my ideas, I have taken on more responsibility and progressed" , "My suggestions to management are well received and implemented. The manager and provider are accessible. This is a very happy home. I feel empowered and supported", "I look forward to coming to work, the staff here improve peoples lives. I feel supported. I would have my family here, we promote the 'mum test' (would

we be happy to have our own mums here?)" and "Internal communications are effective. Our manager is open and available, they have an open door policy so we learn from any niggles." They also said, "The manager is not a talker, they are a 'doer'." Staff told us about ideas they had had to benefit people at the home which were being put into place. For example, a wheelchair 'hungry hippo' game and a sports events to entertain people. A poster showed ideas collected for races. Staff felt empowered to make decisions. For example, the activity co-ordinator had taken one person out nearing the end of their life as they were low in mood. They had a meal out and went to the barbers, this really helped to elevate the person's mood. They said, "We don't have to get permission if our ideas help people." Another staff member dressed up as a person's favourite musical artist and performed a show for their birthday.

People and their families were involved in day to day decisions about their care and welfare and this was recorded in their plan of care. Any staff could contact relatives/advocates to share information. For example, one email said, "I've just watched your dad walk from his room to the dining room with [staff member], he's rather happy with himself."

The service promoted a sense of community within the home but also pro-actively sought links externally to benefit people. This could be linking with the local dementia action alliance to discuss the creation of a dementia friends and carers support group in the home's café to long term links with the local primary school. The activity co-ordinator sought out ways to bring the community to the home, working with local groups to provide interesting talks, seeking out 'reading' volunteers and befrienders to further enhance people's experiences. The service was working with the local university and participating in a study about loneliness. They were looking to bring the young and elderly together to fight loneliness, with the university students educating residents on computer technology such as Skype to help battle loneliness. The service was also working on improving the wifi connectivity and current systems were being updated to boost wifi around the home. This would enhance the use of Skype and Facetime so people could connect with distant relatives as promoted in the home's computer club.

Another project underway was looking at research suggesting connection with young and elderly people was beneficial on both sides. The university were working with The Old Rectory to look at supporting students with accommodation bursaries in return for allocated time spent with people at the home.

The provider was very involved in ensuring the ethos of the home was promoted. They shared the Southern Healthcare Development Overview with colleagues so each staff member was on board. For example, each home had an Eden plan as part of the business plan and Eden validation. This included what the home was doing, why and how staff were engaging everyone including families and staff team. The staff champion project further encouraged staff to develop and gain skills that would benefit people in their care and share with the staff team. Project ideas were shared and encouraged. For example, ways to re-capture the idea of 'going out' for people who could not leave the home due to their needs, such as fine dining. There were plans to have a summer of focussed/enhanced activities, a minibus project, getting outside more, developing the musicality project and the use of the cinema. They attended the activity co-ordinators meetings and shared the minutes with the staff team. The meeting began by the provider congratulating staff on their efforts, recognising that progress had been made on developing 'meaningful activity' and making real difference agendas. The director of nursing had also an interest in art and offered an art session with acrylic and water colour paint for people who were interested.

The director of nursing carried out regular unannounced quality monitoring reports to assess against our five key questions of safe, effective, caring, responsive and well led. The report showed what had been monitored such as staffing levels, staff files, safeguarding issues, staff concerns and auditing overall. For example, one report noted that staff needed to ensure all return to work after sickness interviews were

conducted and prompted an additional audit of staff files. Each action had an action number and was followed up until completed. One person living at the home was noted to be at risk of being unsafe, the home ensured the person was enabled to move around the home freely and addressed any barriers to their independence.

A service improvement plan was on-going showing how projects and issues were being addressed. For example, this included the use of the minibus, website updates, newsletters, training, activities, challenging behaviours, learning from complaints/comments and quality assurance. For example, this detailed that night quality assurance visits had taken place. These were supportive monitoring visits during the night to hear any issues from staff and check quality. Staff were encouraged to work some days and nights if possible to further work as a consistent team. Policies were updated once a year and staff signed to say they had read them.

It was important to the service to promote a 'family feel'. This meant that people and their relatives and friends were very involved in the running of the home. For example, as well as regular newsletters and residents, family and friends meetings, promotion of the use of IT for communication with distant relatives and quality assurance questionnaires people were encouraged to use the care home review website to comment on life at the home.

The recent analysis of the friends and family questionnaire was displayed on the 'We asked, you answered' notice board showing the results. Comments included, "Amazing staff, just brilliant". Actions taken included increasing email and text communication with relatives and the provision of newspapers for the café. 26 questionnaires were returned from the 44 sent out. 98% were positive results. Questions asked included, 'my relative is safe living here?, well cared for?, needs are well met?, involved with decisions?, staff friendly and welcoming? And do you know the management team? A staff questionnaire was also sent out and 90% of 45 staff agreed with the asked statements such as I know what is expected of me, I have received praise for doing well, I feel my opinions count and I have seen opportunities to learn and grow. Residents questionnaires were also positive with 9 being able to respond showing 96% satisfaction.

The provider, manager and administrator attended the council supported provider engagement network (PEN) regularly and were involved in running the group. This is a group supporting health and social care providers in Devon. This is a way to share information and keep up to date. For example, the latest newsletter focussed on the MCA and DoLS with links to resources. They followed Innovations Dementia group, taking information from 'how to create dementia friendly communities'. Activity co-ordinator meetings were held looking at meaningful activities and discussion of how timings and events offered worked for people and outcomes. There were clear allocated budgets and focus on what went well and not so well. For example, promoting activities as a whole team effort and being integral to the day. Minutes showed a focus on quality of life rather than quality of care and evaluated how evening activities were working, for example. Participants were asked to reflect and evaluate activities. This showed the service pro-actively looking forward and were striving to be the best they could be for people living at The Old Rectory.

The provider was the chair of the Devon Care Kite Mark group of 80 Devon providers. This focussed on sharing to learn, using peer review as a credible and supportive way to drive up standards and embedding strong values. They encouraged other providers to visit their home to give an opinion. Members attend master class training and skills academies producing guidance on specific topics such as diabetes and pain management. They also work with the foundation trust hospital on the 'Working Together' project. This is addressing better connected work across health and social care aiming to help avoid preventable admissions and delayed transfers of onward care incorporating CQC values and standards. Meetings included a wide range of external health professionals.

The service has always kept the CQC and local authority informed of any events affecting the service and had submitted notifications and safeguarding concerns in a timely way. The service had always met the requirements of the regulations and were striving to consistently improve the care provided so people have the best possible lives whilst living at the service.