Summerhayes Care Home Limited

Summerhayes Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Summerhayes is a small family run home providing personal care and accommodation for up to 14 older people with a range of needs catered for. The home is a large detached Georgian property standing in its own gardens in the small village of Sandford, near Crediton. There were 14 people living at the home at the time of the inspection. There are two floors, which are accessed by a stair lift.

Summerhayes is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found that the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

Why the service is rated Good.

People remain very happy living at Summerhayes. They expressed their appreciation and thanks to all the staff who provided care and support for them. Staff provided compassionate care and treated people as family members. There was a lot of laughter and joy in the home, and a strong visible person-centred culture. Care staff worked with people to encourage independence wherever possible. Care staff had thought of different ways to enhance people's lives and this had a positive impact on their wellbeing.

There were excellent relationships with families and they were made to feel very welcome at the home. People enjoyed their meals and had a choice every day. People said they were treated with dignity and respect. Attention was made to ensure people felt comfortable about the care they were given. One relative said "Excellent care, can't fault them".

End of life care had been provided with sensitivity and respect for people's needs and individual wishes. People felt able to make decisions about their care and the staff respected those decisions. Staff were mindful of people's needs regarding equality, diversity and human rights. The service was meeting the requirements of the Mental Capacity Act 2005 and the Accessible Information Standard. One relative said "They always ask consent and always include her in discussions. They use gentle persuasion in a subtle way".

Staff were skilled and experienced and received up to date training and regular supervision. People received safe care and risks were managed well. Health care needs were managed well and staff were very proactive in contacting the GPs if needed. There were personalised care plans for each person. Staff were aware of people's personal histories and what was important to them.

There were a range of activities and opportunities for people to experience. People went out of the home on a regular basis and could keep in touch with their local community. There were sufficient numbers of staff working at the home with the necessary skills to provide care for people. One person said "Nothing is too much trouble. I am never rushed". Everyone we spoke with said the staff were very knowledgeable and helpful in every way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff had a good understanding of systems in place to manage medicines and safeguarding. The temperatures of medicine storage in people's bedrooms was not being monitored as is advised. Since the inspection, the registered manager has informed CQC that thermometers are being purchased to remedy this.

There were good management arrangements at the home. Quality assurance systems in place identified areas for improvement. People could raise concerns with the registered manager and these were investigated and responded to. Staff felt well supported by the management team. There was good team working and the staff morale was high.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remains Outstanding	**Outstanding** ☆
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remains well led.	**Good**

Summerhayes Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was a comprehensive inspection which took place on 14 and 16 June 2018. The first day of the inspection was unannounced.

The inspection team was comprised of an adult social care inspector and an Expert by Experience on the first day, with the inspector returning alone on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information available to us about this service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make . We also reviewed notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We also requested feedback from stakeholders, including a commissioner at the local authority and two GP practices. We did not receive any feedback.

During the inspection, we made general observations about the service and spoke with eight people who use the service, eight visitors and one visiting health care worker. We also spoke with the cook, the housekeeper, six care staff, the deputy manager, the practice supervisor and the registered manager. We reviewed four people's care records, four medicine administration records, three staff files and other management records. These included policies, staff meeting minutes, concerns records and audits.

Good

Is the service safe?

Our findings

The service remained safe.

Systems were in place which protected people from abuse. Safeguarding training was up to date and all staff knew what to do if they thought someone was at risk of harm. There had not been any safeguarding concerns since the previous inspection. One care worker said "I'd report it to the senior or the local authority. How would you forgive yourself? If we notice any marks, we will do a body map. I have never seen anyone being spoken to harshly".

Medicines were managed well although there was room for minor improvements.

Temperatures were not monitored in individual rooms where medicines were stored. The registered manager has now rectified this. They contacted us after the inspection and said they were purchasing individual thermometers to be kept in the medication cabinets. They will incorporate recording at the morning medication round. Fridge temperatures were recorded when medicines were needing to be stored.

Each person had a locked medicines cupboard in their room and the care staff responsible for providing care for them administered their medicines. Care staff recorded why as required (PRN) medicines were administered. There were body maps in each person's room showing where they needed creams applying. One person sometimes did not want to take their medicines. A GP letter confirmed that the care staff could crush the medicines and give them covertly if required. There were weekly medicines audits which identified if there were any concerns with ordering, storage or recording. All staff were up to date with medicines training. A relative said, "She (family member) is so much better now she is having regular medication."

When a new person moved into the home, care staff wrote what was required on the Medicines Administration Charts (MAR) and this was checked by another member of staff. There were no Controlled Drugs at the home at the time of the inspection.There was a suitable storage cabinet required if necessary. There was a Medicines Policy but this referred to previous legislation. The registsred manager agreed to change this in line with current legislation. The registered manager had requested the local pharmacy to carry out a check of their practices as they had not had one for two years.

People were protected because there were safe recruitment processes in place. All necessary checks had been completed to protect people. Including references and police checks. We saw that the application forms did not request for the actual dates that people worked at previous jobs, but the period of time they had worked. This made it more difficult to see if there were gaps in employment. The registered manager agreed to amend the application forms.

Everyone agreed there were enough staff to meet the needs of people living at the home. People said, "I can ring the bell if I need anything" and "Nothing is too much trouble, I am never rushed". Call bells were answered in a timely manner. The registered manager, deputy manager and a practice supervisor worked Monday to Friday. They also provided a 24 hour on call out of hours role where advice and support was

given and attendance to the home as necessary. One of them would always visit the home on both days at weekends at varied times. The information for staff was kept clearly at the desk with direct numbers to call the managers out of hours. This also included throughout the night. A senior care worker and two care workers were available through the day. A cook and a housekeeper worked from Monday to Friday. Relatives said "There's enough staff and they're all local. Devon culture and dialect, my relative can understand them".

There was one waking care worker at night. An additional care worker was available and lived very close to the home. Records showed when the additional night care worker had been called to assist. The registered manager reviewed this on a regular basis. Since January 2018 support had been needed on 12 occasions. We spoke to a member of night staff who said they could meet the needs of people at night. They confirmed that if they ever needed the additional care staff, they would be at the home within a couple of minutes. People told us that their needs were met at night time.

Changes to staff duties and numbers were implemented as and when necessary following regular audits of care. An additional care worker was now working at weekends over the lunchtime period, which meant that it was less busy for staff.

Risks to people were managed well. All risks to people were documented in their care records with actions that care staff must take to keep them safe. Care staff were aware of people's risks. For example, one person was at risk of choking. They were on a fork maskable diet. Their care plan stated, "Do not rush, can take 30 minutes, we must allow her to swallow in a safe manner". A care worker assisted them with their lunch. They made sure they were sat upright and they took their time to support them, making sure they were not rushing them. When the lunch was finished they asked, "Would you like a cup of coffee or tea? sweet tea, let's have a breather first". The care worker told us they took as much time as they needed so that the person was never rushed.

All equipment at the home was checked, serviced and recorded on a regular basis. Infection control was well managed. Care workers had supplies of gloves and aprons available. Staff ensured they changed aprons when serving meals. The home was clean and tidy. The housekeeper worked from Monday to Friday. All rooms were hoovered and cleaned every day. Everyone was happy with the cleanliness at the home. One relative said "Excellent in every way. Score extremely high. No odours ever, not at any time of the day".

Accidents and incidents were analysed each month to ensure that any potential risks could be mitigated. A relative confirmed this "Absolutely safe. It's such a relief to me. At home (family member) was at risk in every way. I know (family member) is well looked after". Environmental risks had been identified and there were regular checks on fire safety, hot water temperatures and all equipment. Lessons were learned and improvements made when things went wrong. The previous year some medicines had gone missing. The registered manager had changed all their medicine systems to prevent the likelihood of this happening again.

Good

Is the service effective?

Our findings

The service remained effective.

People were supported by staff who had received the necessary training and supervision to support them in their work. People said that staff were very knowledgeable and always helpful in every way. Staff confirmed they were up to date with training and there was a schedule which showed when they were due for an update. Some staff training was done on line but was marked externally. One new member of staff said "I had a good induction and shadowed a senior carer for all shift patterns. I do online training with E learning".

Staff received supervision every two months and felt very supported in their work. One care worker said "I have supervision every six to eight weeks. I can talk to them about anything". The practice supervisor ensured all training and supervision was up to date and planned for.

People enjoyed their meals. The dining room was bright and homely. The food smelt appetising and was well presented with a good choice. There was a menu on the table and people were asked what they would like. Staff frequently asked people if they would like a drink and were offered water, squash or alcohol beverages. Staff discreetly placed napkins over clothes to prevent soiling. The checked with people first if they agreed with this. People used adapted cutlery and plates to enable independence. One person needed staff to assist them with their meal. It was unhurried and discreet. A relative said "I have seen staff helping people at meal time, always so kind".

People said, "They realise I can't eat hard or chewy food, so they get me something soft or if there is something I don't like I don't get it again", "Very good ... always a choice" and "I can have tea/coffee whenever I like. Just ask." In the dining room there was a drinks station, where people and their visitors could help themselves to tea, coffee or soft drinks whenever they liked. A relative said "(Family member) loves the food here, it's home cooked. I could have a meal with her. They always offer me a drink". In a survey one person had written "Excellent food, tea just as I like it".

The cook explained that since the last inspection people were offered a cooked breakfast every day, which some people opted to have. They were aware of everyone who had a special diet and knew their likes, dislikes and allergies. The cook served the main meal in the dining room so they could see what people liked or what was not so popular.

Health care needs were met. People tended to keep their own GP and they would visit as needed. A dentist visited very six months, a chiropodist every six to eight weeks and an optician once a year. Currently no one had had any wounds that needed attending to by the community nurse service

One visiting health care worker said, "Staff are very helpful. Everything is always in place. We would never need to instigate anything; the staff are very proactive." The staff were concerned about one person at the home and called the GP to ask for a visit whilst we were there. At the second day of the visit, they had been seen by the GP and there was a plan in place to further monitor their health and wellbeing.

One relative said staff always kept in contact with them about any matters. "They had concerns about his weight and they highlighted it to me and told me what they were going to do. To monitor his intake and weigh him regularly."

People could make their own decisions. One person did not want to be checked on during the night. Their care plan stated "(Name) has indicated they do not want to be disturbed at night and will call for assistance if needed. They have said they will lock their door". The person had also decided they did not want any further tests for a health condition. Care staff had ensured that the local health professionals were involved in these decisions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. Six applications had been made to the Local Authority but none had yet been authorised.

Care staff understood the principles of the MCA. Care plans showed that care staff understood that people could make some decisions but not others. For example, that one person could make decisions about their meals or what they wore but were not able to plan or make decisions about their safety.

Two people had camera monitors in their room so that care staff could observe them. They were both at risk of falling. Sensor mats had been tried but were not successful. The monitors had been agreed in their best interests with their families. The images from the rooms were portrayed on a phone that the senior care worker carried. They were checked at least every hour. DoLS applications for these people had been made to the Local Authority. The registered manager agreed to review each month whether the use of these monitors was reducing the number of falls.

Close Circuit Television (CCTV) had recently been installed. This was put in for safety and security reasons. The registered manager had consulted with families and people living at the home. They had found that new people moving into the home had been asking about safety. The front door of the home is always open (the home is in a rural location) and so the cameras focussed on the main corridor areas. Following the inspection, the registered manager had sent the Care Quality Commission a copy of their CCTV policy.

Many people sat in the living room which was spacious and homely. There were comfortable chairs for people to sit in. The dining room was also a good space to people to use. There were tablecloths and menus on all the tables. Bedrooms were always redecorated before a new person moved in. Bedrooms were very individualised and full of people's own belongings. There was no lift at the home, but a stair lift was in place and several people used this independently.

One room did need some decoration and maintenance. The registered manager explained this person didn't like change and this would distress them. They agreed they would revisit this with the family and

person. There is planning permission to build two additional bedrooms, extend the lounge and build an assisted bathroom. This would then enable them to create level access into the home as there was a small step by the front door. An internal ramp had been built inside the home where previously there had been steps. Bathrooms were being redecorated. There was a shower room and an assisted bathroom.

Outstanding ☆

Is the service caring?

Our findings

The service remained outstanding.

The service was continually trying to think of ways to enhance the wellbeing of people at the home. They were all respected and valued as individuals. Staff were compassionate in the care they provided for people. The registered manager said "The culture is this is a home from home. It's to make sure people feel they are at home. We are here to serve them." We found this to be the case during our inspection and people provided excellent feedback.

There were lots of compliments in cards from people or their relatives which showed how caring the staff were. One person had recently written "I am writing to thank you for all your kindness and excellent care whilst having two weeks holiday respite. My time with you restored my confidence and strength. I know if I ever need long term care I have a friendly group of friends I can turn to."

People told us "The girls are gorgeous" and "Staff are brilliant". There was a monthly employee award. Everyone could vote for a member of staff who stood out that month as being particularly caring. One comment was from a staff member said," For recognising a resident didn't have a painkiller gel for his neck, as" she always massages it for him and she could see she was in pain". One person wrote "I do not have a special one, they are all lovely, kind and helpful" .

Relatives felt equally cared for and supported by the care staff. Comments from four different relatives included "I would especially like to thank all the staff at Summerhayes for all their amazing and devotion over the last seven years". Another person wrote "I see a lot of care homes and I am so glad mum is here. Attention to detail is amazing". And another, "I have been on a journey with them during mum's deterioration. Very supportive." And "A big thank you for all your care of Mum while she was living with you. I could see her relax as soon as she moved in with you and she was starting to make plans for her life there".

All staff were friendly, smiley and showed affection to all the people. Care staff were tactile when appropriate and spoke kindly. They made jokes and there was a lot of laughter between staff and the people living at the home. People knew all the staff well from the cook to the provider. All the staff were local and knew people from before they moved to the care home. This contributed to a lovely family atmosphere, relaxed, caring and friendly. One care worker said, "We treat people here like they are my family". One person looked very contented sitting by the window facing the garden, surrounded by their magazines with a cat on her lap. She said, "This is my spot".

People were treated with dignity and respect. One person said, "I used to be shy about showing my body, but the girls are so kind and discreet". A relative said "Staff very, very nice. If (family member) has an accident in the chair they are very kind and discreet." The registered manager had realised that although staff always knocked at doors before entering a room, people who were hard of hearing did not always respond. With consent from people, door bells were installed at each bedroom door. This meant people were always aware someone was going to enter their room.

One care staff said "I always sit down with (name) and go through everything I am going to do. I ask what help they might need that day, we all have off days". Staff were skilled at recognising the level of support someone might prefer. One person said, "I like to be independent and sometimes I get help, and sometimes I want to do it myself and they let me".

One person spent most of their time in bed and had limited verbal communication skills. The care worker showed compassion and care for the 30 minutes with them assisting them with their meal. Throughout this time the care worker spoke and engaged with them. They recalled times when they had known them when the care worker was a child. She made jokes and talked about what was going on in the home and all the gossip from the local town. They also ensured topics were what the person was interested in. For example, "I got my washing in today, we were worried yesterday, weren't we? Then I have got to iron it, your daughter said you were good at ironing…". The person responded positively to the experience, laughed and smiled and ate all their lunch.

The care staff cared very much for helping people to retain their interests outside of the home and increasing people's sense of wellbeing and confidence. They made sure they knew about people's personal histories and wove this into the experiences they could offer people. One person really liked motorbikes. They had been enabled to visit the local motorbike café and discussed their passion of motorbikes with the owner. This had been a very rewarding experience for them.

One person had been very active but was becoming low in mood. The registered manager reflected on this with the person and agreed with them a suitable job which would make them feel worthwhile. This involved going out every day to the local post office/ shop by themselves. This meant they felt they had an additional purpose and was included in the running of the home. One new person had their keyboard set up in the living room so they could play music for the other people living at the home. This meant they felt welcome and included.

One care worker went the 'extra mile' with a person who had previously loved to play golf. She had spoken to the local golf club manager about this. It was agreed that they could accompany the person to the golf club whenever they liked. The person was then able to play pitch and putt on the course free of charge. In their own time they had taken some photos of this person playing golf, and then put them in a lovely frame which took pride of place in their bedroom. We spoke to this person and they responded positively about their experience. Other people at the home would sit in the restaurant at the golf club, watching the golf, as a group of friends. Staff took off their badges so that other guests would not need to know people were living in a care home.

One person was moving in on the day when we were inspecting. They had sent in a room plan of how they wanted the furniture organised before they moved in. This had been completed as requested and they were very happy with the arrangements. They said they had settled in well and had everything they needed.

There was a very caring atmosphere at the home. A long-standing member of staff had died and a memory tree was in the garden in their memory. One person who had lived at the home for a long time had recently died and had the new waterfall in the garden named after them. A star was placed on the tree whenever someone died and people were given the opportunity to talk about the person if they wished.

Good

Is the service responsive?

Our findings

The service remained responsive.

People were visited before they moved to the care home. This was to ensure that the home could meet their needs and to see if the care home would be the right environment for them. Everyone had a current care plan in place, which identified their needs and personal wishes. They were detailed, person centred and included their personal histories. Care staff read the plans on a regular basis and they were updated at least monthly. These were checked for accuracy and signed by the Registered Manager. Families and people were involved in the development of care plans and their review. Various assessment tools were used to ensure care staff understood people's individual needs. These included pressure ulcer prevention and universal pain assessment tools.

Care staff were very responsive to people's requests. One person had decided it took them too long to take all their medicines. The care staff had told them it didn't matter, and they would sit with them for however long it took for them to take them. The person requested that their medicines be crushed. This was immediately relayed to the registered manager and a request to the GP was being made.

Care staff were aware of changes in people's care needs. One person had recently been seen by a physiotherapist and new exercises had been set for them. This was written in the communication book, the care plan and the persons bedroom. One care worker said "Everyone has their own routines. Some need more help, it's always different every day." People were asked when they wanted to get up or go to bed.

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 which requires the service to identify; record and meet communication and support needs of people with a disability, impairment or sensory loss. Staff were aware of people's needs. One person's care plan detailed what they might and might not understand, that they wore prescription glasses and wore hearing problems. Contracts were adapted to large print if required. All minutes of meetings were printed in large print. Staff were aware of people's sensory needs. One person's care plan detailed what they might and might not understand, that they wore prescription glasses and wore hearing problems.

There were some activities each day for people to take part in if they chose. The most popular activities currently were trips twice a week out to the local community, such as garden centres, cafes, shops, the golf club. Everyone had local family and friends who visited regularly. During our visits, relatives were continually popping in and out of the home. People were given opportunities to play scrabble, read, play games and listen to music. The registered manager had just bought a device which people could use to ask questions, to play music, find out the weather forecast or hear the news. They had introduced it to the people living at the home and thought this was going to be a great success and a source of conversation and amusement. They also thought it would help when they played puzzles or did crosswords together if they didn't know the answer.

Events were celebrated. There had been a party for the recent Royal wedding, with everyone trying on wedding hats. The week after the inspection a trip for the day to Exmouth beach had been organised.

People's spiritual needs were assessed and met. There were regular Communion services offered for those who wanted it. Methodist and Church of England visitors came once or twice a month. One newer person was a Catholic and the registered manager was going to ask them what their specific needs were in relation to their faith.

Gardening had been tried with people, although they preferred watching the gardener when they were working. People really enjoyed sitting on the veranda at the front of the home. The registered manager had decided to introduce chickens in the garden area of the home and hoped that people would collect the eggs. She thought this would be successful because many of the people living at the home came from a farming background.

People were supported in their end of life care. The registered manager explained that if they thought someone was reaching the end of their life they would call the GP to visit. A 'just in case' bag (with medicines) would be organised. The families could stay overnight at the home if they wished. They ensured that they talked to the person when they first moved to the home about what their end of life wishes were, so that they would know what to provide for them. They checked the information at different times, to make sure it was still what the person wanted. Training was provided to all the staff. The registered manager was aware that younger staff might not feel comfortable in providing end of life care so they made sure they were also supported. One of the care staff was going to become a lead in the role of end of life care.

Complaints were well managed. Each person had their own file, where any concerns or complaints were recorded. There were two minor issues over the last year. Surveys showed that people were happy with the process. One person had written "Thank you for sorting out the matter with my mattress" and another "It's easy to raise a point".

Good

Is the service well-led?

Our findings

The service remains well led.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. One of the providers is also the Registered Manager.

The culture of the home was to provide an inclusive and home to home experience. The registered manager wanted to keep people as independent as possible to enable them to do as much as they could for themselves. She wanted life to be as 'normal' as she could for people whilst living in a care home.

The registered manager was very proud of her staff. "I have incredible staff. I feel completely that they know what to do if I am not here." There was a 'no blame' culture where care staff learnt from their mistakes. Staff were praised when they did something well. A care worker said, "They don't just wait for a supervision, they will give you positive feedback or if we could do better".

The staff were extremely positive about the management team. One care worker was equally positive about a senior care worker and their colleagues. They said, "(Name) is wonderful, an absolute angel. The carers are all wonderful. I enjoy my job. The registered manager and deputy
manager is lovely". Another staff member said, "The team are very positive, it's very supportive, very relaxed and a good atmosphere".

Since the previous inspection, the quality assurance systems had been improved. The registered manager, deputy manager and practise supervisor met each week to discuss everything that was happening at the home. This ranged from how people and staff were and if anything needed addressing. The deputy manager and practice supervisor were undertaking further qualifications in management. Each day one of the management team walked through the home, meeting with each person and checking peoples bedrooms. They had a checklist they completed. There were lots of other weekly and monthly checks that were undertaken to ensure the smooth and safe running of the service. These checks included the environment, fire safety, care planning, medicines and cleanliness. The new checklist they had started using did not have the checks for window restrictors included. After the inspection, the registered manager informed us that all restrictors were in place and this was added back to the checklist for the housekeeper to monitor as part of their daily duties.

Quality assurance systems led to improvements at the home. For example, it had been observed that lunchtime meals were very busy as there were less staff around. An extra care worker was put in the rota from 12pm to 2pm. This meant staff were less busy and lunchtimes became calmer and more relaxed for everyone.

Another improvement to people was that it had been observed that people were sitting out on the veranda

but not making full use of the gardens. The registered manager had a gazebo put up near a large water feature; this meant more people were making their way to the other side of the garden.

The registered manager had tried to introduce a staff forum and wanted staff to chair the meeting. The aim of the forum was for staff to have the opportunity to discuss relevant issues in their roles. This would be to influence and improve quality outcomes for people. The registered manager would then attend at the end of the meeting to listen to the feedback. However, this had not worked and so staff meetings were being reintroduced. The registered manager will be focussing on themes to further improve the quality of care at the home.

There was also a Resident's Forum for people to express their opinions. One of the outcomes from this had been the facilitation of the regular trips out into the community. Surveys were also completed by people and families at the home. The latest survey results were yet to be collated.

The registered manager explained that the community was involved in the care home, such as children coming from the local nursery and school, together with coffee mornings at the home three times year. They were about to start going to a monthly lunch in the local church in Crediton. They took part in established and local events such as the Christmas Tree festival, the Flower Festival and the Scarecrow event. This meant people retained their sense of belonging to the local community. People visited the local library and had attended a book group.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the entrance hall in the service and on their website. Their website did provide a link to the CQC website but not directly to the rating for the service. The registered manager agreed to rectify this.