Southern Healthcare (Wessex) Ltd

Sefton Hall

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

This inspection took place on 30 and 31 May 2017. The first day of the inspection was unannounced.

Sefton Hall is registered to provide accommodation for up to 49 people needing personal and nursing care. People living at the home are older people, some of whom are living with dementia or a physical disability. Accommodation is provided in two areas of the home, a nursing care area which can support up to 30 people, and a more secure dementia care area which can support up to 19 people. There were 42 people living in the home at the time of our inspection.

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

The registered manager and provider were committed to raising standards of care at Sefton Hall and ensure there was a strong and visible person centred culture in the home. There was a clear vision that was centred around the principles of Dementia Care Matters Butterfly Household Approach. This is a national scheme aimed at improving the lives of people living with dementia. The home was consistently praised by relatives and health professionals for the positive outcomes staff had achieved to ensure that people living with dementia received exceptional care. The ethos and values of the home created a caring and compassionate environment and ensured that the care delivered was truly focused on meeting the holistic needs of people.

People and their relatives were extremely satisfied with the service they received and told us the home was excellent. People and relatives consistently told us they felt cared for, valued and listened to and that their views mattered. There was a strong commitment to developing respectful, trusting relationships. Staff all demonstrated compassion and empathy. People's care was based upon best practice and was constantly reviewed. There was a strong person centred ethos, which was embedded throughout the home. This was to always treat people with dignity, as you would want to be treated. The ethos of the home was intended to make people feel valued, supported and included, with an aim to enhance quality of life. Interactions promoted wellbeing and showed staff knew people well. People were at the heart of care.

There were clear lines of accountability. The home had outstanding leadership and direction from the registered manager, provider and management team. Staff felt fully supported to undertake their roles. Staff were given regular training updates, supervision and development opportunities. For example, staff were encouraged and supported to develop lead roles, becoming 'champions' and gain additional skills in areas such as end of life care, quality of lifestyle, diabetes, infection control and health and wellbeing. Champions took on responsibility for attending additional training and then shared their knowledge within the staff team.

Not only was the provider committed to support and develop the staff team, staff achievements were also

celebrated. For example, staff were nominated by people and their relatives as 'employees of the month' and newsletters contained information about staff such as important events in their lives and their interests. Staff told us this approach not only helped people relate to them but also made them feel valued, empowered and very motivated.

The home was exemplary in responding to people's needs and preferences. People were supported by staff that were devoted to getting to know people and their families. Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed before they moved into the home and were continually reviewed. This ensured that the staff knew about and responded to their particular needs and wishes when they moved in and during their stay.

Staff worked tirelessly and found creative ways to enable people to live full lives. People were encouraged to do things they enjoyed and found meaningful, and this included social activities based on people's interests. Staff continually encouraged and supported people to remain active and independent.

The environment had been designed, based on research evidence, to promote the independence and wellbeing of people who lived with dementia. People who liked to move around were positively encouraged to use communal areas throughout the building. The whole staff team were attuned to needs of people living with dementia, with a recognised and respected model of dementia care in use. The registered manager and provider kept up to date with best practice in dementia care and ensured this was adopted by the staff. Staff were skilled in communicating with people and supporting them to express their views, even where people had difficulties with communication.

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff on duty at all times to meet people's needs. When the provider employed new staff at the home they followed safe recruitment practices.

There were comprehensive quality assurance processes in place using formal audits and regular contact with people, relatives, professionals and staff. People told us they were given the opportunity to provide feedback about the culture and development of the home and all said they were extremely happy with the service provided. The provider was responsive to new ideas and had developed links with external organisations and professionals to enhance the staff's and their own knowledge of best practice and drive forward improvements.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The registered manager had a good understanding of the MCA 2005 and DoLS legislation, and when these applied. Documentation in people's care plans showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. Not everyone in the dementia unit had someone who was able or legally authorised to act as an advocate for them, and staff ensured they contacted organisations who could act as advocates.

People were able to discuss their health needs with staff and had contact with the GP and other health professionals, as needed. People were protected from the risks associated with nutrition and hydration. People spoke positively about the choice and quality of food available. Where people were at risk of

malnutrition, referrals had been made to the dietician for specialist advice.

The home had a strong commitment to supporting people and their relatives, before and after death. People had end of life care plans in place, which clearly stated how they wanted to be supported during the end stages of their life. A staff champion had been appointed taking a lead on promoting positive care for people nearing the end of their life to ensure a person's end of life was as peaceful and pain free as possible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who lived in the home.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

There were enough skilled, experienced staff on duty to support people safely.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

Is the service effective?

Outstanding

The service was effective.

People made decisions and choices about their care. Staff were confident when supporting people unable to make choices themselves, to make decisions in their best interests in line with the Mental Capacity Act 2005.

The design, layout and furnishing of the home had fully considered the needs of people and staff to provide the most effective care. Considerable work had been carried out in the dementia unit in line with best practice to meet the needs of the people living with dementia.

People received good standards of care from staff who understood their needs and preferences. Staff were encouraged and keen to learn new skills and increase their knowledge and understanding.

People were supported to eat a healthy diet which promoted their health
and well-being, taking into account their nutritional requirements and personal preferences.

The service recognised the importance of seeking advice from community health and social care professionals so that health and wellbeing was promoted and protected.

Is the service caring?

Outstanding ☆

The service was effective.

People made decisions and choices about their care. Staff were confident when supporting people unable to make choices themselves, to make decisions in their best interests in line with the Mental Capacity Act 2005.

The design, layout and furnishing of the home had fully considered the needs of people and staff to provide the most effective care. Considerable work had been carried out in the dementia unit in line with best practice to meet the needs of the people living with dementia.

People received good standards of care from staff who understood their needs and preferences. Staff were encouraged and keen to learn new skills and increase their knowledge and understanding.

People were supported to eat a healthy diet which promoted their health
and well-being, taking into account their nutritional requirements and personal preferences.

The service recognised the importance of seeking advice from community health and social care professionals so that health and wellbeing was promoted and protected.

Is the service responsive?

Outstanding ☆

The service was responsive.

Staff showed they had an excellent understanding of the people they cared for and people received exceptionally person centred care which promoted their health and wellbeing and enhanced their quality of life.

People were encouraged to socialise, pursue their interests and hobbies and try new things. Their views were actively sought,

listened to and acted on.

People were partners in their care; care records were individual, personalised and comprehensive.

People knew how to raise concerns which were listened and responded to positively to make further service improvements.

Is the service well-led?

Outstanding ☆

The service was well led.

There was excellent leadership. The home was well organised and provided a consistently high quality, person centred care.

The vision and values of the home were embedded in the way care and support was provided to people. Feedback was encouraged and improvements made to the service when needed.

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

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

The managers strove to maintain, sustain and further improve the experiences of people living in the home through robust quality assurance processes.

Sefton Hall

Detailed findings

Background to this inspection

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

This inspection took place on the 30 and 31 May 2017. The first day was unannounced. The inspection was conducted by two adult social care inspectors and an expert-by-experience on the first day and one adult social care inspector 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.

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

We contacted the local authority, Continuing Healthcare Team and Healthwatch Devon who provided information about the home. We spoke with visiting healthcare professionals about their experience of the service. We used all of this information to plan how the inspection should be conducted.

During the inspection we looked around the home and observed the way staff interacted with people. A high number of people at Sefton Hall lived with a dementia related illness and some of them could not describe their views of what the home was like. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we met with most of the people living at the home and spoke with fifteen people on an individual basis. We also spoke with ten relatives visiting the home. In addition, we spoke with the registered provider, the registered manager, operations manager, the director of nursing, the administrator, the cook, cleaner, laundry assistant and eight members of staff.

We looked at the care plans, records and daily notes for seven people with a range of needs to check specific information. We looked at other policies and procedures in relation to the operation of the home, such as the safeguarding and complaints policies, audits and quality assurance reports. We also looked at three staff files to check the home was operating a full recruitment procedure, comprehensive training and provided regular supervision and appraisal of staff.

Good

Is the service safe?

Our findings

People told us staff were kind and they felt safe living at Sefton Hall, "Yes, I feel safe" another person said they felt "perfectly safe". Comments from relatives included, "Yes, she feels safe, settled and secure. I have all the respect in the world for the carers." People were relaxed with staff and the atmosphere throughout the inspection was calm and organised. People smiled, laughed and interacted warmly with staff.

People were protected by staff who knew how to recognise signs of possible abuse. Staff said they felt confident if they reported signs of suspected abuse these would be taken seriously and the concerns investigated thoroughly. Staff completed safeguarding training regularly and staff accurately talked us through the action they would take if they identified potential abuse had taken place. Staff knew how to contact external agencies should they feel their concerns had not been dealt with appropriately by the home. Staff in the dementia unit presented as strong advocates for people, and were aware that changes in people's behaviour might be an indicator that they were unhappy about something they could not verbalise.

The registered manager told us it was essential to recruit the right staff for their role. They said all applicants had to demonstrate a caring attitude, as this could not be taught. The provider's recruitment procedures for new employees ensured that as far as possible only suitable staff were employed. Recruitment records we viewed contained written references and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions. The registered manager checked qualified nurses live registration with the Nursing and Midwifery Council. Where relevant, checks were made of a prospective employee's right to work before any offer of employment was made. These measures meant people using the service were not put at unnecessary risk.

People were supported to take everyday risks to enhance their independence and enable them to feel in control where possible. Staff demonstrated an enabling attitude to people's safety. They ensured they observed people as they walked around and were vigilant to potential risks, without stopping people from doing what they wanted to do. Staff explained how they had supported one person to maintain their independence whilst ensuring their safety. The person had been assessed as being at high risk from falling. They had fallen a number of times and staff and staff analysis had identified some patterns in the person's behaviours that led to times of higher risk. At these times, staff ensured that the person was tested for signs of a urinary tract infection, which was a potential trigger. They had installed a pressure mat alarm to alert staff to the person being out of bed at night. Support had been sought from the local falls prevention team to reduce risks. The person's care plan said the person needed close monitoring. We observed this person during the inspection where they were physically active for much of the day. Staff were at all times aware of the persons whereabouts and what they were doing. Whilst not following them around directly they were able to intervene at any moment if the person looked like they were going to fall. We spoke with staff about this person. They told us they felt it was important for the person's well-being to be active and independent and although it was risky "what is a life without risks". We also spoke with the person's relatives. They felt it was "almost inevitable" that their relative would fall again, but they had no concerns over the way staff were supporting them.

Risk assessments highlighted individual risks related to people's diet, skin care, mobility and behaviour. People who were at risk of developing sore skin had special equipment in place to reduce the likelihood of their skin breaking down, for example, cushions to sit on and special mattresses. People's care records contained clear information and guided staff on how to reduce these risks. For example, care plans highlighted checking people's skin vigilantly; using prescribed skin creams when needed and helping people maintain their mobility.

We saw people being supported with their moving and positioning needs safely. Staff used equipment confidently and in accordance with people's care plans. For example we saw one person needed two staff to move them safely with a hoist, which we saw was being done. Staff then positioned cushions to support the person and relieve any potential pressure, which was as detailed in their care plan.

People were protected from risks associated with poor nutrition or from choking. People's care plans contained guidance from speech and language teams regarding textures of food needed for people to reduce risks of choking. We saw this was being followed and this information was clearly displayed in the kitchen to ensure all staff were aware of their needs.

Accidents or incidents that took place were recorded by the staff and investigated by the registered manager. We saw action had been taken when any accidents or incidents had occurred to prevent reoccurrence. Staff balanced risk with promoting people's independence well. The PIR detailed the proactive, person-centred approach the home took to keeping people as safe as possible, balancing people's risks with their right to independence. Their aim was to provide "a well risk assessed environment where people can move freely, be respected and have their choices fully realised so that they can really feel at home".

Staff, people and relatives told us there were sufficient numbers of staff on duty to keep people safe. People told us staff were there when they needed them. One person said "Yes enough staff. There is always somebody here." When asked if they thought there was enough staff to help them, another person said, "I should think so, there's enough." A relative told us, "It's the one thing that has exceeded everything. There's always someone to give her a hand. Weekends are quieter, less bustle."

Duty rotas showed that in addition to the registered manager, deputy manager and administrator there were two registered nurses and eleven to twelve care staff on duty during the core hours of 8.00am and 8.00pm. Overnight there was one registered nurse and three care staff on duty. Care staff were supported by two activity co-ordinators, housekeeper, two domestic staff, two maintenance staff, laundry assistant, the chef and kitchen porter. This meant that care staff were free to dedicate their time to the care of people. The registered manager told us they always ensured there was twelve care staff on duty over the weekends as there were less support staff. Staffing was increased depending on the needs of people living at Sefton Hall.

During the inspection we saw people's requests for assistance attended to promptly and staff were available in the communal areas. Staff were visible throughout our inspection and conducted their work in an unhurried manner. Staff told us there was very little staff turnover.

Medicines were managed, stored and given to people as prescribed and were disposed of safely. Medicine administration records were accurate and fully completed. Allergies were recorded and known. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

We observed staff giving people their medicines. This was done at an appropriate pace for the person, and

with a simple explanation of what people were taking. Some people received medicines that were concealed in food or drink in their best interests (covert medicines). This was because they declined to take what were considered essential medicines to support their health or comfort and had been assessed as not having capacity to understand the implications of their refusal. Guidance on this had been discussed and signed by the person's GP and clear instructions given by the supplying pharmacist on how each medicines should be given to the person to ensure they were still safe and effective.

Where people had been prescribed "as required" medicines there were clear protocols to ensure staff were aware of the reasons they needed to be given and at what frequency. Staff told us and we saw they very seldom resorted to the use of medicines to manage distressed or anxious behaviours for people. They told us this was because they supported people well so people felt attended to and did not have to show their negative feelings through the expression of what can be perceived as negative or challenging behaviours.

People were cared for in a clean environment. Relatives told us "The home is always clean." All areas we visited smelled fresh and looked hygienic. Protective clothing such as gloves and aprons were readily available throughout the home to reduce the risk of cross infection and hand gel was visible in the communal areas for people and staff to use. Staff were able to explain the action they would take to protect people in the event of an infection control outbreak such as a sickness bug.

Emergency plans were in place for people in the event of fire. This detailed each person's ability to mobilise and how many staff they needed to help them vacate the premises. Staff had participated in fire training and there were regular fire drills. The effects on people in the event of an emergency would be minimised as staff would know how to respond.

Routine maintenance was carried out by the maintenance staff. Staff reported any faults promptly and these were dealt with quickly. Staff were alert to any environmental obstacles that might pose a potential trip hazard to people. Records showed all checks had been completed when due and that servicing contracts were in place for all equipment. The catering staff recorded fridge and freezer temperatures and hot food temperatures before serving meals. All food was stored correctly and the last visit by an environmental health officer had resulted in the home being awarded the full five stars. Catering staff had daily, weekly and monthly cleaning schedules which we saw were completed.

Outstanding ☆

Is the service effective?

Our findings

People received the care and support they needed and met their specific requirements. Comments from people included, "The staff are excellent. I certainly cannot fault them in any way" and "Very good staff, must have had good training". A relative said, "The staff are very competent and I am very happy with how they treat my loved one".

People were supported to live their lives in the way they chose, and in a way that helped them to feel valued and valuable. For example staff had gone to great lengths to create an environment that felt 'normal' and to create activities that would have been part of each person's life.

Considerable work had been carried out in the dementia unit in line with best practice to meet the needs of the people living there with dementia. Staff recognised that people's needs should form the basis of how the space at the home was used. For example, one room had been designated as the quiet room. However, people were not using this as the people currently living at Sefton Hall were active and wanted to engage in more social and group activities. Staff had therefore changed the use of the room, so that people could use it how they wanted to and in a way that had a positive impact on the quality of their lives.

The accommodation had been adapted to provide areas for stimulation where people could engage with and touch items of interest, such as vintage toys, food packets and other objects they may have been familiar with in years gone by. Staff told us that at various times during the day they would have to locate items moved around and return them to their original location which told us people enjoyed interacting with the environment. Aids and signs to help people find their way about were in place.

One area of the home had been set up as a pub. Points of reference such as a bar top and optics had been used so that people recognised it as a pub. Here people could play pool and darts. We saw people enjoying their lunch with a 'pint' in the pub. They appeared to be enjoying themselves and were relaxed, smiling and chatting to one another and staff. Other areas of the home were set up as a kitchen, a shed, a launderette and a comfortable, lived in lounge. This area was lively and busy. We saw people using the kitchen during our inspection and staff told us that some people liked to go into the laundry and help fold clothing. The rear garden area had a small greenhouse and washing line complete with laundry for people to hang if they wanted to.

Doors, such as those to stairways where people were not encouraged to go, were visually disguised with the use of murals such as bookcases or forest scenes this helped to encourage people to want to go to other areas of the home.

Staff had brought the 'outside in' by creating memory streets. Corridors to people's bedrooms were arranged as streets, with street names and replicated well known local landmarks such as Lloyd's bank and the Post Office. Door's to people's rooms resembled an external front door. People's names and if they wished, information about the person such as their life events and histories, were displayed next to their door to help them to recognise their rooms and move freely around the home.

Outside the home, staff had used the garden to provide further opportunity for people to socialise and reminisce. Staff had refurbished a former storage shed, to create a vintage ice-cream parlour and traditional seaside café. A popular local ice-cream shop donated ice-cream display fridge and signage .
We saw people sat outside enjoying a drink and ice -cream with their relatives and staff. They were smiling and appeared to be happy and relaxed. Staff told us further work was being developed at the rear of the home for a small garden village area where people would be free to go safely and independently. We saw people making good use of this environment to relax and be social. Where one person's care plan indicated they would like to be in a quiet area we saw this was where they sat.

The nursing area of the home had a very comfortable lounge and formal dining room. During the inspection the registered manager told us the nursing side of the home was being developed as part of their on-going home improvement action plan. The redecoration would be designed in a similar way to the dementia area of the home with named streets, painted doors and if people wished, life histories and information about them next to their doors. The corridors 'streets' have already been named following residents and relatives discussions .This work will be starting in September/October to be completed by the end of the year.

Staff had developed an understanding of the importance of creating this type of environment and engagement through their training, and it was clearly being put into practice.

People were cared for by well-trained staff. The support and training package was part of a specialist care home programme which had included work on culture change to promote a positive quality of life for people through person centred and relationship focussed dementia care. Staff told us they had found this training 'inspirational' and 'moving'. One staff member said "At the end of the first day there wasn't a dry eye in the room", because staff had begun to understand people's experience of dementia really for the first time". Another said the "Training changed my attitude and really made me think." The registered manager told us the management team were a visible presence and constantly monitored and observed staff to ensure they were putting their training into action.

Our observations of how care and support were being delivered showed this learning had made a positive impact for people. For example, we saw staff paying close attention to ensuring the environment was right for people. They ensured there was calm quiet music playing at lunchtime as a way of promoting a calm atmosphere during lunch to encourage people to eat. When people showed signs of distress staff ensured they received support to help them be become calmer. Staff understood the most effective ways of working with individuals, and how each person communicated, to achieve good outcomes.

When staff started working in the home they commenced a three month induction where they worked alongside experienced staff to ensure they developed the skills and knowledge needed to support people. The induction was also geared towards supporting people to live their lives in the way they chose, with the emphasis not just on safety but on person centred individualised support. All staff, new to caring, were enrolled on the Skills for Care, Care Certificate which is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care.

The provider information return (PIR) described how the management team were developing a new culture through extensive training within the home to greatly enhance the lived experience of the people at Sefton Hall. Philosophy training was in place which was based on the Butterfly Model of Care and the Eden Alternative theories. The 'Dementia Care Matters Butterfly Household Approach,' is a leadership and cultural change project specifically designed to improve the lives of people living with dementia. Similarly the Eden Alternative is a philosophy of care dedicated to creating quality of life for older people and their relatives.

There was a comprehensive training programme available for all staff. The training matrix recorded details of the training staff had completed and alerted the registered manager when staff required updates. Training took place in relation to the dementia awareness, end of life care, safeguarding adults, mental capacity, nutrition, pressure area care, first aid, infection control, fire awareness, food hygiene and moving and handling. Staff who administered medicine received training and on-going updates. It was evident the provider placed great emphasis upon staff training and in return this meant people benefitted from receiving an effective service.

Staff were supported to develop lead roles, becoming 'champions' and gaining additional skills in areas such as end of life care, quality of lifestyle, diabetes, infection control and health and wellbeing. Champions took on responsibility for attending additional training and share their knowledge within the staff team at meetings and handovers. Staff told us if they had any concerns regarding care and treatment for people they could access up to date knowledge from the staff champions. This promoted more effective care and positive outcomes for people who lived at Sefton Hall. For example, one person was nearing the end of their life. The end of life champion supported the family who were in distress. When the person's condition deteriorated, the family member was not comfortable to go in the room by themselves. The champion accompanied the relative and stayed there providing emotional support for as long as they were needed. The end of life champion also arranged for the person, who was a catholic, to see the priest in their last days.

The quality of lifestyle champion brought spontaneity into resident's lives by understanding people's life histories and bringing what they used to like to do into their daily social interaction. For example, one person had played the piano all their life. The champion ensured the piano was tuned and staff took them into the lounge daily to play as this helped to reduce their anxiety. Another person loved to go shopping. The quality of life champion took the person with them when they did the shopping for the home and they did this together.

Staff files contained records of regular supervisions and appraisals. We found these were two-way discussions and assessments between staff and their manager. Areas covered included strengths, weaknesses, training needs and future interests. A staff member said this was, "Really useful. I feel listened to and anything I need, such as training, they act on this quickly".

Some people did not have capacity to make some decisions. 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 home was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met. Staff clearly understood the importance of seeking people's consent and offering them choice about the care they received. Staff gave us examples and records showed how they supported people to make decisions. We observed staff asking for people's consent throughout the inspection. For example, showing simple choices of menu, clothes and drinks. Where people lacked capacity to make some decisions, the staff were clear about their responsibilities to follow the principles of the MCA when making decisions for people in their best interests. Mental capacity

assessments were clear, decision specific and where people lacked capacity best interests meetings were held. This was to ensure best interests decisions included people who were relevant to the person such as their relative, GP and community nurse. For example, one person at high risk of falls had been assessed as being much safer walking in slipper socks, with grips on the sole. This was recorded as a best interest decision in their care plan and moving and positioning and mobility risk assessments.

The registered manager had applied to the local authority for authorisation to deprive some people of their liberty. One person had an authorisation in place and a further 21 applications were pending. Staff were aware of who had such restrictions in place and why. Our observations showed that staff were using the least restrictive methods to keep people safe.

Not everyone in the dementia unit had someone who was able or legally authorised to act as an advocate for them. Staff had requested and obtained support for one person from an Independent Mental Capacity Advocate (IMCA) and staff were making an application made to the court of protection for another person. The role of IMCA is to provide a legal safeguard for people who lack capacity to make specific important decisions, often in relation to where to live or serious medical treatment options. An IMCA is usually used when no-one independent of care services is able to represent a person's interests. By applying for the support of an IMCA the home did everything possible to ensure that people living with dementia were supported and included in all decisions that affected their lives, were enabled to make decisions, and to express their views, wishes and choices.

People who lived at the home and relatives praised the variety of food on offer. Feedback included, "Excellent. It suits me very well", "I eat everything. There is always a choice of two main meals." , "I think the food is very good food. If there is something I dislike, I refuse it. I get an alternative, which I can choose." And "[my relative] is well nourished here."

Staff went out of their way to make mealtimes a positive and sociable experience for people. They understood the importance of people's meal time experience, as a way to promote their health and wellbeing.
We sat and observed the meal time experience which was calm and relaxed with calming music softly playing in the back ground. We observed lunch served to people throughout the home. People could choose to have their meals in their rooms, the lounges or the dining rooms. Some people chose to eat their meal with in the 'pub' area of the dementia unit.

We saw people were given a choice of meals and drinks. For example, we had seen that one person's care plan said the person was "able to choose what she would like to eat if shown options from the hot trolley". We saw staff sat next to the person and showed them the menu, which they read. They said they didn't want any of the things on offer, so were physically shown options to choose from which were mushroom soup, chilli and rice or a hot sausage plait and vegetables. They said "I don't want it. I want turkey and vegetables – that's what my mummy always did". Staff went to the kitchens who provided the person with turkey and salad, with hot vegetables if they wanted. The person was delighted and ate their meal happily. We saw people were offered seasoning for their meals. Tables were attractively laid with folded napkins, carafes of water and serving dishes of vegetables for people to help themselves. Gravy was served in gravy boats; all of which helped encourage a sense of occasion and independence.

People could choose to have wine or sherry with their meal, and the people who chose to have their lunch in the 'pub' together had beer. People enjoyed this and one person said "Good health my dears" on being served their second glass of sherry. A member of staff told us about how they had baked cookies in the morning which helped stimulate people's appetite for lunch, and staff sat and ate a meal with people which

helped re-enforce a sense of community and shared experience to reflect upon later. For example, a member of staff asked "[Person's name] can I come and sit with you?" They sat and shared a discussion about the person's family life which both enjoyed.

Staff supported people to have specialist diets when required, for example, pureed or fortified food. We spoke with the catering staff who had information of all people's dietary requirements and allergies. This also included people's likes and dislikes. The chef explained that people had a choice of meals and if people did not like what was on the menu or had changed their mind about their choices then they were able to request alternatives. The chef went on to explain that they regularly consulted people about the food and asked for their menu choices. This feedback was then used to plan menus and make sure people had the foods they enjoyed. One person told us, "I had a visit from the kitchen today asking me what's wrong with this or that, and whether I like this or that, and asked what type of food I would like. I think the food is very good food."

Care files contained detailed nutritional risk assessments, which were regularly reviewed. These included control measures to minimise the risk of malnutrition. Where staff identified concerns, they acted immediately. Where changes were required, advice was sought from an appropriate healthcare professional such as the GP, dietician, speech and language therapist or diabetic specialist nurse. Records showed that any suggestions made by these professionals were followed by the staff. For example, some people at risk of losing weight were having their food fortified with extra calories.

The home had maintained the kitchen to a high standard. The Food Standards Agency had awarded Sefton Hall the highest grade of five-star rating following their last inspection. This meant the home was 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

We looked at how the home managed people's healthcare needs. We did this to check if people received appropriate care and treatment. People who lived at the home praised the way their health care needs were met. One person, who had been living at the home for two years, said "it's excellent. I was moved here for the nursing services which are great. I have become full of life." Another person said, "I ring the bell and ask for the nurse. I have just seen my GP now", which was initiated by the nurse. "The optician comes quite often; I have had three new pairs of glasses since I have been here. I haven't seen a dentist, I could if I wanted." One visitor told us their relative had improved significantly since moving to Sefton Hall, "They are amazing here. I can't stress the difference in my mother's health between then and now."

People had access to healthcare services through regular visits from their local GP. People had regular dental appointments, eye tests and visits from a chiropodist. Staff monitored people's health care needs and reported any changes in their health or well-being to their GP or district nurse. Care plans contained specialist assessments, for example, a tool to assess possible pain in people who would not be able to communicate this verbally. The care planning system was also able to generate a 'hospital pack' that could be printed off in an emergency to go with a person to hospital. Records clearly specified people's views where known in relation to their wishes in case of a sudden deteriorating in their health.

Visiting healthcare professionals told us they did not have any concerns about the home, and there were good professional working relationships in place. They said the home's staff were friendly and helpful and planned well in advance to make best use of the visiting professional's time. Another health professional told us, the home had improved very much in the last few years. They reported standards of care were consistently high, and said staff were proactive, recognised changes in people's health and contacted them for advice and carried out their instructions. For example, staff requested the input of the district nurse for a

person who they were treating with a pressure sore. The district nurse instructed staff to encourage the person to stand up regularly throughout the day to ease pressure in order to prevent further deterioration. The home also purchased an electric airwave seat cushion to help relieve pressure. This was having a positive effect on the person and they told us they felt more comfortable.

Outstanding ☆

Is the service caring?

Our findings

People, relatives and professionals praised staff and told us about the excellent care provided at Sefton Hall. Comments from people included; "It's lovely here. The staff are very, very good" , "It's a really happy home, lovely staff" and "This is my home. I have made this my home and I am happy to be here." Comments from relatives and visitors included, "It's like a family, they give mum hugs and kisses, she loves it" and "The level of patience I find astonishing. They (staff) love what they do."

Staff developed positive, caring and compassionate relationships with people. Staff interacted with people throughout the day in a happy and cheerful manner. Staff organised their day flexibly around people's needs and wishes and noticed what was happening for people. They checked regularly on each person, and listened attentively to what they had to say. Staff offered people comfort through gentle touch, held people's hands and held and hugged people who looked sad or reached out for that level of comfort. One relative told us how they had found this comforting that their relative was receiving positive physical contact as they had always been so physically affectionate with their spouse. None of the interactions were rushed and staff waited until people had finished what they were saying or were relaxed before they left them.

Staff spoke positively about the people they were supporting. They recognised what was important for people and understood their values. One staff member referring to one lady said "She has a beautiful smile – she communicates with her eyes", and of another person "He likes to look smart and tidy". We saw that when staff had supported this person to move using a hoist, they tidied up and re-arranged their clothing when they sat the person down so they were smart, as the person liked to be. Throughout this procedure they had supported the person through touch and gently reassuring them verbally so they were aware of what was happening next.

Staff recognised people's emotional needs, no matter how significant their disability. We saw one person who was low in mood sitting at a table. A staff member came and sat next to them and asked if they were alright. The person said "That's how it feels; part of my mind is missing. It's like somebody's gone through my brain with a brush". The staff member took their hand and reassured and comforted them. They acknowledge their sadness and took time to ensure the person understood they empathised and cared.

Staff understood people's different ways of communicating and how the person needed to feel valued and secure. This information was included in people's care plans. For example, one person liked to keep in contact with their family and enjoyed writing letters and cards to them but because of failing eye sight found this had become difficult. We saw staff sitting with this person writing a letter for them so they could keep in contact with their family. Staff told us they often wrote letters for them as it made them happy and content. This demonstrated patience, compassion and an understanding of people's needs, as well as a very caring approach to communication.

The training and development staff received had embedded a culture within the home that placed people at the heart of all they did. During our conversations with staff, they demonstrated they cared immensely for the people they supported. One staff member told us "It's a real privilege, an honour to look after people at

this time of their lives". Staff celebrated people's achievements with them and valued their contributions, for example one staff member told a person "I've learned from you how to knit" and they compared stitches. We saw a staff member's child had come to the home and was playing snakes and ladders with a person with dementia. This had prompted staff to offer another person an empathy doll, which they 'nursed' and spoke about as if it were a baby of their own. This gave them comfort and pleasure.

Staff went that extra mile for the people and families they supported. For example, one person's wheelchair was not suitable to use outside of the home. Staff arranged an assessment for a suitable electric wheelchair so that the person could go out when they wished without care staff support, promoting their independence. This improved their quality of life because staff took action.

We observed throughout the day that people could make decisions about how they wanted to be cared for. This included making choices about where they wanted to spend their time within the home, where they ate and what they wanted to eat. People were actively involved in making decisions about their care. Relatives told us they were encouraged to visit their family member regularly and to be involved in their care. They said they were always made to feel extremely welcome and staff kept them fully informed about their relatives health and wellbeing which was very important to them.

People's privacy was respected. Where people needed to be asked if they wanted to go to the toilet this was done discreetly. Staff did not speak about people in front of others. People's dignity was respected. Staff had made efforts to ensure people were well presented. Clothing was matched and accessorised. People's nails were manicured.

Staff knew which people got on with others and those relationships that could make people anxious or initiate behaviour which could be challenging for others. They took care during lunch for example, to ensure one person living with dementia, who became upset when another specific person sat next to them, was seated at different tables so they could both enjoy a relaxing meal.

Staff and the 'end of life champion' worked hard to ensure people's experiences at the end of their life were as positive as possible for the person and supportive to the relatives involved. Where people had made advanced decisions these were respected. Staff spent time with families explaining these processes so they were able to make decisions people would have wished for and ensure their last days were peaceful and dignified. Staff gave several examples of going the extra mile when required to ensure people's death was as they would have wished. For example, one person who was at the end of their life, wanted to go to a local hospice for their last days, as their loved one died in there. The 'end of life champion' contacted the hospice and requested a visit in order for them to be assessed and transferred.

Staff ensured families were supported when they were in distress. The home had recently converted a bedroom into a family room so that families of people at the end of their lives could use it privately and stay with their loved one at the home. Staff ensured people received attentive but non-intrusive monitoring to ensure people did not suffer pain and had company at their beside if they wished. For example, one person's relative did not want their loved one to pass away alone, therefore the 'end of life champion' remained in the room with the resident offering them emotional support and reading from their life history book for comfort.

As part of the inspection process we looked at compliments which had been received by the home. People constantly referred to receiving care which was exemplary. Feedback included, "The hands on carers were discrete, sensitive and caring", "it's just like visiting mum at home", "Knowing she was being well cared for

made such as difference", "Sefton Hall is a wonderful, caring place and we really value the care they are providing" and "The staff are caring and loving and my wife has settled well into a happy and loving home. I couldn't be happier with Sefton".

Outstanding ☆

Is the service responsive?

Our findings

People's opportunities to engage in social activities were outstanding. Staff took a holistic approach and the service was organised to meet people's social, psychological, emotional and physical needs. Each person's care and care plan was focused on the person's whole life, past, present and future. Sefton Hall's aim was to enhance people's sense of well being and add quality to their lives.

People and their relatives told us the activities at Sefton Hall were "fantastic" and "second to none." People said "There is always something going on in this home. I get a choice, of course. It's becoming a very popular home for people in the later stages of life." Other people told us what activities they like to take part in, "Exercises. They can make them fun. We can join in or watch", "I love the music. I am going to the racing tomorrow" and "Guitar, ukulele, and the owner plays the piano. The owner is utterly dedicated."

The provider told us the home was implementing the 'Eden Alternative' which is a philosophy developed to help address the challenges of loneliness, boredom and helplessness. The approach focuses on changing the culture of care to person-directed care. We saw many examples of how staff at Sefton Hall were working hard at putting this philosophy into practice and which attended to their diverse needs and preferences.

The home employed dedicated activities co-ordinators who were available Monday to Friday and passionate about their role. People benefitted from a positive, adaptable and flexible approach to activities. The staff were very familiar with 'going with the flow' and although there was some planned activity, other activities were determined by whatever people wanted to do at that time. For example, one person said they wanted to go to the shops. Staff immediately took them out in a wheelchair and they returned with flowers from the gardens. Other people then became involved in looking at and discussing these.

Activities were designed to be meaningful to the person so the information gathered about people's lives, their past hobbies and interests and other things which had been important to them were used to help achieve this. Equally, if people preferred their own company this was respected. Staff were aware of the risks of social isolation so relationships and connections were made in different ways with some people. This often involved one to one time with care staff. For example, we saw staff reading the newspaper with one person who wished to stay in their room. Another person told us "I spend all the time in my room, by choice. The activities people come to see me, all of them."

Staff had created multi-sensory artwork throughout the building. For example, 'memory' streets that replicated well known local landmarks. There were areas of interest such as a 'pub' area, the 'Black Swan' boutique with items of vintage clothing and shoes and an old fashioned toy shop. These were colourful, tactile and were designed to catch people's eye as they went past them. Attention to detail was exceptionally good and authentic items from bygone eras had been used to embellish the displays. Staff, relatives and people from the local community donated items to bring the displays to life. We saw people took an interest in the displays as they moved around the building and we saw several people sat outside enjoying a drink at the vintage ice-cream parlour and café. Specialist dementia support objects were also available such as empathy dolls, and sensory blankets. This reflected good practice in the care of people

with dementia, to provide stimulation and items of familiarity and interest.

Staff had a boundless energy and enthusiasm for their roles. A member of staff had multiple costume changes throughout the day which caused interest and conversation with people. People were helped and supported to play games, cards, sing, knit, read papers, have a massage, or bake. Some people attended lunch and beer drinking in the 'pub'. We were told there was always much laughter going on.

Opportunities were taken to engage with people at all levels, for example, helping people engage with popping bubble wrap. Staff told us that although they understood that some tasks needed to be done each day, each one was an opportunity to engage with and stimulate the person they were supporting.

Staff demonstrated innovative thinking when planning events for people to take part and enjoy. For example, on the days of our inspection the home was holding 'a day at the races' which involved members of the staffing team dressing up as jockeys and riding hobby horses. People told us they were looking forward to this event. One person said "I am going into the garden tomorrow for the races." They showed us the poster and betting sheet which was on the table. The activity coordinator told us they tried to think of different fun things to get everyone involved. They were planning a 'slow wheelchair race' where the winner would be the person crossing the line the slowest. They said "often people in wheelchairs couldn't get involved activities, but they can take part in this event if they want. I've already got some volunteers."

The home produced a social care programme and newsletter to keep people informed about what was going on at Sefton Hall and their local community. People told us "Every week we get a little magazine, what is going on every day. It's very good."

The registered manager told us that Sefton Hall was very much part of the local community and people were supported with this. For example, staff helped one person continue to attend regular church services. Another person wanted to go to the library, staff helped them do this. People from the local community were welcomed and encouraged to become part of the home. Children from the local schools came in and spent time with and sang for people. Two gentlemen came in once a week as 'befrienders' and a volunteer worker came in every morning to socialise with people. People from the local community were invited to all events at Sefton Hall, such as, garden parties and fetes. Sefton Hall also took part in the 'care homes open day' each year.

People told us staff were available when they needed them and responded to their needs quickly. People, relatives and healthcare professionals were complimentary about the responsiveness of staff. One relative told us "I have no qualms about mother being here. She has come on in leaps and bounds. She is sharper now than she has been for years". Another said "They were absolutely marvellous looking after dad, who had dementia." Staff told us it was not just about meeting people's care needs but ensuring people had a very good quality of life at Sefton Hall.

People received care that was personalised to them, their needs and preferences. For example, one person's care plan described their preferred routine, including her choice of breakfast, how they wished to receive support with their personal care as well as their night time routine. Another person's care plan had been reviewed and updated on the day they returned from hospital and staff were provided with very clear information about their change in care needs. Staff told us how this person's needs had changed and how they needed to support them since their return to the home.

People's needs were assessed before their admission. We saw recorded assessments which demonstrated that a thorough process had taken place. The assessment gathered information about people's immediate

and longer term health needs. The assessment identified what equipment and involvement would be needed to support them, the person's social needs and degree of family involvement, the person's likes, dislikes, preferences, wishes and aspirations. All of this information helped to formulate extensive and very relevant care plans. These continued to evolve as some people got more involved in their care planning or staff got to know the person better. The care planning was centred on what the person thought and wanted making them very personalised. Care plans were constantly reviewed and updated and where possible they involved the person themselves. Staff and visiting professionals, therefore, had access to fully up to date information on people's care and their needs which helped people receive safe and appropriate care.

The care plans included details of the person's social and personal history. Staff we spoke with understood the importance of people's history and biography and bought this up frequently when speaking with people. This helped to orientate, engage and reassure people. For example, staff introduced us to one person and told us where they had lived previously. The person was then able to tell us more about their life from that starting point.

Care plans included information on behaviours that might be risky or based on the communication of distress, and anything that was known to trigger this for the person. Staff we spoke with told us there was very little distressed behaviour in the home as people's needs were understood and met well. We saw people were comfortable and at ease in the home and supported by staff who knew them well. Staffs understanding of people's behaviours as a form of communication, and attending to them, impacted on their quality of life.

We saw staff followed the care identified in people's plans. Plans covered areas such as preferred gender of carers and areas of retained skills such as where the person could retain some independence with regard to their care. This included areas such as being able to get in and out of bed independently or cleaning their teeth.

People and their relatives told us they knew how to make a complaint and that they had every confidence that it would be addressed to their satisfaction. The complaints policy was displayed in the home and in the statement of purpose brochure that each resident and their families had received. We were told by the registered manager they had an open door policy and everyone was encouraged to keep an open dialogue and discuss any issues or complaints as they occurred. We saw that there were very few complaints received and those had been investigated fully and actions from these were implemented. Records showed any concerns or complaints had been addressed in full and people were happy with the outcomes.

Outstanding ☆

Is the service well-led?

Our findings

The commitment to using innovative and creative ways of achieving high standards of care and providing people with a fulfilling life was evident throughout the planning and conducting of our inspection. The provider told us in their PIR their purpose was to ensure that they continued to meet an exceptional standard of a well-led home as a matter of baseline. They strived to maintain an on-going commitment to develop a feelings orientated culture, thinking of residents, their relatives and the staff team as part of an extended family. "Fostering loving companionship through meaningful connection, genuine support and sincere feelings." The evidence gathered throughout our inspection supported what the provider told us.

There was a registered manager in post and she was supported by a team of a deputy manager, heads of departments and heads of care. The management team in the home were guided and audited by regular visits from senior management. People who lived at the home, their relatives, visiting professionals and staff consistently praised the registered manager and the management team's passion for delivering a high quality service and their commitment to enrich the lives of the people who used it. They told us the registered manager was a great role model. They said they were approachable and skilled. One told us "[name] is fantastic; really inspiring she has done so much to change and improve this place." People told us the home had improved very much in the last five years. One person said the home was almost 'unrecognisable' as the same place. A visitor said "The manager and staff are excellent, and other visitors feel like I do that staff always go the extra mile, and are so kind and caring." They added "The home is an extension of my family and the people who work and live here care for each other." Another said "It's brilliant, my son who is a nurse, has said it's restored his faith in care homes."

The home had a positive culture that was person-centred, open, inclusive and empowering. The provider had invested in the 'Dementia Care Matters Butterfly Household Approach,' which is a leadership and cultural change project specifically designed to improve the lives of people living with dementia. To enable this philosophy of care to become embedded into the culture of the home, the provider and staff embraced the 'Eden Alternative' theory which is an organisation dedicated to creating quality of life for older people and their relatives. The impact of this was staff had specific training about dementia and they used this understanding when they cared for people, as we have described throughout the report.

Following this inspection the home had been audited by Dementia Care Matters and achieved Dementia Care Matters Quality of Life kite mark which recognised the home's exceptional care and awarded Sefton Hall with the accolade of a Butterfly Service Care Home.

Staff we spoke with felt proud to work at the home and also felt that the registered manager and management team were approachable and supportive. They told us there was strong communication between themselves and the management team. They said they worked very closely together to make sure people received the support they wanted and needed. Our observations showed that staff worked exceptionally well together and were friendly, helpful and responded quickly to people's individual needs. One staff member told us "This is the first job I have had where I look forward to getting up and coming to work. It's because we have such a good team". A registered nurse told us there was "a good staff team, and

good support from the manager." Staff told us the registered manager and management team were always walking around the building, to see how people were. We saw staff, visitors and people who lived at the home were comfortable speaking with them. Staff said the registered manager's door was always open if they wished to speak with them. This helped to promote a positive and open culture to keep people safe.

Staff were without exception clear about what was expected of them, their roles and responsibilities. Staff made sure there was the best possible environment for people with care needs, particularly for those living with dementia. Staff ensured those people who lived in Sefton Hall could make the most of life by creating a vibrant home community in which each person was able to thrive. From our discussions and findings and the feedback we received from others, it was evident this vision was shared by all.

The service was committed to supporting and developing the staff team. The registered manager told us they had identified and planned to continue to build on the capabilities of key staff members as champions in specific areas of importance, for example infection control, medicines, diabetes care and safeguarding adults. Staff had been booked on specific courses and these staff members would continue to raise awareness and standards, and embed best practice into daily practice.

Staff achievements were celebrated and incentivising schemes were in place. The provider had recently introduced 'employees of the month' awards where five staff members were nominated by people and their families and had their names and photographs displayed along with what people had said about them and their work. Each employee of the month received a voucher. Comments from people about staff included "she goes above and beyond the scope of the job", "she is reliable conscientious and honest" and "he has a vision of how we can move forward".

The provider ensured that people had the opportunity to get to know the staff caring for them. For example, Sefton Hall's newsletter contained information about staff such as their achievements and life events as well as a section 'get to know the staff'. Staff told us this approach not only helped people relate to them but also made them feel valued, empowered and very motivated.

People were supported by staff who had regular supervision (one to one meeting) with their line manager. Nursing staff received regular clinical supervisions so they kept up to date with best practice and they were supported with the revalidation of their Nursing and Midwifery registration. We saw developmental action plans agreed during supervisions were monitored to ensure they were completed.

A strong emphasis on continuous improvement was evident. The care and support provided to people was regularly monitored so continuous improvement could be made. We saw there were comprehensive and thorough auditing systems in place which covered all aspects of quality and safety. The audits included care based audits, medicines storage and administration, care documentation, maintenance and catering audits. There were also audits regarding the use and cleanliness of all pressure relieving equipment, health and safety checks and infection control.

The findings of audits fed into an overall service action plan which was based on CQC's five questions (safe, effective, caring, responsive and well led). For example, and audit of infection control systems in January 2017 found that patient hoist slings needed to be replaced as they were showing signs of wear. Staff were also reporting that people would often have to wait for care until the correct slings became available. As a result new slings were purchased for every person who needed them. The registered manager also audited complaints, accidents and incidents in order to determine if there were patterns or factors that could be learnt from.

People, relatives and staff were involved in developing the home. Meetings were regularly held with people and their families and satisfaction surveys conducted which encouraged people to be involved and raise ideas that could be implemented into practice. There were cheese and wine evenings with the provider and an open door policy for relatives and residents to see the manager. The registered manager and management team conducted daily walk rounds and anything which was mentioned by people was noted and action taken. For example, one person complained their food was coming up to them late. This was discussed with the kitchen staff and was resolved to the person's satisfaction.

Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings. Recent team meetings involved staff reviewing 'outstanding' CQC reports and taking learning from those so that staff could implement new ideas from these.

The registered manager and provider kept their knowledge of care management and legislation up to date by attending training courses, monthly care homes forums; they received monthly updates from the Caring UK and The Carer and attending Eden Alternative associates meetings. The home is part of the Devon Dementia Quality Kite Mark group which is a peer review group that aims to raise standards in the provision of social care for people living with dementia through the collaboration of a group of independent care homes. This demonstrated that the provider was committed to inspire, educate and improve care.

The provider recognised that staff needed to be able to raise concerns outside of the home and there was a system in place for doing this. The home had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff understood and were confident about using the whistleblowing procedure and confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, restraint, whistle blowing and safe handling of medicines. These provided staff with up to date guidance.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Staff had submitted notifications to the CQC, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the new requirements following the implementation of the Care Act 2014, for example they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to any specific incidents.