

Mrs C White and Mrs A Taylor

Hembury Fort House

Inspection report

Broadhembury
Honiton
Devon
EX14 3LD

Tel: 01404841334

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Hembury Fort House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Hembury Fort is registered to provide personal care for up to 25 people. There are three floors and a passenger lift.

We carried out an unannounced comprehensive inspection on 6 and 7 September 2018. On the first day of the inspection there were 24 people living at Hembury Fort House as one room was being refurbished.

At our last inspection we rated the service Good. At this inspection we found the service remained Good overall, with one key question now being rated as 'Outstanding'. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. Some parts of this inspection report are written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

Since our last inspection, the registered manager and the staff group have shown an excellent understanding of people's diverse backgrounds and responding to their individual needs. For example, staff had enabled a person to build an enhanced sense of well-being and an improved quality of life. A social care professional said, "What is clearly evident on arrival at Hembury Fort or via telephone calls is the professional person-centred and caring attitude of both the manager and her staff team."

The registered manager was a strong role model to staff; her commitment and energy meant the service did not 'stand still.' The registered manager created a culture where there was an openness to learn and improve, recognising practice and good quality care was not static but evolving. Complaints were logged, investigated and responded to in a sensitive manner. People told us staff were approachable and they felt confident concerns or complaints would be addressed.

The registered manager's values and ethos promoted the rights of people living with dementia and were central to the way the service was run. The management team demonstrated acceptance and treated people living at the service as equals. They encouraged staff to consider the world through the eyes of people living with dementia, which care plans and handover notes demonstrated.

People built up friendships with other people at the home which were respected. Some people were more confident and vocal than others; staff ensured quieter people were included in the general conversation.

They took time to ensure they heard quieter people's opinions; staff were patient and kind involving people and offering choices.

People's experiences were at the centre of the service and staff responded in a flexible and responsive manner. People were consulted and treated as equals. The registered manager was open in the way they spoke with people. They were committed to encouraging people in the local village and surrounding area to visit Hembury Fort House and shared information in a local village newsletter to ensure they were included as part of the community. They explained they wanted people not to fear moving into residential care or visiting people in residential settings.

People benefited from a catering team who recognised their role in supporting people to keep well and healthy. In addition, the catering team knew their role was also vital to help people feel comforted and at home.

Staff knew people well so this meant they recognised the changes in people's long-term health care conditions. Care records, feedback and our observation of staff practice confirmed staff responded to health changes or a person's slow decline in health in a responsive, professional and calm manner. Staff worked closely as a team.

People's care and support was planned in partnership with them. Care plans were written in a person-centred way. They were fundamental to keeping staff updated and to promote people's emotional and physical care needs, as well as their choices and preferences. Care plans were tailored to meet people's individual needs and were regularly reviewed.

People benefited from a staff team who respected each other's roles and skills and worked together to provide a consistent standard of care. The registered manager had created systems to improve communication to help ensure everyone knew the individual needs of people living at the home and could plan and respond quickly to their changing needs.

Staff were trained in safeguarding and had a good understanding of how to respond to safeguarding concerns and to report them in a timely manner. There was always sufficient staff available to meet people's needs. People said they felt safe because there were enough staff on duty who knew how to support them, which was reflected by the staff rotas. Staff records showed the staff team was stable and experienced. Feedback from people and staff confirmed the provider recruited new staff who suited the caring values of the service and recognised the importance of team work to provide consistent and safe care.

Risks to people were recorded and reviewed with measures put in place to reduce assessed risks. Environmental checks were completed to help keep people safe, such as covering radiators with a hot surface temperature, restricting windows to help reduce the risk of falls, servicing equipment and fire drills. The service had good systems in place to support staff to administer medicines safely. People visiting and living at the home praised the high standard of cleanliness. A health professional described the home as "spotlessly clean."

Staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (2005) (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

People's life experiences were valued as were their current opinions and skills; the ethos of the home was to encourage people to enjoy the present.

The registered manager and the staff group showed an excellent understanding of people's diverse backgrounds and responding to their individual needs.

People were at the centre of the service and staff responded in a flexible and responsive manner. People were consulted and treated as equals.

Care plans were written in a person-centred way and were fundamental to keeping staff updated. They promoted people's emotional and physical care needs, as well as their choices and preferences. Care plans were tailored to meet people's individual needs and were regularly reviewed.

People knew how to raise a concern or complaint. The registered manager dealt with complaints appropriately and in a timely manner.

Is the service well-led?

Good ●

The service remains Good.

Hembury Fort House

Detailed findings

Background to this inspection

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

This inspection took place on 6 and 7 September 2018 and was unannounced. The inspection was carried out by one inspector and an expert by experience on the first day and one inspector on the second day. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met with 16 people who lived at the service and received feedback from those who could tell us about their experiences. Some people using the service were unable to provide detailed feedback about their experience of life at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Our observations enabled us to see how staff interacted with people and see how care was provided. We also talked with five visitors.

We spoke with nine staff and the registered person, who is also the registered manager. At the inspection we spoke with a member of the community nursing team who was visiting the service. As part of the inspection we sought feedback from health and social care professionals to obtain their views of the service provided to people and have included written feedback from health and social care professionals regarding the quality of the care provided.

We looked at the care provided to three people which included looking at their care records and met with them. We reviewed the medicine records. We looked at three staff records and their training certificates. We looked at a range of records related to the running of the service. These included staff rotas, supervision and training records and quality monitoring audits.

Is the service safe?

Our findings

The service continued to provide safe care to people. Staff were trained in safeguarding and had a good understanding of how to respond to safeguarding concerns and to report them in a timely manner. There was always sufficient staff available to meet people's needs. People said they felt safe because there were enough staff on duty who knew how to support them, which was reflected by the staff rota. The provider told us they were fully staffed and received regular enquiries from people wanting to work at the home. People said they felt safe because staff came quickly when they used the call bell and there were consistent staffing levels every day of the week.

Staff records showed the staff team was stable and experienced. Feedback from people and staff confirmed the provider recruited new staff who suited the caring values of the service and recognised the importance of team work to provide consistent and safe care. Recruitment procedures ensured necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks (DBS). These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

Risks to people were recorded and reviewed with measures put in place to reduce assessed risks. Staff identified which people needed extra support to help reduce risks to their health, such as falls. Where people were at risk of falls, their risk assessment identified what equipment was needed to keep them safe. People's care plans contained a variety of risk assessments for issues such as mobility, skin integrity, nutrition and hydration including any special dietary requirements. For example, people were weighed regularly and immediate action was taken to address weight loss. Charts were put in place to monitor their food and fluid intake. These were completed in a meaningful way and were reviewed regularly by senior staff and the registered manager to monitor their well-being. High calorie home-made milkshakes were also provided throughout the day to tempt people to increase their calorie intake.

Environmental checks were completed to help keep people safe, such as covering radiators with a hot surface temperature, restricting windows to help reduce the risk of falls, servicing equipment and fire drills. There was a robust system to complete repairs and general maintenance issues. There were emergency plans in place to protect people in the event of a fire. A Personal Emergency Evacuation Plan (PEEP) was available for each person at the service. This provided staff with information about each person's mobility needs and what to do in case of an emergency evacuation of the service. This showed the home had plans and procedures in place to safely deal with emergencies. There were accident and incident reporting systems in place, which were regularly audited and reviewed to ensure, where necessary, changes were made to records or how a person was supported.

The service had good systems in place to support staff to administer medicines safely. Medicines were stored appropriately, including those needing additional security. Medicine records (MARs) were well recorded and provided an audit trail. Systems had been adopted to reduce the risk of errors, including photographs of each person receiving support with their medicines and information regarding known allergies. Staff understood the practicalities and responsibilities of their role. They were observant and

monitored people for signs of pain and took time to check with people how they were feeling. Care plans were in place for medicines that were given 'as when required' to guide staff when these could be offered.

People visiting and living at the home praised the high standard of cleanliness. A health professional described the home as "spotlessly clean." Housekeeping staff worked alongside the care team to ensure there was a good quality of information sharing so acute problems could be identified and resolved. For example, one person was anxious to retain their independence but were struggling to manage their increased incontinence. Staff respected their choice but had put in place equipment and regular deep cleaning to reduce the risk of malodour.

Good communication ensured people benefited from surroundings that supported their dignity and were pleasurable to spend time in. Time was taken to pay attention to detail, for example ensuring bedroom table surfaces were cleaned thoroughly after people had eaten their breakfast. Housekeeping staff and care staff were clear about their individual tasks which complimented each other and ensured people could return to their rooms later in the day and be confident their towels had been changed, their bed made and cleaning had been completed. Staff had access to training to help ensure good infection control procedures were followed. This included the use of personal protective equipment (PPE) such as gloves and aprons. There were plentiful supplies of PPE around the home.

Is the service effective?

Our findings

The service continued to provide effective care to people. People said they were supported by staff who were skilled and understood their needs. For example, they said the staff " .. really care .. more than a job to them .." and " .. people have time to speak to you .. it's lovely .." People looked comfortable and at ease with staff and each other.

People benefited from a staff team who respected each other's roles and skills and worked together to provide a consistent standard of care. The registered manager had created systems to improve communication to help ensure everyone knew the individual needs of people living at the home and could plan and respond quickly to their changing needs. Good communication systems included verbal and written handovers, while staff from different roles met at 11.30am each day to update one another on people's health and emotional well-being. The registered manager encouraged staff in team meetings to be open when something was not working so they could work together to make improvements.

Staff said they would recommend working at the home and felt supported to learn. They said the support from the registered manager and care co-ordinator contributed to their confidence and their sense of wellbeing. They told us they loved working at the service. The registered manager encouraged them to develop their skills, including undertaking nationally recognised qualifications, and providing regular training. There were good systems in place to ensure staff were competent. For example, competency assessments were conducted to ensure continued good practice and records showed supervisions took place. The registered manager spent time with people living at the home, which enabled them to observe, gain feedback and assess the standard of care provided by the staff team.

Care records confirmed people had access to external health professionals when required, such as dentists, opticians and GPs. Care plans contained comprehensive information such as medical history, continence, nutritional needs, medications, and medical notes.

Since the last CQC inspection, significant refurbishment to bedrooms including en-suite wet rooms and some communal areas had been complete. For example, the creation of a hairdressing salon and clinical treatment room. Discussions with the registered manager demonstrated their commitment to ensure communal rooms were welcoming and attractive places to spend time. For example, they had changed the location of a lounge to help create a homelier environment with less disruption for people living at the home from people using the front door. Further plans included the re-arrangement of the dining room to further improve people's mealtime experience. The registered manager described the changes to help people to have the "room to breathe and move." Bedrooms were spacious and people highlighted to us the beautiful views out of their bedroom windows, which lifted their spirits.

There were two lounges, one was used by people who preferred a quieter place to sit and meet with friends and family. This room now had easy access to a secure patio area complete with seats and tables surrounded by raised flower beds. People praised the creation of this space, one person took us on a tour of the space and told us how it made them feel content. Several people told us how important it was for their

emotional well-being to be able to access the grounds and have daily contact with the surrounding countryside. We met a person who said they went for a daily walk to a bench in the grounds, which had been placed especially for them to sit and rest. They told us it was vital to their sense of well-being to have the freedom to walk and spend time outside.

People benefited from a catering team who recognised their role in supporting people to keep well and healthy. In addition, the catering team knew their role was also vital to help people feel comforted and at home. For example, ensuring they knew people's likes and dislikes, and knowing the types of food people liked when they were upset or unwell. There was positive feedback from people living at the home on the standard of the food when they responded to an internal quality assurance questionnaire in 2018. One staff member met with people when they moved to the home to discuss their preferences. Catering staff members spent time outside of the kitchen so they had a good sense of everyone's preferences and reactions to new dishes.

Several people commented to us there was lack of choice of meals. Records showed people were provided with alternatives for the main hot meal but the registered manager and staff decided to review how people were informed of these alternatives to ensure people knew they were available.

Catering staff described a good relationship with other staff members and the registered manager, resulting in them working as team. For example, working together to create drinks and meal options to tempt people whose appetite had reduced through illness or life events, such as bereavement. There were effective systems in place to monitor people's diet and steps were taken to increase people's calorie intake if there were concerns regarding weight loss.

We saw how drinks and snacks were available for people to help themselves; staff encouraged people to try snacks and to drink regularly to top up their calorie intake. Individual drink bottles had been introduced; we saw people checking how much they had drunk during the day. The style of bottles gave people a visual goal to achieve and helped staff to explain why they were encouraging people to drink by using the bottle as a visual aid. Discussion with the registered manager showed their on-going commitment to improving people's mealtime experience, which included investing in equipment and encouraging staff to use their skills to create meals from high quality products.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

Is the service caring?

Our findings

The service continued to provide a caring service to people. In written feedback, a person said "you've done a fantastic job since I came here. You've got me at the right time." People and relatives gave us positive feedback about the quality of care provided in the service, for example "Brilliant ... my mother couldn't be happier ...fantastic .. really care ...". All said they would recommend the home to others and many commented it was because of the local good reputation of the home which had given them confidence to move to the home. Staff were friendly and warm in their conversations with people. Staff also spent time getting to know each person and demonstrated a good knowledge of people's needs, likes and dislikes.

Throughout our inspection, we saw many examples of staff engaging with people in a gentle and sensitive manner. They took time to listen to people and not to presume the content of a person's speech, if they had difficulty expressing themselves. Instead, staff followed the comprehensive guidance in individuals' care plans to assist them to understand people's wishes. They recognised the importance of considering people's body language and tone of voice to help them respond appropriately. One person living with dementia was positive about their care and said " .. staff ask you about things ..." We saw how people responded well in their interactions with staff. People looked relaxed and at ease; staff valued people and treated them as equals. A health professional said "Staff are very polite and respectful. They seem to have a really good insight into individuals' care needs. They take an enabling approach in a really positive way."

People built up friendships with other people at the home; this was seen in the dining room where people chose to sit with certain people. These friendships were respected; we saw staff give a group of friends the space to chat, offering them drinks and snacks to support their enjoyment of spending time together. People chatted to each other as they ate their meal. Some people were more confident and vocal than others; staff spoke with quieter people and included them in the general conversation. They took time to ensure they heard quieter people's opinions; staff were patient and kind involving people and offering choices.

Staff were familiar with the specific needs of the people they cared for and could describe how they met people's individual care and emotional needs. People's care plans were created with them, and where appropriate their friends and families. Their social history had also been recorded in their care plan. This gave a biography of a person's life history, their interests, likes and dislikes, activities or interests that they had enjoyed. We saw staff used this information to connect with people and make them feel valued. Staff recognised when to intervene and offer reassurance, for example when a person who had formerly been a carer was struggling to support their spouse because of their own ill health.

Written feedback praised the caring approach of staff, for example "thank you for your continuing love and care for mum." A visitor commented on the patience of staff when they communicated with people, and the positive comments from people living at the home had been shared with them. Another visitor who had spent time at the home on respite described the kindness of staff and said, "everybody's welcomed here."

The registered manager recognised people's diversities and had reflected with their staff team about how

they met these. For example, how to support a staff member to practice their religious faith, such as the timings of meals during Ramadan. They also described the steps taken to increase staff confidence to support a person living at the home whose background and faith was different from most people living at the home. The registered manager had considered the wording of documents relating to the home, for example the service user guide, which was clearly set out and written in an accessible style.

Staff were proud to work at the home and took a pride in delivering a caring and empathetic service. All staff, whatever their role, took time to interact with people and from their conversations knew people well and as individuals. Each staff member understood their role contributed to the overall well-being of people living at the home. Whether it was ensuring their personal pictures and photos were hung on their bedroom walls to cooking a cake from a recipe used by a person when they had cooked in their own home.

Is the service responsive?

Our findings

On this inspection, we judged the rating for this key question was now 'outstanding'. Since our last inspection, the registered manager and the staff group have shown an excellent understanding of people's diverse backgrounds and responding to their individual needs.

Care plans were written in a person-centred way. They were fundamental to keeping staff updated and to promote people's emotional and physical care needs, as well as their choices and preferences. Care plans were tailored to meet people's individual needs and were regularly reviewed. This meant staff had detailed up to date guidance to provide support relating to people's specific needs and preferences. For example, one person reacted well to an electronic sensory cat, which purred and responded to being touched. Staff explained the person could become upset and agitated but had difficulty expressing what was causing these feelings. We spent time with the person; they were relaxed and interacted with us and the 'cat'. Its presence seemed to reassure them. The registered manager said the use of the 'cat' would be added to their care plan as part of the staff response to when they were upset.

Staff had enabled a person living at the home to build an enhanced sense of well-being and an improved quality of life. Prior to moving to the home, the person had lost self confidence in their own decision-making skills and lacked a sense of self-worth. Staff worked closely with health and social care professionals to plan how the person could be supported and not overwhelmed. The registered manager and staff recognised the complex emotions the person was experiencing due to their deep rooted poor self-worth.

Since moving to Hembury Fort House the person had participated in social trips, drives in the countryside and shopping opportunities; we spent time with them looking at photos of these events. We chatted about new experiences and their involvement in the life of the home. They explained how important access to the countryside was to them; later in the day we met them enjoying walking in the grounds of the home. A social care professional said "What is clearly evident on arrival at Hembury Fort or via telephone calls is the professional person-centred and caring attitude of both the manager and her staff team. (The registered manager) takes great pride in ensuring the residents' experience a high-quality home environment where they are at the centre of decision-making. Everyone is treated with dignity, respect and most importantly as an individual in their own right."

Daily records and the person's care plan, which they had signed, showed how the person had been gently encouraged to express their views and where possible enjoy life. Staff ensured the person understood they had the right to access health professionals and their services, which resulted in treatment that was practical whilst also improving their self-confidence.

People's care and support was planned in partnership with them. For example, people had signed their care plan, or where appropriate, a person with a legal power to sign on their behalf. This showed the care plan was developed with the individual and had their agreement. The assessment asked questions such as when the person might feel embarrassed or frustrated. This helped staff to try and reduce these types of situations or consider how to respond. Daily records provided a clear account of how people had been supported and

documented changes to their health or emotional well-being. Our conversations with staff demonstrated a strong rapport with people and a commitment to work alongside them as equals.

Other people's care records showed how staff recognised the importance of responding to people's emotions in a way which met their individual needs. For example, several people benefited from time in the kitchen either watching and chatting to staff as they worked or becoming involved in cookery sessions. Staff recognised the power of food to comfort people, for example, which chocolate bar helped people to become more settled when they felt distressed or restless. A visitor contacted us to describe how their parent had settled so well at the home despite previous anxiety and restlessness; they said "We cannot emphasise how much Hembury and the staff have improved Mum's and our lives, they deserve all the credit they can get."

During the inspection, staff were quick to respond to people's changing needs, working in partnership with them and, where appropriate, with their families. However, staff also recognised when some people needed support to access services without being reliant on their families to make arrangements. This meant previous frustrations and resentments about delays were addressed and increased people's independence.

People's experiences were at the centre of the service and staff responded in a flexible and responsive manner. People were consulted and treated as equals. The registered manager was open in the way she spoke with people. For example, one person became frustrated at not being able to live independently in their own home. The registered manager was in the middle of dealing with a maintenance issue but stopped and took time to respond to the person's comments. They were honest in their response and explained the reasons why the person was living at the home whilst recognising their frustrations. The person accepted their explanation and went to sit outside. Later they appeared more relaxed and chatted with us about their life and previous pets.

The registered manager was committed to encouraging people in the local village and surrounding area to visit Hembury Fort House. They shared information in a local village newsletter to ensure they were included as part of the community. They explained they wanted people not to fear moving into residential care or visiting people in residential settings. For example, there was a regular fete and a BBQ, which was open to the local community. At the fete, the registered manager said people living at the home performed a song to thank people for attending. They explained it was important for people to feel they could give something back.

The service had a responsive and flexible approach to providing a range of activities. Activities included live music, visits from local schools, trips out chosen by people and art classes. People's art work was framed and on display in their rooms and around the home. The service was no longer reliant on a hired minibus as they had bought their own accessible transport to provide more flexibility. The registered manager said they did not add the words 'care home' to name on the side of the vehicle or the home's sign as this could make people feel institutionalised and patronised. They said this was based on the feedback some people living at the home had given when community transport had been used in the past.

We met a person who had participated in these social events and then later stayed at the home for respite after a period of ill-health. They said, "We had great fun when we were here." They were welcomed by staff who greeted them and their spouse like old friends. Staff explained how the person and their spouse had spent several weeks recuperating and then returned to their own home in a phased manner but still returned for social events. The staff had worked with the couple and health care professionals to help them achieve their goal to return home.

During the inspection, they attended a music event at the home and spent time chatting with people and staff. Other events involving people who lived locally included art events, which school children attended. Visitors looked relaxed and were made welcome when they visited; children and pets were encouraged. There was plenty of space for children to play in the grounds or visit the apple orchard or the chickens to enable different generations to mix together. One visitor commented "Always lovely to visit, today sitting outside in the sun with lovely singing by (staff member), I can't see how mum could be happier."

Staff knew people well so this meant they recognised the changes in people's long-term health care conditions. Care records, feedback and our observation of staff practice confirmed staff responded to health changes or a person's slow decline in health in a responsive, professional and calm manner. For example, on the second day of the inspection, a person told staff they felt unwell. Staff planned how they would monitor them, including their eating and drinking. Staff worked closely as a team.

Staff explained how they supported people at the end of their life working closely with the individual, their families and health professionals. They explained how this was achieved, including practical steps, such as reviewing their diet and the equipment they might need. They stressed the importance of the person being given the opportunity to contribute to how they wanted to be cared for. A visitor said "Now that Mum is no longer with us, the care and consideration from Hembury continues from (the management team), and we are given every assistance regarding organising her effects."

The registered manager had created a culture where there was an openness to learn and improve, recognising practice and good quality care was not static but evolving. For example, the registered manager said now the home's refurbishment was nearly complete, they were focussing on feedback from people who wanted more of a range of social events. For example, a staff member had been appointed to increase the range of meaningful activities at the home and was due to start shortly.

Complaints were logged, investigated and responded to in a sensitive manner. People told us staff were approachable and they felt confident concerns or complaints would be addressed. The registered manager reviewed feedback and reflected with staff how they could learn lessons from concerns or complaints, as evidenced by staff minutes. One family member was reluctant to make a formal complaint. However, the registered manager showed us how they had responded to them in detail. They explained this was to gain their trust and show they were prepared to examine their practice and take ownership if changes were needed.

We looked at how provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a sensory loss can access and understand information they are given. Staff practice showed they could communicate with, and understand each person's requests and changing moods.

Care records contained clear communication plans explaining how each person communicated and ensured staff knew what aids people needed to help them stay involved in the life of the home. Staff gave information to people, such as when activities were due to take place both verbally and in a written format. Staff recognised that effective communication enhanced people's wellbeing and made support more effective. One person regularly used Skype to stay in contact with their relative.

Is the service well-led?

Our findings

The service continued to be well-led. The registered provider is also the registered manager of the service. They undertook the day to day running of the service; people, visitors and staff said they were always available. They had a clear understanding of their responsibilities and lived on site and was quick to respond to any changes or unforeseen events. The registered manager was supported by a care co-ordinator, senior care workers, care staff, catering and housekeeping staff to support people's needs.

The registered manager and the care co-ordinator were experienced, organised and knowledgeable about the emotional, social and physical needs of the people living at the home. Staff said they were approachable. A visitor said "(The providers) who operate the House, have been fantastic, and we will be forever grateful for all the care they provided mum with in her last months. We as her family were always made welcome, even given meals when we arrived, and made to feel completely at home. The staff are all superb, and we noted that they all came on their time off to the recent fayre held in the grounds (which was also great fun)."

The registered manager was a strong role model to staff; her commitment and energy meant the service did not 'stand still.' We saw numerous examples of the improvements that had been made to the service since the last inspection, which included major refurbishment and creating a safe easily accessible garden space. People living at the home appreciated the changes, such as telling us how much they loved the new garden space or their bright and spacious bedroom. A health professional said the registered manager and "her staff team are always seeking to make improvements that will benefit their residents and enhance the quality of their lives." A person commented how people living at the home loved visiting the new hairdressing salon and "are relaxed and happy." Another health professional said it was a "well run home, high standard of care...residents feel 'at home' with friendly caring staff."

The registered manager's values and ethos promoted the rights of people living with dementia and were central to the way the service was run. The management team demonstrated acceptance and treated people living at the service as equals. They encouraged staff to consider the world through the eyes of people living with dementia, which care plans and handover notes demonstrated. The staff team showed through their practice and their discussions an understanding that Hembury Fort House was people's home and they had been invited in to work with them. Staff were encouraged to develop their skills and training opportunities took place regularly. Staff said they felt valued and appreciated by the management team and this in turn was reflected in their own practice in the way they treated people living at the home. People said they were treated with respect by staff.

There was an open culture and peoples' opinions mattered. Strong quality assurance processes provided a foundation to ensure the service continued to be well run. For example, detailed work schedules, quick responses to unforeseen circumstances, spot checks and robust cleaning audits meant the home was kept to a high standard of cleanliness. The management team encouraged feedback, led by example and were accessible to both people using the service and staff. The home was run in an open manner with good communication and information, which people living, working and visiting the service confirmed in their

feedback. For example, a regular newsletter kept people up to date with social events and a meeting for people living at the home and their visitors enabled them to feedback on their experiences and offer suggestions for improvements.

People living at the home were encouraged to feed back their views of their care and the service at meetings and daily staff responded during general conversation. For example, responding to people's comments and making changes, such as offering an alternative. We saw how changes had been made in response to written feedback, such as the appointment of a staff member to increase the meaningful activities in the home. Regular meetings were held with staff to share information to maintain the quality of the service, with minutes kept. Surveys had been sent to people living, visiting and working at the home and records showed action had been taken to respond to suggestions or requests for improvement.

The quality of recording people's concerns and suggestions and the subsequent actions ensured all matters were addressed promptly resulting in people feeling their opinions were valued. Relatives echoed this view and said they had every confidence concerns would be resolved quickly and professionally. One health professional said, "Any concerns are acted on immediately" and appropriate changes made, if needed, for example updated risk assessments and care plans. Accidents in the home were monitored and ensured staff had acted appropriately regarding untoward incidents. They checked the necessary action had been taken following each incident and looked to see if there were any patterns in regards to location or types of incident. Where they identified any concerns, staff acted to find ways so further incidents could be avoided.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. Staff commented that communication between other agencies was good and enabled people's needs to be met. This was confirmed by health professionals who said there was good communication with the service and timely referrals. Care files showed evidence of health professionals working together with the staff. For example, GPs, dentists and community nurses.

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