

Sidmouth Nursing Home Ltd

Sidmouth Nursing Home

Inspection report





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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?	Good 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

Sidmouth Nursing Home is registered to provide accommodation for up to 29 adults who require nursing or personal care. The home has people with complex physical nursing needs and people with dementia or mental health needs. 27 people were using the service at the time of the inspection. One person was in hospital.

At the last inspection in September 2015 the service was rated good overall with caring rated as outstanding. At this inspection we found the service continued to provide outstanding care in the caring domain and had strengthened their practice in well-led, which is now rated outstanding. We found the management team had continued to develop the service and the culture and ethos was extremely positive and person centred. The safe, effective, and responsive domains remain rated as good. However, the service is now rated outstanding overall.

This comprehensive inspection was carried out on 23 and 25 October 2017. The first day was unannounced and announced on the second day.

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

The registered manager; management team and staff team were committed to ensuring people experienced an enhanced quality of life, which took into account individual wishes and beliefs. This meant people were valued and treated with equality. The inclusive ethos supported people to carry on living their lives, pursuing their interests and maintaining and building important relationships.

People consistently told us about the excellent care and support they received. People using the service, their relatives and visiting professionals said the service was "Exceptional"; "One of the best..." and "Excellent..." All said the service was safe. Comments included "They (staff) make sure I am safe"; "Mum has made it very clear to me that she feels safe and protected by the staff" and "I wish to state that the care at this nursing home is exemplary..."

People experienced exceptional high standards of care. End of life care was provided by staff who were skilled and competent and ensured effective pain and symptom management. Palliative care specialists and GPs were high complimentary of the care provided at the end of life. Comments included, "The care here is of a really high standard...They (staff) pre-empt people's needs" and "The patient care delivery is in my opinion to a high standard taking into account the patient's individual needs."

People's wellbeing and happiness was central to this service and the management and staff team actively promoted a person centred culture. Staff had developed a positive rapport with people and they were

gentle, attentive, kind and respectful in their approach. People's independence was encouraged and people were supported to do as much as possible for themselves. Comments included, "They (staff) are so marvellous" and "There is nowhere like it. You read terrible things...but here carers care."

The culture within the service was open, friendly and welcoming. People, staff and professionals expressed a very high degree of confidence in the management team. The ethos created was open and transparent. The management team acted as role models for the staff team who were motivated to offer care that was kind, considerate and put people at the heart of everything they did. The management team placed emphasis on continuous improvement of the service and promoted links with the community, which benefitted people using the service.

People's views were sought and taken into account in how the service was run. The provider made changes and improvements in response to feedback. There was a robust system of monitoring the service to identify any improvements that needed to be made. The management team acted on the results of audits and surveys to improve the overall quality of the service.

People were protected from harm by staff who had a good understanding of the actions to take if they suspected someone was being abused or neglected. Risks to people had been assessed and measures were in place to prevent avoidable harm and to help ensure their independence was supported and respected. Accidents and incidents were monitored to identify themes and to help prevent any reoccurrence. There were sufficient numbers of experienced and caring staff to support people. People's medicines were managed safely. The service had safe recruitment systems in place to ensure staff were suitable to work at the service.

People were protected by good practice in relation to decision making. The registered manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS); ensuring people's rights were protected.

People were promptly referred to health care professionals when needed and health care professionals expressed their full confidence in the service, telling us people's health needs were monitored and managed very well. People enjoyed varied and nutritious meals and mealtimes were sociable and relaxed occasions.

People received care and support that was based on their individual needs and preferences. Personal care records included people's individual plans of care, life history, likes and dislikes and preferred activities. People were offered a range of interesting and diverse activities and were supported to pursue hobbies and pastimes that were of interest to them, and that were suited to their varying abilities. People and their relatives felt confident to raise any concerns and told us they were confident any concerns would be resolved without delay.

Staff received training, induction and supervision to ensure they understood people's needs and were able to work effectively and safely. Staff said they were well supported to do their job.

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?

Outstanding ☆

The service remains Outstanding.

The staff team were exceptionally caring and people consistently described being well cared for and valued.

Strong trusting relationships had been developed between staff, people using the service and their relatives. Staff displayed great compassion and empathy for people in their care. Staff treated people with respect and maintained their dignity and privacy.

People received a high standard of care at the end of their life, which ensured they experienced a comfortable, dignified, pain-free death. Their wishes and those of their relatives were respected. Relatives were supported at this difficult time by sensitive and caring staff.

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Outstanding ☆

The service was very well led.

The registered manager and management team provided excellent leadership. A positive, open and inclusive culture had been developed, which put people first.

People were fully involved in developing the service and their feedback and ideas for improvements were sought and acted upon.

Relatives and professionals spoke very highly about the quality of care provided and expressed complete confidence in the

management team and staff. People received person centred care which significantly improved their quality of life.

Staff felt valued by the management team and all were extremely positive about working at the service. Innovative arrangements provided staff with opportunities for career progression. Staff were involved in monitoring the safety and quality of the service. This gave them a sense of responsibility and involvement.

Sidmouth Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 comprehensive inspection was carried out on 23 and 25 October 2017. The first day of the inspection was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using, or caring for someone using, this type of service. The second day of the inspection was announced and completed by one adult social care inspector.

We reviewed all information the Care Quality Commission (CQC) held about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law.

We reviewed the Provider Information Return. 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 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 spoke with seven people who lived at the service and four visitors. We also spoke with the registered manager, the Nominated Individual, the clinical lead (known as the management team), a registered nurse, five care staff, and the chef. Prior to the inspection we received feedback from one relative; following the inspection we received feedback from two other relatives.

We requested feedback from eight health and social care professionals before the inspection. We received feedback from six professionals, including a dietician; two palliative care nurse specialists; a GP; pharmacist and health commissioner. We also met three health professionals during the inspection. We looked at records relating to the management of the service including four people's care plans and associated records including medicines administration records. We looked at one staff personnel file, along with staff training

and records. We reviewed a selection of compliments and the complaints log as well as the accident/incident records. Documentation relating to the maintenance and safety of the premises was also inspected.

Is the service safe?

Our findings

The service continued to provide safe care and support.

People said they felt safe living at the service. Comments included, "Completely"; "Very safe" and "They (staff) make sure I am safe. They always encourage me to ring to keep me safe from falling. It's faultless." Relatives and professionals were equally confident that people were safe at the service. A relative said, "Can't fault it here. (Person) is very content here. I have never seen her anxious. I think she is safe." Another said, "Mum has made it very clear to me that she feels safe and protected by the staff." A third explained, "(Person) has been very comfortable and we have been very happy. Staff are marvellous and nothing is too much trouble." Professional's comments included, "I wish to state that the care at this nursing home is exemplary... I do not have any concerns regarding safeguarding and I am kept up-to-date with any events..."; "The care is of a really high standard..." and "We have no concerns. If I needed a home, it would be here."

People received support to keep them safe from harm and abuse. Staff had completed training to help them recognise abuse and understand their responsibility to report any concerns about people's welfare. Staff were aware of the external organisations to contact if they had any concerns. The management team were also aware of the process to follow should any concerns be raised with them. Professionals said they had no concerns in relation to safeguarding. One said, "I have never had any concerns about any form of mistreatment at the home."

People were safe from the risk of avoidable harm. Risks to people's health, safety and well-being had been identified along with clear instructions for staff to follow to reduce the known risk. For example, risks associated with mobility, falls, skin integrity and nutrition. Where professional advice had been sought and given, their recommendations were recorded. For example, one person presented with a risk of choking. A referral had been made to the speech and language therapist and their recommendations were being followed to keep the person safe. Where people were vulnerable to developing pressure damage, pressure relieving equipment was in place and used appropriately.

Staff reported and recorded any incident or accidents. Records detailed accounts of incidents and the action taken to keep people safe. The management team monitored and investigated accidents or incidents to identify any trends, for example times or locations. Action was taken to reduce reoccurrence. For example, GPs were informed; medicines were reviewed following a fall and equipment to alert staff was also considered and used where appropriate.

Sufficient numbers of staff were deployed to ensure people received safe, person centred care. The service had a stable staff team, with only one new member of staff recruited in the past 12 months. Agency staff were very rarely used. Staff holiday or unplanned sickness was covered by the existing team. This meant people received consistent care and support from a staff team who knew them well. A professional said, "I think the fact that the staff appear happy and retention is good, is a reflection on how well management treat their staff."

People confirmed staff were always available to assist them when needed. Staff were present in communal areas and responded to people's requests and queries quickly. One person said, "When you ring for assistance they come very quickly"; another said, "They (staff) are very attentive to our needs. Staff are always around to help us. They are very reassuring." Professionals visiting the service said there was always a senior member of team available to support their visits.

During the inspection staff were unrushed in the way they supported people, for example, having sufficient time to assist people at their own pace during mealtimes. Staff were able to spend sociable time with people, chatting or supporting organised activities. Staff told us there were always enough staff on duty to deliver a high standard of care. One said, "The team are well organised and help each other. We never feel under pressure"; another said, "We are rarely short staffed. We always have enough time. The home is run on their (people's) time not ours. So it doesn't matter how long things take, we do not rush them..." Housekeeping and catering staff provided cleaning and meal preparation.

Recruitment practices helped to ensure people were cared for by suitable staff. Appropriate checks were completed prior to staff working alone with people. Pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Medicines were safely managed, administered, stored and disposed of. Medicines kept in people's rooms were securely locked in cabinets. Medicines were stored at the correct temperature and regular checks were made to ensure this. Only trained and competent staff administered medicines and their competency was monitored regularly. Some people were prescribed medicines to be given as required. There were guidelines for staff to follow which ensured these were given safely and consistently. Records demonstrated medicines were given as prescribed. Three GPs confirmed they had no concerns about the management of people's medicines. One said, "Medicines are managed very well..."

The registered manager and clinical lead carried out regular internal medicines audits; where improvements were required, action was taken to address this. There had been seven minor medicines errors in the past month, which mainly related to forgotten signatures on medicine records. Any errors were dealt with in an open and transparent way. Staff were supported to reflect on their practice and how they might improve to avoid similar errors. A six monthly medicines audit was completed by an external pharmacist showed medicines management was safe. The latest external audit had been completed in September 2017. The pharmacist said they had not identified any significant issues or concerns. A nurse specialist said, "My impression is that the trained staff are knowledgeable about medication and seek advice when necessary."

People lived in a clean and well-maintained environment. The premises were clean and free from offensive odours throughout. People told us it was always like this. One person said, "The staff work so hard to keep the place clean. I take my hat to them..." Staff had access to personal protective clothing such as gloves and aprons to minimise the risk of cross contamination. Handwashing soap and paper towels and gels were available and used to reduce the spread of infection.

There were plans in place to keep people safe in the event of an emergency. Personal emergency evacuation plans (PEEPs) indicated the risk and support people required to evacuate them safely.

Fire safety systems were in place and records confirmed staff had undertaken the fire safety training and regular fire safety checks had been completed by staff and by an external contractor.

Is the service effective?

Our findings

People continued to receive effective care from a stable, well trained and organised team of staff.

People using the service, their relatives and professionals were confident staff had the appropriate skills to meet people's needs. One person said, "I would say staff are trained to the highest standard. They are very professional, kind and friendly. Couldn't ask for more than that." A relative said, "The staff know them very well. One of the questions I first asked was 'how stable is the staff group?' They work well as a team. I have never seen staff appear to be impatient." Professionals comments included, "Staff are skilled and knowledgeable..."; "The staff are well trained. We get intelligent questions from staff. They are never afraid to ask questions or ask for help" and "The staff are very well informed. Very professional team of staff..."

Staff benefitted from the training programme and refresher courses provided to keep their knowledge and skills up to date. All staff had completed core training to ensure they worked safely. For example, moving and handling; health and safety; infection control; safeguarding, fire safety and first aid. Additional training was provided by external trainers or in-house 'champions of care'. For example, end of life care; tissue viability; managing nutrition and weight loss, and dementia care. Registered nurses were supported to maintain their registration and they had access to specific clinical training. The management team had introduced 'champions of care lectures'. One session was delivered to staff by two people living at the service, who shared their experience of what life was like in a nursing home. This provided staff with a valuable insight and we saw the feedback from people sharing their experiences was very positive.

New staff underwent induction training to ensure they understood their role. This included shadowing experienced staff; training; getting to know people at the service; and being familiar with policies and procedures. One new employee explained, "When I started staff helped me to settle. We work as a team. I have nothing bad to say about this service. I really enjoy working here." This sentiment was shared by all the staff we spoke with. They described a consistently supportive and learning environment, where the staff team worked well together. Staff new to care were supported to complete the Care Certificate, a nationally recognised induction training for staff. Staff received regular supervision with their line manager to be able to discuss their work, performance and training needs.

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. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's right to make decisions and choices about their care and support was respected. People confirmed

they were able to follow their own daily routine, getting up and going to bed when they chose. They chose how and where to spend their day. They confirmed staff always sought consent from them before assisting with any personal care or treatment. One person said, "Staff always involve me; ask me what I would like to do. I feel I have some freedom and independence here." A relative said, "There's never been a problem... They will ask her before doing anything."

Individual mental capacity assessments had been completed when needed to determine a person's ability to make specific decisions about their care and treatment. Best interests meetings were held with people's relatives (where appropriate) and health and social care professionals when people were unable to make decisions about their care. This ensured people's rights were protected under the MCA. Staff had received training related to the MCA and understood how to support people in line within its legal requirements.

People's liberty and freedoms were respected and there were no unnecessary restrictions upon people. The management team had submitted the necessary Deprivation of Liberty Safeguards applications to the local authority and were awaiting decisions.

People's dietary needs and preferences had been discussed with them and were recorded and discussed with the chef and staff. A risk assessment tool for nutrition and hydration had been completed for each person along with the specific instructions about how to meet their nutritional needs. A variety of special diets were provided, including diabetic meals and soft or pureed meals. The chef was very knowledgeable about people's needs and preferences. They confirmed they had the equipment and supplies they needed and that there was no restrictions on food budgets. They said, "This is one of the best homes I have worked in. There are never restrictions on supplies and the quality is always good."

Everyone was very positive about the quality of the food. Comments included, "You are given a choice. I don't care for roast beef, and they give me chicken instead. The food is very good, plenty of choice..."; "I have diabetes. I enjoy every meal, now I have got used to it. They look after me very well in the kitchen" and "They brought me a surprise the other day, curry, I love curry. They are very good." A varied and nutritious menu was offered, along with alternatives. Meals looked attractive, including pureed meals; as moulds were used to replicate various foods. The dining experience was sociable in the dining room and conservatory. It was a time that people got together and enjoyed each other's company. There was lots of chat and laughing during the meal. Staff were attentive and assisted people discreetly when needed. Where there were concerns about people's nutrition, referrals were made to the community dietician. The dietician confirmed they were contacted appropriately with any concerns about people's dietary needs and their recommendations were acted upon.

People's health needs were met and they were supported to access a variety of healthcare services when required. The service had developed excellent working partnerships with the local GPs and hospice. Health professionals confirmed they received timely referrals and that staff worked with them to achieve positive outcomes for people. Comments included, "...the care at this nursing home is exemplary..."; "From my personal observations the staff deliver high quality care and genuinely care about the residents" and "I really enjoy working with them (staff at the service). We can trust their judgement and I am confident they follow our instructions..."

Is the service caring?

Our findings

At our last inspection, we found people received care that was outstanding. At this inspection, we found that people continued to receive outstanding care, which had a very positive impact on their welling.

Feedback from people, their relatives and the professionals was consistently positive about the high standard of care provided at this service and the attitude and approach of all staff. We also received feedback from relatives prior to and after the inspection. Comments from people included, "They (staff) are so marvellous"; "There is nowhere like it. You read terrible things...but here carers care. They really do care here. I am very happy here" and "This is my home. They (staff) make me feel at home, they care about me. I like being here very much..."

Relative's comments included, "From the outset, I was very impressed with the staff's wish to get to know Mum as fully as possible. The welcome at the door from the moment of her arrival and the continuing warm response from staff whenever I come for a visit, take Mum out or return, join residents for meals and so on has made me (and Mum) feel as much 'at home' as is possible..." and "We couldn't be happier with the care... (person) is very content and I have never seen her anxious...staff are marvellous."

A health professional said, "I wish to state that the care at this nursing home is exemplary." Another commented, "This is one of the few services I would want my relative to use. The care is of a really high standard..."

End of life care at the service was exceptional. The management and staff team demonstrated a commitment to providing the best possible care at the end of people's life. The service worked closely with specialist nurses from the local hospice and staff had received specialist training in end of life care. A specialist nurse told us, "It is quite usual for patients under the care of (Hospice) to have complex care needs, be that emotional, physical, social, psychological or spiritual and I have found that Sidmouth Nursing Home are very well trained and competent to deal with these issues." The service had an 'end of life champion'. Their role was to support all staff involved in end of life care; share their learning and experience and promoting best practice.

A member of hospice care team said, "The care here is of a really high standard. People are kept comfortable and any symptoms, such as pain, are well controlled. They (staff) pre-empt people's needs. The staff are well trained and very very caring. There is lots of love here..." Another palliative care nurse said, "The patient care delivery is in my opinion to a high standard taking into account the patient's individual needs." Specialist nurses and GPs confirmed the service contacted them appropriately and acted on any advice or recommendations. 'Just in case' medicines were requested when a person was identified as nearing the end of their life. These medicines were used to improve people's symptoms and help them to remain pain free. A professional said, "Staff are not afraid to ask for help...we received intelligent questioning from them...we work in partnership and it is a pleasure to work with them..."

Prior to the inspection a relative contacted us wanting to share their experience of their loved one's final

days. They told us, "A few months ago my mum died at the home. I had visited her there almost every day of her stay and always left feeling reassured she was being well cared for...In the last few months of her life when she was extremely physically frail I could tell she felt very safe and secure in the lovely atmosphere created by the Staff... As always, and especially during her last few weeks in particular, the home ensured her medical care needs were anticipated and kept us fully informed of what was being done, any changes to her care or her condition and they also supported me during this difficult time too. I have never doubted at any time that this was the best place for her to be cared for, nor that anything else could have been done to make her life better for her and I would recommend the Sidmouth Nursing Home to anyone as worthy of consideration for their loved one's care."

The service had received 46 compliments and thank you letters and cards in the past 12 months. Several related to the end of life care provided at the service. Comments included, "We have been so grateful to you all for (the person's) loving care...we can see that every person you have there is really important..."; "Thank you for the immense support provided to family members...that has made the last months much easier for us all..." and "(The person's) every need was looked after and for this I will be eternally grateful..."

People's wishes regarding their end of their life care had been discussed with them and recorded where people felt able to talk about this sensitive subject. Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice. The registered manager and staff team showed a sincere commitment to ensuring people's end of life wishes were respected and that people had a dignified and comfortable end of life.

Staff knew and understood each person as an individual and respected their life history and experiences. Staff were able to tell us how they used that knowledge to engage people and to make their lives better. For example, one person had played the piano but due to deterioration in their health hadn't played for some time prior to moving to the service. Staff and other people living at the service encouraged and supported the person. Their piano was brought in and over a period of time the person regained their confidence and ability and they were regularly playing their piano in the communal area. During the inspection we heard the person play; other people at the service enjoyed it very much and showed their appreciation and encouragement of the person by clapping and singing along. The person told us, "My family are thrilled I can do it". Their relative explained that regaining the skill to play piano again had been "...so helpful for her emotional and mental well-being..."

One person said they used to write stories, "funny ones for school" and although they had forgotten them and had lost the ability to read, their stories were being read out loud by another resident so the person could listen to them. This person described the improvement to their general health and in particular their speech since moving to the service. They explained they had little speech when they arrived. The person explained the support and kindness received from staff had encouraged them in their recovery. Staff ensured the person was included in all aspects of daily life at the service and did not allow the loss of speech to be a barrier to inclusion. Staff used their expertise to assess the person's needs and ensured support was in place where needed. Staff promoted the person's independence and reduced barriers to enable them to enjoy previous activities and hobbies. They added that "They (staff) are wonderful, everyone is kind and they always say how well I am doing. It's very kind". Other people using the service had also been supportive and encouraged the person with their speech.

The management team and staff showed an exceptional level of compassion and empathy towards people. The difficult process of moving to the service was sensitively handled. A 'peer buddy arrangement' was in

place to help new people to settle. It meant people moving in were supported by an existing resident to meet other residents and staff and show the person around the service. A person who had moved in more recently said, "I settled well after a week. I found everyone very very helpful...staff are lovely." A relative said, "The admission was brilliant...they made (person) so welcome. Staff are very kind and understanding. We visited a few homes but this offered everything we wanted. The buddy helped (person) to integrate and make friends. I am so pleased I found this place. The kindness of the place stands out...they (staff) have been amazing." Two resident buddies told us how much they enjoyed this role and how this gave them a sense of purpose.

One person said on agreeing to live in a care home they thought "life was over..." however they said from day one "It has worked well for me...they (staff) are always encouraging me...I have made friends here...I am kept busy. It has absolutely exceeded my expectations." One relative explained how the service had given their family member a "sense of purpose and usefulness" by involving them in various aspects of the service; including helping to organise activities.

Positive relationships and genuine friendships existed between people within the service and the staff team. People told us about the meaningful friendships they had with others who lived at the service and who had similar interests. People using the service, their relatives and staff described the service as 'a family' and staff felt the same.

Staff were affectionate. We saw staff had time to sit with people; touch was used in an affectionate and appropriate way. For example staff stroked and held people's hands. There was lots of laughter and gentle banter between people and staff. If a person became up-set or distressed staff were attentive and responsive, engaging the person and listening to them. One person said, "They (staff) are like family to us..." Another said, "It is a home from home here." Several staff described the service as "a family home".

One relative said, "The attitude of staff is lovely. I couldn't be happier with the care. The staff are lively and funny; very tactile and up-lifting, which means so much." A health professional commented, "I find the staff at the home exceptionally caring about their residents. This thoughtful approach is extended to all visitors. My colleagues and I are always made to feel welcome." A relative told us about the celebrations for their family member's birthday. They said, "When it was her birthday last year one of the carers bought her a lipstick, another chocolates and (another) bought her a pearl necklace. They made her a cake. They take photographs and put them up in her room..."

People received the support they required to maintain relationships that mattered to them. Important relationships were known to and understood by staff. They assisted people to use video links to stay in touch with relatives who were unable to visit often or who lived abroad. During the inspection staff supported one person to video call relatives in Australia. Visiting times were flexible. Visitors were offered refreshments and meals to enable them to spend sociable time with their loved ones. Visitors said they visited regularly at various times and were always made to feel to welcome. They said staff always had time to speak with them and answer any questions they might have. One said, "We always get a warm welcome. I come several times a week at different times and it's always the same friendly welcome..." We saw that staff greeted visitors and smiled, and were very welcoming. Refreshments were always offered. Relatives felt included and supported by the management team and staff.

The registered manager was the 'dignity champion' in the service; she had completed training in line with the National Dignity Council's core values. The registered manager explained her aim was to "keep staff focused on dignity and empowerment...with personalisation at the fore front..." Our discussions and observations confirmed staff maintained and promoted people's privacy and dignity. Personal care was

provided in private and staff were discreet when assisting people with their personal care needs. One person said, "They always cover me with towels. They are very particular about me being covered up." A relative said, "They close the doors. They encourage you to do as much as you can, but they don't force you."

People confirmed they had been asked about their preferences regarding the gender of staff providing their personal care. Some people had expressed a wish for intimate personal care to be provided by females, and this was respected.

People looked well cared for in their appearance. They were dressed appropriately and clothes were clean and co-ordinated, with many people wearing pieces of jewellery. Staff assisted one person with their make-up as they had always enjoyed wearing make-up. People's private bedrooms were personalised with belongings meaningful and valuable to them. For example, pictures, collages, furniture and familiar objects. One relative said, "They encouraged her to bring photos in of the family."

The service had an inclusive ethos, which focused on the individual person rather than their diagnosis or condition. Where necessary communication aids were used to help ensure people were involved in making decisions about their daily care and support. For example, one person had a series of small pictures with description of days of the week; requests and choices. These were used to aid communication with staff. The person said they found these useful and they acted as a reminder. Staff respected people's cultural backgrounds and their religion and supported them to practice their beliefs. A regular church service was held on site, which people attended when they wanted. Some people were supported to attend local churches where possible.

People were supported to be independent and had choices about their care. For example, people had the necessary equipment to aid their mobility and staff gently reminded them to use the equipment to keep them safe. Staff encouraged and supported people to help with minor household chores, for example folding laundry or preparing vegetables. Some people used special adapted cutlery to increase their independence. People said they were involved in making decisions in relation to their care and about how they spent their day; what they wore and what they ate. We observed people were supported to spend their day where and how they preferred.

Is the service responsive?

Our findings

Without exception, people, relatives and professionals described the care provided as being to a high standard. People received personalised care that was responsive to their needs. They said the daily routines were flexible to meet their preferences. One person explained, "I go to bed just after 8 p.m. I am usually down here by 9 a.m. in the morning. I prefer to go to bed at 8 p.m." Another said, "I usually stay in my room for some time in the morning, and then I get up [from room] at lunchtime and meet up with other people." Another person said they could "do as I like..."

Relatives and professionals were confident that the service was responsive to people's needs. A relative said, "We have had no concerns about the care she has received." A professional commented, "They (staff) are always extremely refined with the information. They made a good initial assessment of the person, which is detailed. This means staff are very well informed."

The service was responsive to people's needs because people's care and support was well planned, and delivered in a way the person wished. Before people moved to the service a comprehensive assessment was undertaken of their needs and preferences to ensure they could be met. Wherever possible a member of the management team visited the person and their family before they were admitted.

People's care records contained information about their health and social care needs; considered their mental capacity; their life histories, and preferences about how people wished to receive their care. There was clear guidance for staff on how to support people, including how to promote people's independence. Care plans were reviewed regularly to reflect people's changing needs. Staff said they had the information they needed to provide person centred care; they had time to read care plans and all were knowledgeable of people's needs and preferences. People, where able, confirmed they were involved in making decisions about their lives and their care and support. They or family members were fully involved in the planning of their care.

Without exception, people said they were happy with the care and support they received. One person said, "I couldn't fault anything here. Staff are incredibly helpful..." Another person said, "They (staff) seem to know me better than I know myself! They take great care of me; make sure I am safe; that I eat well and that I am happy...couldn't wish for anything more..." a relative said, "A great deal of support was given from the outset to ensure (person) received the appropriate level of input from the staff, Speech and Language Therapists and Mental Health Professionals. I have been extremely pleased with the continual reviewing of (person's) gradual improvement to where (they) are today back to being 'Mum'...able to engage in and enjoy what opportunities her more limited life can offer; relating with interest and humour in things going on around her..."

People had access to purposeful and meaningful occupation that was personal to them. This included following hobbies and interests. Activities within the service were developed with people to ensure their individual needs and preferences were met. Members of the management team explained that although there was a programme of activities in place, the programme was flexible to take into account people's

moods, abilities and preferences on the day. Several of the activities were led by the people living at the service. For example, regular poetry readings; storytelling and games. Recently a dominoes club had been set up by one person; two people told us they had never played the game before but they had enjoyed it. Regular music sessions were organised including 'sing for life' sessions; harpist performances and drumming sessions. During the inspection a musical session was organised with an outside performer. People sang and clapped along and some people got up and danced with staff; it was a lively and jolly time. A regular exercise class was also held during the inspection and 10 people participated. Again, there was a lively atmosphere and the session was well supported by staff, who ensured people were included. Regular arts and crafts; flower arranging and drama classes formed part of the activities programme. The service received visits from a local charity, Sing For Your Life, which provided therapeutic visits by volunteers with their own friendly dogs.. People said they enjoyed these visits. During the Spring time a number of chicks were hatched at the service; photos showed people had enjoyed watching the progress of the chicks.

People were supported to continue their hobbies and interests outside of the service. One person had been very involved in the local amateur dramatic society and was supported by staff to attend their performances. The person said how important this was to them. People had been supported to attend a musical evening at the local hotel and other outings had been organised including visits to local places of interest. One person had been a regular contributor to the local carnival and staff supported them to continue to attend the carnival. Pampering sessions were organised

The staff used a 'smart TV' to access clips and information about issues of interest to people. For example, staff ensured one person got to see their favourite clips of show jumping during the inspection. The person was engaged and interested in this activity. Another person said staff ensured they were able to watch their team play football on the TV; they said, ""I watched them last night (referring to a football match). I like watching Arsenal." The service had access to Wi-Fi and some people enjoyed using the tablets independently to access information; news; and emails. One person explained how the administrator assisted them with any printing they wanted, including providing some information in a large print format. They said, "They (staff) are very helpful. Nothing is too much trouble for them..."

One professional said, "The staff interact very well with the people under their care and provide a variety of social activities." Another said, "They have a better social life than we do here!"

The service had a complaints policy in place, which was made available to people and their relatives. People said they were able to express their opinions and that they would be happy to speak with the registered manager, management team or other staff if they had any concerns or complaints. They said they were confident any concerns would be listened to and acted upon. Comments included, "I could speak with anyone, because they come round all the time saying 'are you alright? Do you need anything?'" and "I've had no cause to complain but I would speak with the managers if I did." No complaints had been received by the service since the last inspection. However there was clear system in place for dealing with any concerns or complaints.

In the past 12 months 46 compliments had been received. Themes from the thank you cards and letters included the kind and attentive approach of staff and the high quality of end of life care. A comment from health professional included, "Wonderful, lovely, kind, considerate; attentive and compassionate staff who do a fantastic job. Ongoing care and devotion to all the residents. Incredible care."

Is the service well-led?

Our findings

At the last inspection we rated the leadership of the service as Good. At this inspection we found the management team had continued to develop the service and the culture and ethos was extremely positive and person centred.

The service had an excellent management team, who ensured the high quality and safety of the service and continually explored ways of making improvements. The whole staff team were passionate and committed to providing high quality person centred care, where people felt valued. As a result, people received person centred care which improved their quality of their life. The service had a strong person-centred approach to providing people's care and staff delivered care in a manner that was flexible and attentive to individual needs. The inclusive ethos created by the staff team enabled people to carry on living their lives, pursue their interests and maintain and build important relationships. One person said, "I thought my life was over when I had to move to a care home...but my life here is fulfilling and enjoyable."

People, their relatives and professional expressed complete confidence in the management of the service and they were keen to share their views about the high standard of care delivered. One person said they found the management "very approachable" and responsive. Another said, "I know I could speak with any one of them and they would listen to me. That's very reassuring..." A relative said, "From my first telephone conversation to Sidmouth Nursing Home to discuss a possible placement for Mum, I have been impressed with the Manager... from my perspective - and as the daughter of a much-loved Mum I think I am the harshest critic! I want to let you know that I could not be more pleased that Mum is where she is. For me many of the areas of operation/care are outstanding and well above the expectation of 'good-enough' care." Another relative said, "I have every confidence in the management here...they are in touch with what's going on; the standards of care are excellent and staff are just amazing..." Comments from professionals included, "I am confident in the management of Sidmouth NH and know that they work in close partnership with Social Services and other organisations where appropriate and always advocate for their patients." Another said, "We have confidence in this service. They are a very professional team. Feels like an extended part of the GP team...staff are very well informed..."

The service had a strong management structure and staff were clear about their roles and responsibilities. The leadership was very visible. The nominated individual (the provider's representative) was in day to day charge supported by the registered manager, and a senior nurse who undertook the clinical lead role. As well as the management team there were nurses on each shift who were supported by a designated nurse assistant who assisted them with small clinical responsibilities. The role of nurse assistant had been established to develop care staff's skills and confidence and assist them with career progression. For example preparing those staff who may wish to enter a nursing career. A formal programme of learning had been developed for the role incorporating recommendations from the Royal College of Nursing and Health education England. This demonstrated that the management team valued staff; supported their development and were creative in bringing improvements to the service. The management team recognised staff development was a key strength of the service in providing high standards of care to people.

Staff were very complimentary about the management team and all shared a common vision for the ethos of the service. Staff spoke of 'family values' and a common purpose of providing a safe, effective, caring and responsive service. They described a supportive environment which enabled them to learn and develop. Comments from staff included, "I love my job here; the home is very friendly, it's a family not an institution"; "This is a good place to work; we can have a voice; we feel trusted..." and "The support here is amazing. We are all here to deliver the best care. I have found this home totally different to others I have worked in..." It was clear from staff they felt valued by the management team.

Quality assurance checks were consistently undertaken and the thoroughness of the checks and audits ensured people received a high quality, caring and safe service. Regular checks were carried out in relation to health and safety; medicines management; infection control; fire safety and records reviews. The management team were very responsive to issues requiring attention. For example the day before the inspection a window restrictor was found to be faulty. A maintenance person arrived during the inspection to fix the restrictor. This demonstrated a proactive management team that was focussed on the safety and welfare of people using the service.

The accident and incident reporting system in place was effective. The management team monitored all accidents and incidents and collated details to help identify any themes or trends. Appropriate investigations of accidents and incidents were undertaken and actions were implemented where necessary to reduce a reoccurrence. For example, if a person experienced two or three falls, referrals were made to the GP for investigation.

Good governance was embedded within the service. The management team managed resources well and ensured there were sufficient staff on duty at all times. They ensured there was flexibility within the staffing levels to meet the changing needs of people using the service. For example, providing additional staffing to support end of life care. The management team ensure suitable staff were recruited safely and trained and developed to be able to deliver a high standard of care.

People's views were sought to develop the service and suggestions were acted upon, meaning people had a voice and could influence the service. Satisfaction surveys and 'resident's meetings' were used to gather people's views of the service. Feedback from the 2017 survey was highly complimentary of all aspects of care delivery and the management of the service. Comments on surveys included, "There is excellent communication, staff are always professional, friendly and approachable"; "Food is to an excellent standard"; "I am very happy with the living accommodation" and "Activities are enjoyable. Everyone is so friendly..." One person had responded to the question, "Are standards met?" by saying "Yes, by at least 200%". Where suggestions had been made, for example in relation to menus and activities, there had been acted upon. One person had suggested using pendants to be able to alert staff when needed. Following the inspection, the management team confirmed this new system had been implemented as suggested.

Professionals and relatives were also asked for their feedback. Their comments included, "Extremely welcoming; could not be a more welcoming environment"; "The professionalism and knowledge of staff is exceptional"; "One of the best nursing homes I visit in terms of care and staff standards"; "I receive very positive feedback from service users. Needs are met to a high standard..." and "Excellent nursing home. Very caring..."

The staff survey completed in 2017 showed staff they felt valued; well supported and safe to make suggestions. Training and development scored highly. Comments from staff included, "I am delighted to be part of the team"; "The most supportive environment I have ever come across" and "All possible training is provided..."

The service had developed effective partnerships with other agencies and professionals which ensured they were following current practice and providing a high quality service. For example with end of life care. Staff were pro-active and pre-empted changes to people's health, seeking appropriate advice when necessary and acting on any recommendations. Feedback from all professionals was exceptionally positive as demonstrated throughout this report. The nominated individual attended local registered manager meetings to share any information or good practice gained from workshops, training or seminars. The registered manager was a member of the National Dignity Council and placed great emphasis on ensuring this ethos had been embedded within the staff team.

Reflective practice was central to how the management team and staff continued to drive improvements in care and ensured the focus was on individual's care and support needs. For example, any errors were dealt with in an open and transparent way. Staff were supported to reflect on their practice where medicines errors had occurred and how they might improve to avoid similar errors. Staff had observed that the balance of stock for liquid medicines did not always tally. A thorough investigation was undertaken and the findings shared with staff. As a result practice was changed and staff measured liquid doses with syringes to ensure accuracy. This was monitored regularly and discussed at clinical meetings. This meant future stock balances tallied.

People were empowered and supported to voice their opinions and share their experiences in creative and innovative ways. The management team had introduced 'champions of care lectures', which encouraged people using the service to give the staff lectures about their experience of life at the service. Staff said this had provided a valuable understanding.

The service had a track record of being an excellent role model for other services. The service was a 'live' placement for undergraduate nursing students from a local university. Mentors were trained and up to date. This showed the service had met the University's standards for placements and that they had confidence in the service to provide good opportunities for work experience for students. The service also worked with the Nursing and Midwifery Council (NMC) to support nurses who required their practice to be monitored. The registered manager and other nurses at the service provided evaluation and assessment for the NMC. This helped the registered nurses at the service to reflect on and develop their own practice.

The management team understood and met their responsibilities in relation to their registration with the Care Quality Commission (CQC). Notifications to the CQC were submitted in a timely manner and contained sufficient information. The management team met their obligations under the duty of candour and shared information with people using the service, other agencies, staff and relatives as appropriate to ensure people's safety. Staff were encouraged to be open and transparent and the team aimed to learn from incidents, accidents and other events. For example when medicines errors had occurred they were discussed openly; staff were supported to reflect on their practice and any additional training and development was provided.