

## Southern Healthcare (Wessex) Ltd

# The Seaton

### Inspection report

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Date of inspection visit:

24 April 2019

29 April 2019

Date of publication:

13 June 2019

### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

About the service: The Seaton is a nursing home that provided personal and nursing care to 24 people at the time of the inspection. It provides long term care for people and shorter-term respite care following illness or to give carers a break. It also provides care for people living with dementia.

People's experience of using this service:

Staff developed exceptionally positive caring and compassionate relationships with people. People and relatives consistently spoke about the "family atmosphere" at The Seaton. People and relatives said; "Staff are caring," "They treat [my relative] and all other residents with compassion and kindness." A staff member captured the ethos of the home when they said; "People's illness is secondary, their care is not time or task led, we do what we can to make a great day for each person."

People experienced a level of care and support that promoted their physical and mental wellbeing and enhanced their quality of life. Staff focused on people's wellbeing, they knew about people's lives, talents and importance of having a sense of purpose. The service recently started a weekly nursery group at the home with a local children's nursery. People joined in and helped with the children. These were enjoyed by all and invoked happy memories of nurturing and parenting.

People mattered and they received care personalised to their needs. People were encouraged to socialise, pursue their interests and hobbies and try new things in a wide variety of inspiring and innovative ways. People received effective care, based on best practice evidence by staff with excellent communication skills. Staff had an in-depth knowledge of people's care and treatment needs and used best practice evidence to improve people's lives.

People's nutrition and hydration and mealtime experience had improved their enjoyment of food. People's privacy, dignity and independence was promoted and their rights and choices respected. Staff 'went that extra mile' to meet people's needs and wishes.

People received a consistently high standard of care because the provider and registered manager led by example and set high expectations of staff about the standards of care expected.

People were asked for their consent before they received any care and treatment. People were supported in the least restrictive way possible; the policies, systems and culture in the service supported this practice.

People were supported to have a peaceful, comfortable and dignified end of life care in line with national best practice guidance. Relatives commented on the kind words, reassurance and compassion of staff towards them and their loved ones.

Rating at last inspection: Good. (report published 10 November 2016)

Why we inspected: This was a planned inspection based on the rating at the last comprehensive inspection. At this inspection, the rating for the service improved to Outstanding.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see full report which is on the CQC website at [www.org.uk](http://www.org.uk)

## 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 was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

# The Seaton

## Detailed findings

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** An inspector, a nurse specialist and an expert by experience visited the service. An expert by experience is a person who has personal experience of using or caring for someone who uses care services for older people.

**Service and service type:** The Seaton is a 'nursing home.' People in nursing homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This inspection was unannounced. We visited the service on 24 and 29 April 2019.

**What we did:** Prior to the inspection we reviewed all information we held about the home, such as details about incidents the provider must notify CQC about. The provider sent us a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 11 people and five relatives or friends to ask them about their experience of the care provided.

We looked at eight people's care records and at their medicine records. We spent time in communal areas and observed staff interactions with people. 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.

We spoke with the provider, registered manager, and with eight members of staff which included the nurse clinical lead, team leader, care, housekeeping, catering and maintenance staff. We looked at five staff files around staff recruitment, supervision, appraisal and staff training records. We also looked at quality monitoring records relating to the management of the service. We sought feedback from commissioners and health and social care professionals who worked with staff at the home. We received a response from six of them.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- People felt safe living at the home and relatives agreed. People's comments included; "I definitely feel safe. There is good security. The doors are locked at night," "I feel quite safe when staff have to hoist me," and "I am not safe on my own anymore, so staff always come and walk with me, so I don't miss out."
- At the previous inspection, some risks relating to moving and handling practice were identified. Since then a senior member of staff completed a moving and handling 'train the trainer' course. They taught moving and handling to other staff and monitored staff practice around the home. They also advised on moving and handling equipment. Each person had a detailed moving and handling care plan for staff to follow, which included any equipment needed. We observed good moving and handling practice around communal areas.
- People had personalised risk assessments that guided staff on ways to minimise risks as much as possible. For example, risks relating to falls, skin damage and the use of bedrails. For a person who enjoyed smoking, a risk assessment instructed staff to place a fire blanket on the person's lap for their protection.
- Environmental risk assessments highlighted potential hazards and ways to minimise risks around the home. For example, following an external fire risk assessment, improvements in fire safety were underway by replacing fire doors to meet current fire regulations.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm. Staff had regular safeguarding training and demonstrated a good understanding of how to protect people from abuse. They were confident concerns reported were listened and responded to.
- The provider had effective safeguarding systems in place. Where safeguarding concerns had been identified, staff worked in partnership with the local authority and others to protect people.

### Staffing and recruitment

- There were enough staff on duty to keep people safe and meet their needs. People and relatives' comments included; "Yes enough staff, no problem," "I am confident that when I am not here, they check on my relative regularly," and "There always seem enough staff when I visit." People said call bells were responded to within a short period, which call bells audits confirmed.
- Staff were visible around the home, they spent time with people, and made sure they had everything they needed. The registered manager used a dependency tool to monitor staffing levels to ensure they met people's changing needs. Staffing levels were increased if a person's needs changed. For example, increased falls or safeguarding concerns.
- Through monitoring, the registered manager recognised busy times of the day for nursing and care staff, such as early in the morning and at lunchtime. In response, they were experimenting with more flexible job

roles, so staff had dedicated time for one to one activities, socialising, leading activities and helping on trips out. This also ensured staff were always available in communal areas to spend time with people.

- Most staff had worked at the home for several years and knew people well. They worked extra hours were needed to cover leave or sickness, so people were cared for by staff they knew.

#### Using medicines safely

- People received their medicines safely and on time. A relative said; "No worries there. They keep their pain under control."
- People's medicines were safely received, stored and administered. Staff were trained in medicines management and regular checks were carried out to ensure safe practice.
- Since we last visited, medicine cabinets were fitted in people's rooms, so people were more involved in their medicines management. For example, staff taught a person to manage a medical device, which delivered them a low dose of a medicine to reduce their symptoms. This meant they could self - administer additional doses, when needed.
- Where a person was given their medicines disguised in food, in their best interest, this decision was agreed by their GP, representative and a family member. Appropriate protocols were in place with clear instructions, which were monitored.

#### Learning lessons when things go wrong

- Accidents and incidents were reported, which the registered manager monitored to see if additional steps were needed to keep people safe, and identify any trends. Where monthly analysis highlighted anyone at increased risk of falling, additional safety measures were taken. For example, checking on people more regularly to anticipate their needs.
- Where errors occurred, these were reviewed any lessons learned. For example, following a medicines error, staff involved received one to one supervision and undertook further training. They wrote a reflective account of what had gone wrong and how a similar mistake could be prevented in future.

#### Preventing and controlling infection

- People were protected from cross infection. The service was clean and staff followed daily cleaning schedules. People and relatives commented; "They [staff] clean every day, very thorough," "On the whole clean," and "Clean bedding daily."
- Staff had completed infection control training and followed national guidance. They wore protective clothing such as gloves and aprons during personal care to prevent the spread of healthcare related infections.
- A recent Food Standards Agency inspection awarded the service the highest rating of five out of five.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People, relatives and healthcare professionals consistently praised the high standards of care and treatment provided at The Seaton. They spoke positively about the skills and knowledge of staff, which enabled them to experience care that promoted their health and wellbeing. People and relatives' comments said; "Yes, they know what they're doing," "I can't fault their skills," and "I couldn't be happier with it."
- Two professionals praised how the registered manager dealt with people with complex health and social care needs and "Their excellent level of understanding of nursing and medicines management." Other professionals said, "Patients receive a high level of care," "The staff are knowledgeable and skilled to ensure a person's individual needs are met," "The registered manager and her team provide an excellent service and always refer appropriately. They are well trained and are excellent at following clinical guidance."
- A training programme helped embed the ethos and values of the company and taught staff effective communication skills such as listening and about how people can thrive well in a nurturing environment. The impact of this training was evident throughout the inspection. Staff consistently showed empathy, warmth and understanding towards people, and created positive opportunities to enhance people's wellbeing. For example, laughing with a person who was watching the antics of a bird on the conservatory roof, chatting and reminiscing with another person whilst looking at their photograph album with them.
- The provider used evidence based training of what works best to give staff the skills and confidence to enhance people's care and quality of life. For example, in 2018 the service achieved Eden accreditation. This scheme uses an innovative approach in the provision of care and support for people living in care homes. It aims to eliminate institutionalised care and feelings of loneliness, helplessness and boredom. For example, by incorporating nature, animals and children into people's daily life.
- Staff had lead roles, which were used to champion best practice within the service. For example, two staff lifestyle champions met with people within their first 36 hours of arrival in the home. They obtained as much information as possible from people and families about the person's life history, likes, dislikes, hobbies and interests. This enabled staff to find out quickly how best to connect with each person and personalise their care. Lifestyle champions also identified and introduced people with similar interests. For example, they introduced two people, one of whom who was confined to their room. One person visited the other person's room regularly for a chat and they have since become friends.
- Training and development took account of a variety of different staff learning styles, language skills and education levels. Staff felt well supported, and had regular supervision and appraisals to review their practice and identify further training and development needs. Staff said; "I am very happy working here," "Good job satisfaction, I feel I make a difference."

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives praised the quality and choice of food at The Seaton. People and relatives' comments included; "Lovely. I enjoy what I get. Can't fault it," "Well presented, fresh," and the "Cook gets me a cooked breakfast."
- Staff used food and drink in a variety of ways to improve people's enjoyment of food. For example, involving people in popular "Make it, bake it, eat it" sessions, impromptu barbecues and birthday celebrations.
- In 2018, the catering team won the silver award for Catering Team of the year at the Devon and Cornwall Outstanding Care awards. This was in recognition of evidence of innovative ways of catering, a wide knowledge of people's dietary requirements and adaptable skills in making attractive and nutritious food.
- The chef worked with a local GP, and a speech and language therapist in helping a southwest charity develop an 'Eating with Dignity' website. They provided advice, ideas and recipes for people with swallowing difficulties who needed modified diets. As part of the national nutrition and hydration week, catering staff promoted a "C is for colour" initiative. This provide a wide choice of delicious and colourful food to increase people's enjoyment of eating.
- People were involved in creating the four-weekly varied menu. The cook visited each person daily to discuss their food choices.
- People at risk of poor nutrition and dehydration had detailed nutritional care plans. Progress was monitored through recording food and drink each day, and through regular weight checks. Where necessary, people were referred to their GP, a dietician or speech and language therapist (SALT) to develop further strategies to improve their health.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before they came to live at the service. This helped to make sure the service could meet people's expectations and ensure staff had the right skills to meet each person's care needs.
- Care plans were reviewed and updated regularly and showed staff followed evidence based practice in relation to moving and handling, falls prevention, nutrition, and skin care.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People and relatives praised their care at The Seaton which met their healthcare needs. Their comments included; Staff are always happy to update me with my [relatives] condition," "The nursing staff kept me informed and were supportive and sympathetic." In a thank you letter, a relative described how a person was "In steep physical and emotional decline" when they arrived to live at the home. They wrote, "It was entirely down to the care she received that her physical condition stabilised and more importantly, during her last years, she was happier than we would have believed possible because you looked after her so well."
- Professionals said staff contacted them appropriately and followed their advice. A health professional praised the care they provided to a person admitted to the home, who was becoming increasingly anxious at home. The person's health improved and their anxiety lessened through regular reassurance.

Adapting service, design, decoration to meet people's needs

- Improvements had been made to make the environment more suitable for people's needs. A room had been converted to a café area, (Gasson's at The Seaton), which provided a sociable space for people to entertain visitors. A wooden coffee table (which people made had pride of place), with a coffee machine, fresh cakes and a bar area. Further improvement works were in progress upstairs to install a spa like bath with a separate shower to improve people's bathing experience.
- The dining room and lounge opened onto an attractive courtyard which was easily accessible to all. One person said; "I was moved to a bigger room as my wheelchair is so big, we couldn't manoeuvre in my old

room."

- Staff supported several people to obtain the correct wheelchair for their needs, which made it easier for them to move around the home and the local community. They also helped a person get a grant which enabled them to arrange trips by hiring an adapted vehicle, whenever they wished.

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Ensuring consent to care and treatment in line with law and guidance

- People confirmed they were offered choices, and their consent sought before they received personal care. People's comments included; "They always ask if I would like my hair washed," "Yes, I am always asked what I would like to do." Care plans included information for staff about how best to ensure people were given choices and make as many decisions for themselves as possible.
- Staff confidently used the Mental Capacity Act (MCA) and its principles, which were embedded in day to day practice. Where people lacked capacity, mental capacity assessments were undertaken.
- People's legal representatives, relatives and professionals were consulted and involved in best interest decisions. For example, about use of bed rails, and about a decision to make dietary changes to the texture of a person's food to avoid their risk of choking.
- One person who lived at the home was subject to a DoLS authorisation. An independent mental health advocate who visited the person every three months, said staff encouraged the person to socialise and go out whenever possible. This was despite their complex health needs and a tendency to prefer to stay in their room.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity

- The service had a strong, visible, person centred culture. People, relatives and professionals praised staff and described them as exceptionally caring and compassionate. People and relatives' comments included; "Lovely staff all of them," "Kind, considerate," "Staff are so kind, I can't fault them. I am here a lot and I can observe how staff treat people. It's amazing," "They (staff) they are marvellous. It is so reassuring, to know that when I leave after my daily visit, that my relative is left in the capable hands of such a friendly and caring staff." A relative wrote, "We are writing to tell you how grateful we are not just for the outstanding care you gave my mother . . . but also, the great love that you showed her which we found immensely touching."
- Professionals said; "Staff are willing to go the extra mile for the residents within the home," "I always find everyone to be welcoming in a happy environment," "I have always found the home relaxed and all the residents appear happy and content."
- Relatives and visitors were very much part of the home, and could visit anytime. Several visited daily and participated in people's ongoing care. People said; "If my friend comes, they are always included," "Staff always offer my family a drink." Relatives said; "I come in every day and always feel welcomed and supported," "It's very welcoming." Visitors were welcome to eat meals with the person, for a small payment.
- Staff went that extra mile for the people they supported. For example, a local newspaper article featured photographs of a person who lived at the home singing with the choir they belonged to before they came to live at the home. Staff contacted the choir and invited them to visit the home. The article depicted the choir singing "Able supported by (person) who serenaded staff, residents and visitors." The registered manager said, "He was so excited and happy about the visit, and having the choir here created such a buzz for everyone." It proved so popular the choir now visit the home regularly.
- Mindful of the therapeutic benefits of pets, staff and relatives regularly brought in various dogs for visits, so people enjoyed regular contact with family pets. This love of dogs had expanded to hosting an annual dog show, with lots of categories and people awarding prizes and treats. Staff also supported a person to bring their beloved dog to live with them at The Seaton for three years. Following their recent death, the service raised money for 'The Greyhound Trust', in their memory, which family members really appreciated.
- In partnership with a local nursery, the service had developed an innovative weekly 'Toddler group' which provided positive opportunities for older people and young children to spend time together for their mutual benefit. A range of photos showed people's huge smiles as they entertained children by reading stories, playing with balloons, and sharing favourite soft toys. The sessions prompted positive memories and discussions about parenting and bringing up children which had a positive impact on their wellbeing.
- All staff undertook equality and diversity and human rights training. The providers core values of kindness, appreciation, loving companionship, and the development of a family environment were also incorporated into staff training.

- People were given the opportunity to discuss any preferences such as religious preferences and expressing sexuality with relevant information incorporated into care plans. A relative appreciated how staff made sure they had opportunities to spend time together as a couple. Others appreciated being able to attend their local church or receive regular communion at monthly services.
- People's disabilities were not a barrier to them having fun and joining in. Staff told us about a person whose medical condition was limiting their ability to do what they wanted and made making them feel worthless. Catering staff invited the person to help them in the kitchen. The photograph of their happy smiling face as they decorated a cake with strawberries, showed what it meant to them to feel useful.
- Staff knew another person was proud they knew some French and German phrases. A staff member who helped the person eat lunch encouraged them to speak French during lunch which they enjoyed. Important cultural events were celebrated, for example, festival days with links to food. To celebrate a royal wedding, the home was decorated and people enjoyed a three-course meal.
- People looked relaxed and well cared for, staff supported people to take pride in their appearance, and dress in their preferred taste and style. For example, people regularly enjoyed having their hair and nails done, and staff made sure a person had their lipstick and make up on, which their relative said, "Boosted their morale enormously."

#### Respecting and promoting people's privacy, dignity and independence

- People said staff treated them with dignity and respect. People's comments included; "Staff always knock before entering my room," "They always close the door and pull the curtains if I am having a wash," and "They speak to me properly." Visiting professionals said people were usually seen in private and where that was not practical, privacy screens were provided, and for moving and handing people in lounge areas, which is good practice.
- At lunchtime, people who needed them had adapted cutlery and plate guards to help them eat independently. They were asked if they would like 'a clothes protector' to protect from spills. Staff assisted people with their food and chatted with them throughout the meal.
- People were encouraged to maintain their independence. For example, care records showed what aspects of daily living people could manage independently. Where people wished, they were encouraged to contribute to the day to day household tasks around the home which gave them a sense of purpose. For example, by folding laundry and helping in the kitchen.

#### Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views, and incorporated them in their care plans. For example, they worked with the person and their family to make sure their care plan was culturally sensitive. When care plans were reviewed, there was clear evidence the person or their representative was consulted and any suggested changes captured. For example, about a person's oral care needs.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People experienced an exceptional level of personalised care and support that promoted their physical and mental wellbeing and enhanced their quality of life. People and relatives said; "There are lots of activities going on," "Very varied," "There is always something to do." A health professional said, "The home works very well in a person-centred way to find activities which the individual will enjoy and links to their past work life and interests."
- The service was a member of the National Association for Providers of Activities (NAPA) for older people. Staff used best practice ideas to help inspire and equip people to enjoy a wide range of meaningful and fun activities. In preference to employing a dedicated activities co-ordinator, the whole staff team were involved in planning and carrying out activities. The registered manager said the benefits included closer engagement and relationships between people and staff and a stronger team.
- Mindful of the therapeutic value of harnessing the emotional power of music, the provider led a regular music session at The Seaton. They played the piano and organised singalong session of well-known and popular classics. An evaluation showed impact on people who attended. For example, "[Person] was very happy and joined in," [Person] singing away with his eyes closed" and [Person] smiling a lot." Other musical sessions included live and recorded music with people using musical instruments to participate.
- The service embraced technology to help people connect. They used a voice activated device, so people could request their favourite songs, and seek other up to date information. The provider had upgraded the internet to provide better coverage for people to use their 'smart' mobile phones, laptop computers, and electronic books and smart TV services. A popular Facebook page shared photographs and stories with families of what people were enjoying with their consent.
- The registered manager gave examples of how staff supported people pursue individual interests and hobbies. For example, maintenance staff were helping a person who loved motorbikes to strip down and rebuild an engine in a portacabin at the home. Where a person enjoyed baking, but was confined to their room, staff took them cupcakes to decorate, which they really enjoyed.
- Staff paid attention to detail about what was important for each person. For example, a staff member described how they had trawled the internet to find an exact replacement DVD set for a person, who loved a TV series as they had worn out their current one. This was because only a particular version of the series was acceptable to the person. Staff discovered a person had been based at nearby Dunkerswell airport during the war. So, they arranged a trip to the airfield for person to visit an exhibition of memorabilia. Afterwards, they enjoyed a picnic lunch and watched the aircraft landing and taking off.
- People enjoyed a wide variety of activities. On the day we visited people enjoyed flower arranging in the morning, and a card game in the afternoon. Staff supported people with jigsaw puzzles, reading and playing music. Photographs displayed around the home depicted the variety of activities people enjoyed, such as arts and crafts, cooking, exercise classes, a garden club and a recent Easter egg hunt. Also, walks along the

seafront, and regular visits from an ice-cream van in the summer months, which gave people lots of pleasure. Following feedback, additional evening activities such as a 'A taste of Italy' and regular 'beer and darts' evenings were arranged.

- People enjoyed visits from a hairdresser, regular manicures and a 'pamper room' was being developed to further enhance their experience. A shared company minibus gave people more freedom and opportunities for more independence and to visit favourite places. For example, trips to garden centres, the donkey sanctuary, for coffee and a pub lunch.
- To combat isolation for people unable or reluctant to join in activities in communal area, the staff team were divided into four colour based themes. Each team were responsible for befriending people. They visited, spoke with and spent time the person each time they were on duty. A volunteer also visited the home regularly with their dog, and chatted with people, played games, and helped on trips out.
- In 2018, the service introduced a person centred electronic care record system. Hand held devices enabled staff to capture information throughout the day about each person's care, wellbeing and how they spent their day. The system also highlighted any concerns such as when a person hadn't eaten or drunk much, so nursing and care staff could respond proactively to address them.
- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can get information they can access and understand. Written information was available in bigger print for people who needed it as were audio books. The service also had a weekly TV guide and newspaper delivered from the Royal National Institute for the Blind [RNIB] for visually impaired people and pictures were used to help people with limited abilities to communicate.

#### Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to. People knew how to raise a concern or complaint if they were unhappy about anything, and were confident it would be resolved. Comments included; "The manager, is very approachable," "I wouldn't be embarrassed to speak to anyone," and "Yes, they listen and will try and sort it, sometimes its dealt with on the same day." Where complaints had been raised, they were appropriately investigated and responded to and used as opportunities to reflect on practice and identify improvements.

#### End of life care and support

- People were supported to have a peaceful, comfortable and dignified end of life care in line with national best practice guidance. For example, staff had worked with the hospice at home team to ensure best practice end of life care. Where people had expressed any advanced decisions about resuscitation, end of life care wishes and culturally sensitive preferred funeral arrangements were recorded in their care plan.
- A "Last days of life care plan" gave staff instructions about people comfort needs, mouth care, pain relief and about supporting the family. Relatives feedback on end of life care included; "A big thank you for the loving care you all gave .... she was very happy at The Seaton and the ways in which you made her special," "Thank you for your support and for many acts of kindness towards us during our visits."

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People, relatives, professionals and staff expressed high levels of confidence in the management and leadership of the service. They consistently praised the exceptionally high standards of care provided by staff at The Seaton. People said they appreciated being well looked after and kept occupied and happy. Their comments included; "I think I am blessed to be here," "This is as good as you can get," "very friendly, nice and relaxing, peaceful," and "[Staff] are all fantastic ..... such a credit to The Seaton." Relatives said; "Excellent home," "The minute you walk in you feel relaxed."
- Professionals said; "The registered manager has dealt with many complex personalities and situations with expert care. I have confidence in them to provide a high level of care," "The manager is always welcoming and their leadership seems to resonate around the home."
- The provider and registered manager were enthusiastic and promoted a person-centred, values based, inclusive culture. They were committed to developing and valuing staff, and built open, appreciative and forward thinking working relationships. The staff training and development programme included leadership principles, such as empowerment, appreciation, trust and effective delegation. Staff embraced an ethos of loving companionship, meaningful occupation and spontaneity conducive to giving people a meaningful quality of life.
- In April 2019 the service was shortlisted as semi-finalists in the Devon and Cornwall Outstanding Care Awards in the best team category and were awaiting the final outcome.
- Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Where individual staff performance concerns were identified, these were dealt with positively through training, supervision and disciplinary processes as a last resort. Where mistakes were made, the registered manager was open and honest with people and families and outlined improvements made in response.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager led by example, and had high expectations of staff. Staff were encouraged to continually learn, make suggestions and try new things. Speaking about leadership and the staff team, people and relatives said; "Yes, good rapport with management," "They are approachable, it's an open-door policy, they always listen." Also, "A good core of long term staff, who appear happy." "Everyone is relaxed, smiling, no tension," "Staff are friendly with each other," and "You don't hear any moaning."
- Staff were highly motivated, and enthusiastic. Staff feedback and recent staff survey results showed they worked well together as a team to support people, and felt valued for their contribution. Staff comments included; "We are very much a family here, no egos or hierarchy," "There is a relaxed atmosphere, good

teamwork, friends."

- The registered manager arranged team building exercises and fun times outside of work to help staff build relationships and strengthen the team. They had introduced a staff award scheme which rewarded staff who went 'over and above' what would usually be expected of them in their work. People, relatives and other staff could nominate staff they witnessed providing outstanding care, kindness and affection. For example, a staff member coming in on a day off to accompany a person to their hospital appointment or to provide needed care, when a person would not accept it from any other staff member.
- To help people, relatives and visitors get to know staff, photos of staff members were displayed in corridor areas around the home. This was a fun way to tell people a bit about each staff member. For example, that one staff member was 'cheerful kind and conscientious' and another was 'a good listener.'
- The service had a range of effective quality monitoring arrangements. Regular health and safety and infection control checks were carried out, as were audits of care records, medicines management, and regular surveys. An electronic auditing and training monitoring tool captured detailed audits, with improvement actions and timescales, so the provider could track progress.
- The provider visited the service regularly, to undertake quality monitoring visits, speak to people, staff and relatives. They also used a structured observational tool to monitor quality of staff interactions with people, which captured good practice and areas for further improvement. A recent provider visit report concluded with, "Well done, the home is amazing."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were partners in their care, their views were actively sought, listened to and acted on via individual, and regular group meetings and surveys. Informal events such as a cream tea were also arranged to invite relatives, close family and friends for an informal chat.
- A "You said, we did" feedback board in the corridor captured feedback about improvement actions taken in response to people's ideas and suggestions. For example, some people said, "More helpers would be nice," and in response the registered manager confirmed they had recruited an additional member of staff.
- A quarterly 'The Seaton' newsletter kept people, relatives and staff up to date about the service. For example, they included an article and photographs of the summer festival, and celebrated that a person's poem about butterflies was featured in a magazine.
- Staff spoke with pride about the service, and were consulted and involved in changes, day to day and through staff meetings. Staff comments included; "This is a well-run home, we are all here for same thing, trying to make a difference to people's day," "There is always a moment that catches you, people touch you, they have all lived a life."
- A staff member said, "Suggestions are welcomed. We are able to experiment and try new ideas out." For example, a staff member suggested holding a weekly 'Toddler group' at the home, when they saw how much people enjoyed when they visited with their children. The toddler group has provided positive opportunities for young children and older people to spend time together for their mutual benefit. A range of photos showed people's huge smiles as they entertained children by reading stories, playing with balloons, and sharing favourite soft toys. The sessions prompted positive memories and discussions about parenting and bringing up children which had a positive impact on people's wellbeing.

Continuous learning and improving care

- The service was committed to continuous improvement and used evidence based guidance of what works best to improve quality of people's care. For example, a Chrysalis training programme taught staff effective communication skills such as listening and use of body language. Staff also completed a five-day Butterfly training about how people living with dementia can thrive well in a nurturing environment.
- The provider was the chair and a founder member of the Devon Care Kite Mark group. The provider and

registered manager participated in peer review visits to other homes as a supportive way to share best practice, and learn from one another in a respectful way to drive up standards.

- Staff practice and policies and procedures reflected the National Institute for Health and Care Excellence (NICE) guidelines and the Social Care Institute for Excellence (SCIE). The registered manager attended a Devon managers group, Dignity in Care forum and other national events. They disseminated learning to the team through staff training, meetings and at daily handover.

Working in partnership with others

- The service had established strong links within their local community such as with a local choir, nursery and the local Gateway theatre in the town. Several people attended a coffee morning groups at the church, and local events such as a science community event in the town hall. The service regularly hosted events to raise money for local charities, such as the Royal National Lifeboat Institute (RNLI) and the foodbank.

- The service worked in partnership with other health and social care providers to develop services in response to the changing needs of local people. A health professional said, "I recommend this home to people as they work in collaboration with the community nurses, G.P's and social workers, leading to well managed care."