

The Check House Limited

The Check House

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?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Good 

Summary of findings

Overall summary

The Check House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Check House is registered to provide personal and nursing care. They provide care and support for older people living with frailty and for people living with dementia. The Check House accommodates 57 people in one adapted building which has been extended since our last inspection, which means there is additional communal space.

At our last inspection on December 2015, we rated the service as good overall, with requires improvement in the question linked to effective care. At this inspection we found evidence to support the continued rating of good in three key questions and outstanding in two key questions. From our on-going monitoring of the service there was no evidence that demonstrated serious risks or concerns.

There was a registered manager working at the home. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a firm commitment to provide a creative array of activities to support people's emotional and mental well-being. These enabled people to learn new skills. Staff recognised the importance of people's past lives, their interests and preferences, as well as providing them with an opportunity to be involved in new experiences. The contribution of pets to enhance people's well-being was recognised; there were two house cats and several people had moved to the home with their dogs.

People had access to diverse activities and events both at the home and in the community, including dance therapy and physiotherapy. Examples included tea dances with a dance group, flower arranging, cake making and regular trips out in the service's mini-bus to local places of interest such as cafes, museums, garden centres and the seafront. People were supported to have regular walks around the local area. People living with dementia were as involved with community activities as much as everyone else.

People living at and visiting the home praised the high standard of the food and its presentation. Catering staff worked alongside care staff to find food to meet people's preferences and choices. They worked as a team with the outcome for the person at the forefront of their minds, discussing how to make choice meaningful for people living with dementia. Written feedback on an independent review website scored the home very highly recognising the "incredible caring staff", the range of activities and the "very attentive care, both personal and medical".

There was an on-going investment in the environment which reflected research and best practice to promote people's independence and connection with their surroundings. The provider and registered manager recognised the effectiveness of the use of colour and contrast to ensure the adaptation, design and

decoration of the environment was enabling, stimulating and suited to the needs of people living with dementia. Research influenced their decisions in how people were supported to navigate their way around the home.

People's relationships and life experiences were respected and celebrated. This knowledge enabled staff to help people consider their wishes for their end of life care. Staff held a strong sense of pride in connection with the quality of end of life care. Staff knew people and who and what was important to them and significant events in their lives.

The registered manager acted as a strong role model for all the staff team and was accessible to people living, working and visiting the home. A visitor commented "Someone is always on hand if anything to discuss and office always open, with managers very approachable." The registered manager and deputy manager motivated staff to offer care that was compassionate and considerate. The management team promoted the ethos of the home where each person was valued and treated as an individual. This inclusive ethos, which was adopted by staff, enabled people to feel part of the home's community. Staff were skilled and were supported by a range of training and supervision to promote consistent good practice.

The provider understood the need to provide staff with the skills, knowledge and tools to provide care that followed best practice. They invested in staff development to promote staff motivation and confidence to provide a high standard of care. Their investment in staff with rewards schemes for long service meant the staff team was stable and committed. A commitment to meaningful training meant staff were skilled and this translated into their practice. A visitor commented "There is an atmosphere of patience, tolerance, warmth and kindness throughout".

People living at and visiting the home complimented staff on their approach and compassion, "My mother spent the last two years of her life at Check House and we are deeply grateful to all the intelligent, hard-working staff for treating her with such kindness, affection and respect. Everyone was lovely and considerate and kept us well-informed".

People looked confident as they moved around the home and people told us they felt safe. Medicines and pain control were well managed. Good recruitment practices helped identify suitable staff to work at the home. Risk assessments were in place for people's physical and health needs. There were emergency plans in place to protect people in the event of a fire or extreme weather conditions which potentially could impact on staff availability. Staff knew how to report poor or abusive practice, and the management team responded to concerns appropriately. Staffing levels met people's care needs; the atmosphere was calm and welcoming.

The staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (2005) (MCA). Where people lacked capacity, mental capacity assessments were completed and best interest decisions made in line with the MCA. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. Staff supported people to be involved in making decisions and planning their own care on a day to day basis.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Outstanding ☆

The service is now Outstanding.

The design of the premises showed a commitment to make people's surroundings enabling and stimulating.

People were supported by committed staff who were trained to meet their emotional and health care needs. Staff received range of appropriate training to ensure people living at the home benefited from a skilled staff group.

Catering staff worked alongside care staff to provide people with attractively presented food which met their nutritional needs and gave them pleasure.

People were supported to access healthcare services to meet their needs. Staff ensured people were kept updated about health arrangements.

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. Staff knew their responsibility under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service is now Outstanding.

People were encouraged to follow their interests and discover new ones.

There was a strong commitment for people to experience end of life care in an individualised and dignified way. Staff were responsive to people's changing needs.

People's individual care needs were assessed and care plans written in conjunction with individuals.

The management of complaints and concerns showed a commitment to improve the service and made people feel their opinions were valued.

Is the service well-led?

The service remains Good.

Good ●

The Check House

Detailed findings

Background to this inspection

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

The Check House provides care and accommodation for up to 57 people. At the time we visited, 49 people lived at the home; one of whom was on a respite stay. The inspection took place on 27 February and 7 March 2018. The first day was unannounced and carried out by two adult social care inspectors and one expert by experience. An expert by experience is a person who has personal experience of caring for someone who is living with dementia. On the second day one adult social care inspector visited.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We met people who lived at the service and received feedback from ten people who were able to tell us about their experiences. Some people using the service were unable to comment on their experience of life at the home. We spent time in communal areas observing staff interactions with people and the care and support delivered to them. We used the Short Observational Framework for Inspection (SOFI) in the unit. SOFI is a specific way of observing care to help us understand the experience of people living with dementia. We spoke with three visitors and eleven staff to ask their views about the service. We also reviewed the service's own quality assurance system and feedback on an independent external care home review website.

We reviewed information about people's care and how the service was managed. These included four people's care records along with other records relating to the management of the service. This included two recruitment staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. We also looked at people's medicine records and the systems in place for

managing medicines, and we checked how they were administered to people. We contacted health and social care professionals; we received five responses which were all detailed and complimentary regarding the high quality of the service.

Is the service safe?

Our findings

The atmosphere in the home was calm and friendly. People commented positively on the atmosphere and the availability of staff. People said they felt safe and shared examples with us, they said "I can't fault it. They all know how much I trust them and they know what to do" and "...they keep an eye on me." This feeling of safety included the ability to prevent uninvited people entering their rooms, such as people who had become disorientated. For example, a person explained "We have a special lock. It doesn't stop me from leaving the room" but it enabled staff to access the room when needed.

People had call bells in their room and told us staff responded promptly. A tour of the building showed call bells were in place in people's rooms. Or where appropriate, alarmed mats were in place for people who were unable to use a call bell. People looked confident and relaxed in their surroundings. Visitors said they felt reassured that their relative was safe, one said "I feel happy, I can go home and I can go to sleep. I can say to the family (X) is in good hands. For the last ten days I have been here all the time; I have seen them [care staff] and watched them."

There were sufficient staff available to meet people's needs. People said they also felt safe because there were enough staff on duty who knew how to support them, which was reflected by the staff rotas. For example, "If I wanted help they would be always ready to help me." Staff said "It's lovely here. I have seen changes for the good. Staffing levels have been stable. We have agency occasionally, only in the evening not during the day. It's a good team." Records showed the staff team was stable.

Staffing levels met the needs of people. Staff gave people time to interpret information and did not rush them. For example, when they supported people to be involved in an activity or move using equipment. Staff said the registered manager and deputy manager were on hand to provide additional support when a shift was particularly busy. Visitors confirmed the management team worked on the floor alongside staff.

There were effective recruitment and selection processes in place. Recruitment files provided an audit trail of the steps taken to ensure new staff members' suitability, which included references and appropriate checks. All the required Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff said recruitment practice was good, for example "I had an interview and DBS check. I had to wait until the DBS came back before I could start work."

Staff members with different roles in the home were clear about their responsibilities to report poor practice or abuse and were knowledgeable about the different types of abuse. For example, a staff member, whose role did not include care, said part of their responsibilities was to ensure people were well cared for and report abuse. Staff said they would report concerns immediately to a staff member who was in a role senior to them. If they were not happy with their response to keep people safe they would report the matter to the deputy manager, registered manager, provider or an external agency, such as the Care Quality Commission (CQC).

Medicines were well managed. For example, people's medicines were stored in a locked cupboard in their room and ordering, receiving, dispensing and disposal was all recorded electronically. The electronic system alerted senior staff if a medicine had not been given. For people with nursing needs, only registered nurses dispensed medicines. Trained senior staff supported people with residential care needs with their medicine. At night only registered nurses dispensed the medicines.

Attention had been paid to ensure staff knew where and when to apply prescribed creams/lotions by the use of body maps.

We checked a random number of medicine stock and found all to be correct and within date. There had been no medicine errors in the previous six months. Staff were able to tell us what would happen in the event of a medicine error so that learning from the event would be disseminated.

Risks to people were well managed. For example, risk assessments related to people's vulnerability to skin damage and poor mobility. Where people had been identified as at risk appropriate guidance was in place. There was detailed information about how to support people safely with their mobility and reduce their risk of falls. Staff were informed about the correct equipment to use. Staff practice showed they were competent and had safe working practices. For example, people were moved safely in wheelchairs by staff ensuring people's feet were placed on footplates when they were moved.

Fire safety measures were in place and people had evacuation plans in place. Following information from CQC regarding the Grenfell Tower tragedy, the providers had commissioned an additional fire safety check at the home from an external company. Accident and incident records were kept and reviewed with action taken where necessary. Regular checks by staff took place to ensure the environment was safe, such as room checks which included monitoring hot water temperature and ensuring windows were restricted, as well as servicing equipment. We discussed ensuring there was a clear audit trail of each element of the room check.

Staff were clear about their role to maintain good practice around infection control. They were knowledgeable and responded well to a recent diarrhoea and vomiting episode at the home, with external advice being followed, and worked alongside health professionals to contain and then eliminate the infection.

Is the service effective?

Our findings

At the last inspection in October 2015, this question had been rated as requires improvement. A requirement had been made to improve the standard of guidance to staff when people's behaviour sometimes challenged the service. Work had taken place to address this requirement, which was met, and guidance was now in place. In response to feedback from the last inspection, there was also now an established robust system to monitor people's food and fluid intake with action taken to support people's health and welfare. The registered manager had reviewed the areas of care linked to the effective question and had made significant steps to provide an exceptional environment and high quality and nutritious meals, as well as the provider providing innovative training for relatives of people living with dementia.

There was an on-going commitment to improve and maintain the environment using creative ways to help people be as independent as possible. A health professional commented how investment had been made in the environment, which targeted people's differing needs. They gave the example of assessing people and having the option of a quiet environment, free from distraction or the social atmosphere of the dining room which encouraged some people to eat more. They said the different areas were well thought out with reminiscence pictures acting as a visual trigger for conversation to make mealtimes a social occasion. Another health professional commented "Check House is a lovely, happy place and I would recommend the home, I think they all need a lot of praise for the work they do."

Further work had taken place to establish designated areas to help people orientate themselves, such as the use of recognisable London road names used in a well-known board game. There were distinctive front doors for people's bedrooms, which were painted in a style to help people recognise them. On each door there was framed picture or photograph, which was meaningful to the person. Repeated feedback from people and visitors was the engaging and friendly atmosphere and how people said they felt "at home" in their surroundings.

Research influenced their decisions in how people were supported to navigate their way around the home. The provider and registered manager recognised the effectiveness of the use of colour and contrast. For example, dinner plates were clearly visible on a deep red tablecloth. They ensured the adaptation, design and decoration of the environment was enabling, stimulating and suited to the needs of people living with dementia. For example, a café setting had been created, which visitors said they used as a space to meet when they visited. One person told us there was a range of places they could meet with visitors depending on the level of privacy they needed, they said "There's always somewhere to go." A visitor said initially their father spent time in a quieter lounge but on their suggestion was encouraged to try a more lively area of the home. They said they benefited from a more vibrant atmosphere. Several people who were visually impaired and chose to stay in their rooms had larger art prints in their rooms to help provide a stimulating atmosphere, while another person had a passion for collecting and additional shelving had been added to their room so they could enjoy their collections.

Another area had been transformed into a vintage railway carriage including mock railway carriage windows with countryside scenes with curtains either side. Staff told us about the ways people reacted positively to

this area, which encouraged topics of travel. In the main corridor, there was a shop front with a counter which staff stood behind to serve people living at the home. Items were clearly displayed and the provider explained how they experimented with stock based on people's requests so there were practical items, such as toiletries, cards and stamps, as well as sweets and chocolate. We saw people looking at items with staff responding to their requests. A hairdressing salon provided people with a destination which helped orientate them as well as providing a place to relax and enjoy the experience.

One communal area was furnished as a bar complete with bar games. There was a range of communal areas to ensure people had space and choices where to sit. For example, a group of people who enjoyed each other's company chose to spend time together. We saw them chatting together in a lounge following a dance therapy session and then move to another room to sit around a large round table so they could continue socialising and eat together.

Since the last inspection, an extension had been incorporated into the original building to provide additional bedrooms and more communal areas. These demonstrated the individuality of each person and provided a topic of conversation for staff. Wall art included street scenes, window boxes, as well as vintage film posters and life-size images of famous film stars. These were used by staff as reference points to help people find their way around.

Space was maximised and used creatively to promote people's privacy and freedom. Visitors said "A happy atmosphere... residents are able to move around freely with plenty of quiet areas away from others, for visitors to take residents somewhere private if needed" and "Lovely well maintained premises thoughtfully arranged to enable care with privacy respect and dignity." The registered manager explained how the home had a Residents' Committee which met to discuss matters regarding the environment. These topics were then discussed in full at Residents' meetings to help ensure people's individual preferences and needs were met. Some people also became involved in changes to the environment including painting fences, stripping wallpaper and window cleaning.

The location of the home helped support people's well-being. For example, many people were drawn to the natural beauty of the sea views. People stood and gazed out the windows, watching the sea and commenting on their feelings in connection with the sea, the landscape and the weather. A large terrace and garden enabled them to fully experience the sound of the sea and beauty of the view, as well as regular trips to the seafront to stay in touch with the local area. People told us how much they enjoyed sitting outside in the warmer weather. A visitor said "She has a lovely room - few hotels would have such a beautiful view as she has." When people were too unwell to leave their rooms, staff brought the outdoor environment to them, for example for a person who loved to garden, who was at the end of their life, they were supported to feel the weight and texture of soil and have particular plants at their bedside.

People said they were provided with effective care and support by staff who were skilled and understood their needs. For example, staff explained how people living with dementia may need additional support at mealtimes to help them stay focussed. They described assisting people to eat and chatting as they did so to make it a social occasion but also considering their approach. For example, "I think how I would want to be helped to eat - slowly and carefully."

The registered manager made connections with new health initiatives. For example, staff worked closely with and supported Eating with Dignity during Nutrition and Hydration Week 2018, with the C is for Colour initiative, producing food from all colour groups which encouraged nutrition and hydration. They informed us during a week in March, the aim was for every person to enjoy five different colours of food each day. People were involved in helping make some of the foods; such as colourful cupcakes. Staff engaged closely

with people and they had discussions about different food colours and the benefits they brought. By using different colours the staff can encourage people who have poor appetites by making their food more attractive and interesting, also it is a great benefit to those who are visually impaired.

Check House was also a member of 'The Taste of the West'. The registered manager said this was a large independent regional food group whose aim was to promote and support local food and drink from the region. All the produce used at the service came from local suppliers. Visiting health professional praised the quality and appearance of the food at the home.

Meals provided were nutritious and well balanced and offered a good selection of fresh fruit and vegetables, a variety of options and meals. A visitor said "Food is excellent with a genuine choice for all meals." People had the option of a personalised menu. For example, despite the range of choices, one person had not found meals that suited their taste so we saw they had their own individual menu. We observed how staff placed each order with the chef during a lunchtime meal. Their conversations demonstrated a high level of knowledge on each person's dietary requirements and preferences. This was reflected by our conversations with catering staff, who took a pride in the high standard of their work and recognised the emotional importance of food to people's well-being, as well as the nutritional and health benefits. For example, one person said how much they would like a Cornish pasty for lunch. This was not on the menu, but we saw this being served to them at lunchtime. A social care professional said "I have only ever heard good things about their meals and that the food is of restaurant standard."

There was a commitment to go the extra mile by staff. So when one person needed encouragement to eat and was indecisive about what to eat, staff prompted by catering colleagues took two different dishes to them so the smell and look might tempt them to eat. People said "I always enjoy the food. There's very good choice". The registered manager said the home had "regular themed days embracing food from around the world, therefore creatively introducing an exciting way for service users to experience food from other cultures."

Menus provided a visual prompt for people, with a photograph of each meal. Staff showed people the menu and discussed their choices. The dining room contained a restaurant display cabinet with shelves of different desserts to help people see the choices available. This acted as an enticing visual prompt and enabled people to be able to indicate what they would like if they could no longer name it. Between mealtimes hot and cold drinks and snacks, such as homemade cakes, were served.

The importance of mealtimes as a social occasion was recognised. For example, a group of people who had become friends had a sherry before lunch then sat at a table together in a separate area of the home. A staff member sat with them and chatted with them during the meal but was also on hand to offer assistance if needed. Feedback from visitors was extremely positive, for example "On a recent visit to The Check House a family friend came with me and we had lunch with my wife. We had a wonderful time and the way we were treated by the staff was excellent and the care by the staff looking after my wife at lunch was outstanding."

Where people had been identified as having a swallowing problem and required a particular consistency, these were attractively presented. A visitor told us "The food is excellent. If I say 'ice-cream' it will come down...They puree his food. It's presented well..." Records contained the recommendations of health professionals regarding preparation. Where people required assistance with their meal, staff sat with them and discreetly supported and encouraged them.

People praised the quality of the staff; a visitor said "A home is only as good as the staff they employ." People looked comfortable and at ease with staff. The way staff spoke with people showed they understood the needs of people living with dementia. They were patient, gave eye contact and took time to provide

information in different ways to help the person understand and be involved in decisions. Staff praised the quality of support and training they received to enable them to perform their role. For example, they told us "I get supervision six times a year plus and an annual appraisal." Nurses' professional registration details were checked to ensure they were competent and qualified to work at the home.

The registered manager recognised the importance of employing the right calibre of staff. New staff members were invited to undertake a 'taster' session as part of their extended interview process. During this time they work alongside an experienced member of staff, after which feedback was gathered from the staff member and people using the service, before a final decision was made as regards to a job offer. Staff said the level of induction and the support they received prepared them for their job and gave them confidence. Staff appreciated being paired with a more experienced staff member. For example, "Induction was helpful, staff are friendly and supportive" and "Induction was good, everything was explained to me and all the policies and procedures were given to me to read. I get supervision every three months and it is helpful. We get lots of training, we have training manuals. All the staff are supportive and helpful."

Virtual Dementia training was extended to include families of people living at the home and visiting healthcare professionals. This had a significant benefit to people living at the home as everyone involved in their care had a greater insight into the impact of living with dementia. For example, a staff member explained what they had learnt from a recent training session on dementia awareness, which was practical and experiential. Their role meant they did not provide care but they came into regular contact with people living at the home. They explained how the training gave them insight into how they approached people. For example, they had adapted the way they communicated with people, such as giving eye contact, choosing a calm and reassuring approach and considering the impact of sensory loss.

Training in the use of a new medicine system consisted of face to face training, medicine handling training packs, assessment of learning outcomes and observed practice until staff were judged as competent and confident. All staff registered to use the system had a password, their work could be audited and they had received competency certificates. There were good systems in place to ensure staff were competent. For example, staff training to dispense medications involved a number of observations to ensure staff were confident and safe in their practice. Regular competency assessments were conducted to ensure continued good practice and records showed regular supervisions took place.

The registered manager has made strong working relationships with health professionals to benefit the people living at the home. A health professional said they were confident staff had people's well-being as the focus for their actions. For example, specialist equipment had been bought by the provider for a person with Parkinson's Disease. This action had a significant impact on the person's well-being and quality of life as the equipment enabled the person to participate and be heard. A health professional praised the work of staff to build the confidence and communication skills of another person after a stroke. We met the person and recognised the health professional's description of how they now communicated more readily, looked happy and were at ease with staff. They were now able to join in with and participate in group activities. Staff were better able to understand their day to day needs as they could fully express themselves.

Care records confirmed people had access to external health professionals when required, such as dentists, opticians and GPs. Health professionals praised the attitude of the staff to listen to advice and try different approaches to the benefit of people living at the home. Care plans contained comprehensive information such as medical history, continence, nutritional needs, and medicines. People benefited from the strong links the service had made with health and social care professionals. The registered manager worked closely with one of the GP surgeries as part of an on-going scheme to train junior doctors. Junior doctors meet people and relatives living at the home on a regular basis, for a social occasion. This means that people

start to get to know the doctors who may be looking after them in the future.

Staff were kept up to date with research and best practice through subscriptions to health care publications and through training targeted at specific health needs, such as sepsis and wound management. A health professional commented how staff were open to learning and providing care based on best practice. Relatives spoke about the improvements to their family members' health and wellbeing. For example, "They organised a chiroprapist. They never hesitate. If you ask them anything, you get an answer."

Staff helped maintain people's independence and health; they said "We do simple exercises individually. We have other staff who do group exercises. We get people mobilising after a fall. We have good communication with the community physiotherapy team, we also have access to the falls team. We try to keep people as mobile as possible, it's good for their self-esteem and to maintain maximum independence". They described focusing on people's individual health issues, such as difficulties raising their arms to dress and using specific exercises to address this issue to help them maintain their life skills. A visitor fed back "Very pleased with the care my Mum receives. The staff go out of their way to make sure she is happy and well looked after. They also answer any questions I have about her welfare and will always find out the answers if they don't know themselves". Another visitor said "The nurse calls me regularly if there is anything slightly outside the norm, for example he has got a cough. When he was ill, I was put in touch with the doctor, I am kept informed and not kept in the dark. They have good interpersonal skills."

Care workers clearly understood the importance of empowering people to make as many of their own decisions and choices as possible. A social care professional said staff always appeared to be acting in the individual's best interest, whilst showing respect for the person's wishes and feelings and always maintaining their dignity. Staff took time to ensure they understood how people were feeling by assessing their body language, as well as listening to people's verbal responses. Two health care professionals said "they know residents very well" and "They have a sound knowledge of the person's care needs and are person centred in their approach." The registered manager explained how people were empowered to make decisions and choices about their health, and provided a specific example of how a person had been supported to voice their opinion on a proposed health intervention. The registered manager said they ensured people's rights and opinions were respected, for example by enlisting professional advocates.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met." Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. The registered manager kept a record of all DoLS applications made along with copies of authorisations. They ensured they had copies of documentation to show if relatives had legal powers to make decisions regarding health and welfare issues.

Is the service caring?

Our findings

The service continued to provide a caring service to people. People and relatives gave us positive feedback about the care provided in the service. We saw staff were kind, considerate and caring. For example, staff were quick to pick up on people's changing moods offering reassurance and comfort when people looked worried or anxious. People living at the home recognised the quality and skills of staff, for example "They are very naturally friendly. I am always okay"; "Nothing is too much trouble. The staff are lovely" and "...staff here are absolutely brilliant. I don't think you can beat any of them. They bend over backwards to make a difference."

Visitors were welcomed and said "I consider I was extremely lucky in that my dad was a resident at The Check House. A beautiful building with wonderful views but it is so much more than that. It is like a family, all the staff, and I mean all, are so lovely and go beyond what is expected" and "Great level of care and attention to detail in a very friendly and caring setting. All the staff go the extra mile for my Mum, very much appreciated". People commented on the friendliness of staff, for example "They don't wear a uniform, just a badge. It's more homely."

People were treated with dignity and respect; staff respected their privacy. People told us staff knocked on the door before entering and we saw many examples of respectful interactions between staff and people living at the home during our two days of inspection. For example, when we spoke with staff in communal areas, they would stop our conversation if people came up to us and switched their attention to them. This showed they put the needs of people living at the home first.

Visitors praised the staff members' attention to detail, which maintained people's dignity. For example, "Our friend has settled perfectly into the home. They are always impeccably dressed, look, and are scrupulously clean, this is important as they always took one hundred percent pride in their personal appearance." Another visitor said staff showed "professionalism and warmth"; they praised the staff group's consistent behaviour in the way they responded to people. We saw how staff valued people's friendships within the home, which people told us was important to them. They also recognised and were respectful when visitors needed privacy to spend time alone with their spouses or partners.

Staff were familiar with the specific needs of the people they cared for and could describe how they met people's individual care and emotional needs. People's social history had also been recorded in their care plan. This gave a 'pen picture' of a person's life history, their interests, likes and dislikes, activities or interests that they had enjoyed. We saw staff used this information as a prompt when communicating with people whose memory and communication skills may be deteriorating. For example, discussing past events and significant people and pets. One person believed the registered manager's dog, which spent time at the home, to be their own dog. Staff recognised the person's interpretation of events and supported them to spend time with the dog.

Some people living with dementia do not always recognise when they need support with personal care and can therefore find offers of help from staff intrusive or insulting. Staff told us how they sang a person's

favourite songs while they supported the person living with dementia with washing, which relaxed them and put them at ease. Staff asked a visiting therapist to the home to play the person's favourite track of music. The person's face lit up, they laughed and smiled while staff danced with them. Other staff entered the room celebrating with the person their love of music and how it made them feel. Staff showed their respect to people living at the home by their practice. For example, staff said "There are women here who do not want male staff to help with personal care and we respect that."

Is the service responsive?

Our findings

At this inspection we judged the service provided care that was in line with an 'outstanding rating' as they enhanced people's lives. There was a strong commitment to provide a responsive approach to ensure people's skills and hobbies were continued, so they felt valued. Staff recognised the importance of people's past lives, their interests and preferences. People were supported to take part in interests and activities of their choice and to be part of the community.

There was a team of internal staff to support people with meaningful activities and experiences, based on a lifetime of personal history. For example, a person told us "[Careworker] asked me to help the farm group set up. I have been gardening all my life." They said that in warmer weather they participated in gardening projects outside and showed us some plants that were being grown indoors on the window sill. Photographs showed other people taking part in gardening projects and helping each other. People looked stimulated and engaged. A visitor wrote in an independent external review "My Dad was a Chelsea fan, and a member of staff took it on himself to print him a weekly update on how Chelsea were doing which was kept in a folder in his room, despite the staff member being a Tottenham fan!"

The contribution of pets to enhance people's well-being was recognised; there were two house cats and several people had moved to the home with their dogs. The registered manager told us how the service had linked with the Cinnamon Trust. This is a registered charity that supports "people in their last years and their much loved, much needed companion animals" and keeps a Pet Friendly Care Home register. Staff supported people to care for their pets, reminding them about walks and accompanying them with their dog to the garden or further afield. One person told us how much their dog meant to them, they were tearful that it was not with them; a staff member gently reminded them their dog was asleep in their room. They planned going out for a walk together later in the day and the person relaxed and smiled. A visitor said "There are two lovely cats. The black one comes in the window. [X] is thrilled to see them."

There was an innovative approach to the range of activities, including the booking of a drama company to provide a regular show following the positive feedback from a recent production at the home. We observed a dance therapy session; the external professional visited weekly and worked with people in different parts of the home. One person was restricted in their movement and their ability to verbally communicate but with the support of a staff member they were included to become involved and were consulted about their wishes, such as choice of music.

A staff member worked alongside the dance therapist following their lead and gently encouraging people. One person became very animated and shared their link to a particular type of music, which was played. Staff took pleasure in their memories and encouraged them to reminisce. The person became more relaxed and happy; staff celebrated their past achievements. Other people were not always able to respond verbally. However staff read their body language and facial expressions and responded to people stroking their faces and hugging them. There was a strong sense of acceptance and inclusion in the room.

People had access to other diverse activities and events both at the home and in the community. For

example, there were tea dances with a dance group, flower arranging, cake making and regular trips out in the service's mini-bus to local places of interest such as cafes, museums, garden centres and the seafront. A visitor said "Residents have many activities and trips arranged for them and the monthly newsletter keeps residents and family visitors well informed about planned activities". People were supported to have regular walks around the local area. People living with dementia were as involved with community activities as much as everyone else. People living with frailty were also encouraged to participate in trips outside of the home so they could have a change of scenery. For example, "We do get a choice to go out and hear music. It's very nice going in the mini bus. It's well organised and friendly. We do quite a variety of things." A visitor commented their relative had recently enjoyed making cakes and listening to a harpist. Records showed how people's religious and spiritual needs were met.

People were given support when making decisions about their preferences for end of life care. The provider had invested in specialist end of life training called 'Soul Midwives', which was founded 20 years ago. The description of a 'Soul Midwife' is a companion to anyone at the end of life 'drawing on traditional skills to ensure the person's death is a dignified and peaceful experience.' This supplemented on-going end of life training and the work of trainers from a local hospice team, who had also visited the home to share good practice.

One staff member had become qualified as a soul midwife following a three day course and acted as a role model for other staff members. They described their role to us to support the person both emotionally and physically at the end of their life, and to provide reassurance and comfort to their family. They explained the practical interventions which were put in place, but also their conversations with the person about what they would like to happen. The aim was to "de-mystify death" and "take away the fear." They explained how they had recently supported and responded to two people with very different beliefs to enable them to die comfortably and pain free. For one person their religious belief helped provide comfort, for another person it was the role of nature. The staff member described how each had their beliefs met.

There was a team approach to supporting each individual and staff and other people who chose to join in collectively sang 'Amazing Grace' to mark the end of a person's life as well as celebrate who they were in life. There was a record of people's advance care planning. The registered manager recognised this was a sensitive issue and the timing of this conversation needed to be carefully managed. The registered manager explained how people were supported to consider what was important to them and what would make them feel safe and reassured, such as music, textures, colours, and lighting or significant aromas.

Written feedback included "All the staff and management were excellent and I cannot praise them enough. My father passed away and during his last days, he was treated with dignity and genuine caring by the staff...I cannot express enough my thanks and appreciation to the brilliant, caring staff". Other relatives valued that "Appropriate and sensitive care has been shown not only to Mum but also towards family members who have been caring for her. The last few months of her life have been made as comfortable as possible, her departure was peaceful and dignified thanks to the kind attentions of staff" and "He was treated with great kindness and dignity throughout his time there. The managers were always hands on in care and very approachable. As a daily visitor, I was made very welcome by all staff. My father died there in a very peaceful and caring atmosphere with wonderful care from all the staff."

Where possible the registered manager or deputy manager visited people to assess their needs and discuss their wishes and ways they preferred to be supported before they moved to the home. On occasions, the registered manager agreed to people staying at the home as a result of a family crisis. One person had very recently moved to the home under these circumstances; an assessment had begun and staff were busy collecting and collating information from the person and their family. This assessment information was then

used to develop a care plan. This ensured staff were fully briefed on a new person's care needs.

Staff also had a handover at the beginning of each shift to update them on changes to people's well-being or health, as well as the needs of new people moving to the service. They said "Handovers are helpful; we have one in the morning another at lunchtime and one for the night staff. We are kept informed. I think people are well looked after according to their needs. I don't see anyone neglected." We looked at care plans for people with varying needs, including people living with dementia. Each person had a care plan that was tailored to meeting their individual needs. These were reviewed on a regular basis so staff had detailed up to date guidance to provide support relating to people's specific needs and preferences. A visitor said "I am kept informed of any matters that affect my wife and I am able to discuss her care plan with her lead nurse at any time. I have been visiting my wife for over three and a half years and I look upon The Check House as my second home".

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a sensory loss can access and understand information they are given. Staff practice showed they were able to communicate with, and understand each person's requests and changing moods. Care records contained clear communication plans explaining how each person communicated and ensured staff knew what aids people needed to help them stay involved in the life of the home. The registered manager said care plans were read out to people with a visual impairment to ensure they were happy with the content. They said they would review the size of print for the activities newsletter to make it more accessible. The registered manager showed us communications cards, which had been created for some individuals to increase their ability to express their views; we saw how these had been adapted depending on the individual's needs and personal interests. These cards included emotions as well as day to day communication.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. Good records were kept with clear timescales to show when complaints would be addressed. We checked the outcome of a complaint and saw the steps that had been taken to address it. The provider had a complaints policy in place which was on display. The registered manager and their deputy spent time on the floor so they spoke with people regularly to enquire how they felt and if they had any concerns they wanted them to be aware of. Having a presence and making these enquiries enabled them to be pro-active in dealing with any concerns at an early stage and avoid anxiety on the part of people living at the home. For example, visitors said "I was listened to and action was taken immediately. I trust them implicitly" and "Excellent management, any worries or concerns are dealt with swiftly and with dignity."

Is the service well-led?

Our findings

The registered manager and deputy manager were a stable and experienced management team running the home on a day to day basis. People praised their availability and the positive impact their presence had on the home. For example, "The manager and her team are all friendly, welcoming and professional" and "The management team are so approachable and really make an effort to get to know the residents and always there for the families. A truly exceptional home, made completely perfect by the dedicated and caring family of staff. Thank you Check House!"

People living at the home were at ease with the registered manager and the deputy; they knew who they were and waved at them as they walked by. The management team engaged with people living at the home and showed affection towards them. Their office was at the heart of the home and they were supported by a staff member on reception, who mirrored their person centred approach. For example, the staff member interrupted their office tasks with no hesitation in order to respond to people's conversations and body language.

Discussion with the provider highlighted the key values, focus of the service and the overall aim of the company. For example, considering the experience of people living with dementia visiting the dentist and how to support them to understand what was happening. The registered manager and the provider were committed to continuously improving the service, such as the increased communal areas to allow people more choice and space. Records showed there were regular audits of care and safety issues, which demonstrated how the management team and provider ensured the service was safe and provided good quality care. For example, a registered manager from another service owned by the provider completed audit checks which were shared with the provider.

Staff told us they felt extremely well supported by the management team. For example, they described the registered manager as firm but fair. They said she was an excellent role model who was always challenging the staff to improve the service by considering new research or ways of working. Both the registered manager and their deputy had shown commitment to their own professional managerial development by studying further. The stable staff team was a positive reflection of the way the home was run resulting in a loyal and committed staff team.

Staff said "The managers are accessible and approachable. The three homes are owned by one person who visits regularly and is involved". The provider understood the need to provide staff with the skills, knowledge and tools to provide care that followed best practice. They invested in staff development to promote staff motivation and confidence to provide a high standard of care. Staff were encouraged to expand their skills and role. For example, the staff member on reception had also been involved in creating folders to instigate conversations with people with themes such as chocolate, cats, gardening or proverbs. The providers' investment in staff which included reward schemes for long service meant the staff team remained stable and committed. This step had been taken following work in another of their care homes in 2015 and the lessons learnt had been spread across all three homes.

The management team and the provider made sure people were aware how to contact them and people said they were pleased with their accessibility and the standard of communication. A visitor commented "The managers are always around, they know what is going on, have their finger on the pulse". Another visitor commented "The Check House keeps in touch with me well but does not bother me unnecessarily. It is great that the same manager has been there throughout her stay and other staff also are long-serving, a very good indication that this is a good place to work". One visitor had nominated the registered manager for the Devon and Cornwall 2018 Outstanding Care home Manager; we saw the content of their nomination, which included "I long for more people like you in this work...you dealt with all our concerns with love and professionalism. You danced and laughed with mum and reassured her when she searched for dad."

Records showed there were regular audits of care and safety issues, which demonstrated how the management team ensured the service was safe and provided good quality care. For example, the senior nurse undertook comprehensive medicine audits on a monthly basis and certain medicines were checked on a daily basis and at every staff shift handover. The medicine policy had been developed in accordance with the National Institute of Clinical Excellence (NICE) guidelines and the lead nurse ensured that any new alerts were incorporated into the policy. The service worked in partnership with agencies, such as the local hospice team or participated in new research by the speech and language team based on a colour spectrum to incorporate different food types.

Effective quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The home's care planning system flagged up changes or overdue support to individuals. This meant seniors and the manager could keep track of how and when care was provided to ensure staff met people individual needs. Records were well maintained and organised in a structured way so that information was easy to find. A manager from another service owned by the provider completed audit checks which were shared with the provider to monitor the standard of care. People benefited from a well trained staff group who received regular supervision and team meetings. Staff said they were encouraged to provide ideas and felt listened to in these arenas but said they could also share ideas on a day to day basis, for example researching new sources for the range of activities.

The registered manager had notified CQC appropriately. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The provider had displayed the rating of their previous inspection on their website and in the home, which is a legal requirement as part of their registration.