Classic Care Homes (Devon) Limited

Summercourt

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 23 and 27 February 2017 and was completed on the 25 May 2017. The first day was unannounced.

Summercourt is a residential home in Teignmouth, Devon providing accommodation and care for up to 20 people. People living at the home were older people, some of whom were living with dementia or a physical disability. On the day of the inspection, 19 people were living at the home.

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

We found the home was extremely well managed, with clear lines of responsibility and accountability. It was evident that the management had a passion to provide exceptional care and people were at the centre of everything they did or planned to do. This had led to a home that had a truly positive culture that was person centred, open, inclusive and empowering.

People told us they were very happy living at Summercourt and that staff consistently demonstrated a compassionate, warm and caring approach. Our observations confirmed this and we saw that the atmosphere of the home was one of warmth, happiness and positivity. Staff were seen to consistently show respect, patience and understanding when supporting people. The culture within the home supported a warm and friendly atmosphere. People were supported to maintain good relationships with people that were important to them.

All the people we spoke with during our inspection consistently talked of a home and staff that went the extra mile to achieve an outstanding quality of life for people who lived at Summercourt. They told us people were cared for in an exemplary manner and that support was delivered in an person centred way. Our inspection findings confirmed this.

People felt safe living at the home. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required to keep them safe. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

Staff had the relevant knowledge and skills to support people. Staff received regular supervision and appraisal meetings to monitor their performance and professional development. Staff used feedback from these meetings to improve their practice. Staff received on-going training to enable them meet people's needs.

Care plans described the support people needed and explained people's preferences and routines. People were given choices about how and where they spent their time and this was respected by staff. People were actively involved in decisions about their care and support needs.

People's care plans included risk assessments of activities associated with their personal care and support routines, such as, supporting people with their mobility, personal care, nutrition and minimise risks related to pressure area skin damage. The risk assessments provided information for staff that enabled them to support people safely, protect them from harm or injury but without restricting their independence.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) 2015. Some documentation did not demonstrate that the principles of the MCA and best interests decision making had been followed where they should. The registered manager acknowledged this oversight and acted immediately to rectify this. Staff had awareness of the MCA and understood they could provide care and support only if a person consented to it and if the proper safeguards were put in place to protect their rights. Appropriate applications had been made to safeguard some people's rights by making applications under the Deprivation of Liberty Safeguards (DoLs).

People enjoyed the food that was offered to them and were supported to maintain a healthy diet. They could choose what they ate and their preferences and requirements were known and met by staff.

People were supported to take their medicines in a safe and timely manner by competent staff. Medicines were stored, recorded and disposed of safely and appropriately. However, during the inspection we saw that people's medicated creams had not been dated when they had been opened. We have made a recommendation about the administration of topical medicines.

There was a complaints procedure in place and people were supported and empowered to make a complaint if they wished to. Complaints were investigated and appropriate actions were taken.

The provider and registered manager had ensured there were effective systems for governance, quality assurance and ensuring safe care for people. They demonstrated good leadership, and there was a clear ethos for the service, which was understood and put into practice by the staff. Systems for quality assurance included seeking the views of people living at the home, their relatives and staff about what could be improved and what was working well for them. This was done through questionnaires, regular meetings and forums. Information for people was displayed in the home and included leaflets about people's rights, standards people should expect and outcomes of feedback given.

People lived in a comfortable environment which promoted people's wellbeing and ensured their safety. Regular safety checks were carried out on the environment and equipment and plans were in place to manage emergencies. However, during our tour of the building we saw that not all windows had window restrictors. The registered manager acted immediately to rectify this and keep people safe.

Rooms were decorated to individual taste and people could choose what items to keep there. There was a lift to assist people with all levels of mobility to access all areas of the home. However, we noted that although the home supported people living with dementia, we saw little in the way of signage directing people to their bedrooms, communal rooms, bathrooms, toilets, lifts and stairs. We made a recommendation that the provider take advice about best practice in environmental design for people living with dementia.

Records were well maintained, and notifications had been sent to CQC or other agencies as required by law.

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 home was safe.

Risks were being managed and processes were in place to reduce the risk of harm to people.

People were protected because the provider operated a robust staff recruitment process.

People received the medicines they required in a safe way and as prescribed.

People felt safe and staff knew how to protect people from abuse and avoidable harm.

There were sufficient numbers of suitably qualified staff to meet the needs of people who lived at the home.

People lived in an environment which promoted people's wellbeing and ensured their safety. Regular safety checks were carried out on the environment and equipment.

Is the service effective?

Good

The home was effective.

People's consent to care had been obtained where possible and their rights were being protected because the requirements of the MCA were being followed.

People were happy with the food available and had access to healthcare services to support them to maintain their health.

People received support from staff who had received regular training and support.

People lived in a comfortable well decorated home. People's bedrooms were personalised to their taste. However, there was minimal signage directing people to communal rooms, bathrooms, toilets, lifts and stairs.

Is the service caring?

Outstanding

The home was exceptionally caring.

All the people we spoke with talked of exceptionally compassionate, kind and caring staff that went the extra mile to care for people they knew especially well.

Staff had built trusting, respectful and warm relationships with the people and their family members. People told us the home felt like one big, happy family.

People's rights to independence, privacy and dignity were valued and respected.

People were supported and encouraged to make choices about their care and support on a daily basis.

People's end of life care needs were planned with them to ensure their end of life wishes were as they wanted. People experienced a dignified death in line with their wishes. People were cared for by staff trained to support people and their families at this time.

Is the service responsive?

Good

The home was responsive.

People's care and support needs were assessed and reviewed regularly and included people important in their care and support.

People's support and their care plans focused on them as individuals and were line with their preferences.

People and their relatives knew how to make a complaint if they wanted to and could give feedback to the provider.

People had a variety of activities for them to take part in.

Is the service well-led?

Good

The home was well-led.

People and their relatives were full of praise and were tremendously complimentary about the management team and the family culture they had developed to ensure people were at the heart of where they lived.

The home was committed to supporting and developing the staff team. Staff understood their roles and responsibilities and they

felt supported by the management team.

People benefited from a high standard of care because Summercourt had systems in place to assess, monitor and improve the quality and safety of care at the home.

People, their relatives and healthcare professionals were encouraged to give feedback. There was an effective quality assurance system in place to drive continuous improvement within the home.

People at Summercourt benefitted from the home's innovative thinking and collaboration with partnership working across health and social care.

Records were well maintained and stored securely.

Summercourt

Detailed findings

Background to this inspection

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

This unannounced inspection took place on the 23, 27 February 2017 and was completed on 25 May 2017. One adult social care inspector attended on the first and second days of the inspection but was unable to complete the inspection due to operational issues unrelated to the home. Two adult social care inspectors returned to the home to complete the inspection on the third day.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the home before the inspection visit such as statutory notifications. Statutory notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

We contacted the local authority Quality and Improvement Team and health care professionals that had been involved with the home to gather information about the home and how well they worked with other services. We used all of this information to plan how the inspection should be conducted.

During the inspection we looked around the home and observed the way staff interacted with people to help us understand the experience of people who lived there. During the inspection we spoke with sixteen people living at the home. We also spoke with six relatives who were visiting. We spoke with eleven members of staff, the registered manager, deputy manager and the registered provider.

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

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and well cared for living at Summercourt. One person said, "I like living here it feels quite safe". Another person said, "I feel safe and sleep better here." Relatives told us they did not have any concerns about people's safety. One relative said "[registered manager's name] runs a safe ship." Another relative told us "They feel safe and secure at Summercourt." We saw people were happy to be in the company of staff and were relaxed when staff were present.

People were protected from abuse and avoidable harm by staff who knew their responsibilities to deal with this in line with the provider's policy and procedures. All staff had received training in safeguarding people from abuse or avoidable harm. Staff we spoke with knew how to recognise and report signs that indicated a person was at risk of abuse. One staff member told us, "If I witnessed anything I would speak to the manager. If it wasn't dealt with I would speak to CQC." Another staff member said, "we make sure people are safe here."

People's care plans contained risk assessments of activities associated with their care routines. For example, supporting people with their mobility, personal care, nutrition and to minimise risks related to pressure area skin damage. Where people required pressure relieving equipment to maintain their skin integrity, such as pressure relieving cushions and mattresses, the registered manger ensured equipment was available and was adjusted to the correct settings to ensure they were effective. Care plans showed staff checked people's skin integrity regularly. Risk assessments provided information to staff on how to support people safely and protect them from harm or injury, and we saw these were followed in practice. For example, we saw staff support a person to transfer safely from armchair to wheelchair using the identified equipment. The person's risk assessment told staff that the person needed lots of support and reassurance as they had a fear of falling. Staff took their time to explain to the person what they were going to do before they moved them.

Staff supported people to manage risks and ensured that safe practices were always followed whilst encouraging people to maintain as much freedom, choice and mobility as possible. One person had very specific needs. Staff had to put limitations on certain activities for the safety and health of the person. However, they had been very creative in finding ways of engaging the person in this activity in a way that gave them pleasure, and also protected them from harm.

Some people displayed risky and distressed behaviour associated with them living with dementia. Risk assessments contained detailed information for staff about how this affected the person, such as, abrupt mood changes, compulsive or aggressive behaviour, depression-like symptoms and disinterest in daily activities. They also contained information for staff of how to help people with their behaviour to keep them safe. For example, one person's care plan told staff, when the person became aggressive, to "stop what you are doing and talk tome. Music and a cup of tea helps me calm down". The registered manager had also involved appropriate professionals, such as community mental health team, in developing support plans to meet the people's needs.

The registered manager monitored and analysed accidents and incidents and ensured staff took appropriate action to reduce the risk of a recurrence. For example, where a person was identified as at increased risk of falling they had carried out an assessment and risk reduction plan. As part of the risk reduction plan staff ensured people were referred to their GP for a review of their condition and a review of their medicines. We also saw there were other risk assessments in place that were understood by staff, for example, personal evacuation plans for assisting people to evacuate the building in an emergency. This meant the provider had assessed risks to people and put measures in place to reduce them where possible. Risk assessments were reviewed regularly or if a change had occurred in a person's circumstances to ensure that staff had up to date information.

Suitable recruitment procedures and required checks were undertaken before new staff began to work at the home. Checks included proof of identity, references and Disclosure and Barring Service [DBS] checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. These checks helped to ensure staff were suitable to work with people at the home.

People told us they thought there were sufficient staff on duty to support people safely. One person said, "There is always someone walking around." Another person told us, "I think there is enough staff, when you ask for help you don't have to wait long." During our inspection we spent time observing staff interacting with people who lived at the home. We heard call bells being answered quickly and saw people received the care they required in a timely manner.

People received their medicines as prescribed. We observed people being given their medicines by staff and saw staff stayed with people whilst they took their medicines. Staff gave encouragement and offered people a drink to ensure medicines were swallowed. Staff signed medicine records once they had confirmed the medicine had been taken. We looked at the medicine administration records (MARs) for people and saw that medicines stock corresponded with the MAR and there were no missed signatures indicating that a medicine had not been given.

We looked at systems used to store and dispose of people's medicines and found staff were doing this safely. A medicine fridge was available for medicines which needed to be stored at a low temperature such as eye drops and insulin. All staff who gave medicines were trained and had their competency assessed before they were able to do so. The home ensured they followed safe medicine administration and practice by inviting a Care Quality Commission Pharmacy Advisor into the home to review medicine practice and staffs' knowledge.

Some people living at the home received topical medicines and creams. During the inspection we saw that people's topical medicines and creams had not been dated when they had been opened. This meant that people could be at risk of receiving medicines that were out of date and therefore ineffective. We discussed this with staff who told us that all opened creams were removed and disposed of every month when they had their new stock delivered.

We recommend the home consider current guidance on administering topical medicines to people alongside their prescribed medicines and take action to update their practice accordingly.

Regular health and safety checks of the premises were undertaken to identify any hazards. However, during our tour of the building we saw that not all windows had window restrictors. This had been identified in an undated audit but had not been completed by the time of the inspection. We brought this to the attention of the registered manager who immediately after the inspection, sent us confirmation that restrictors were

fitted to all windows.

The home had up to date maintenance checks for gas, electrical installation and fire equipment. Staff understood how to report any maintenance issues regarding the building. The home had fire extinguishers, fire protection equipment and clearly signposted fire exits to assist people in the event of a fire.

During the inspection, the home experienced an outbreak of diarrhoea and vomiting. Staff responded appropriately to minimise the spread of the infection in line with their infection control policy. We observed that the home maintained a high standard of cleanliness. There were aprons and gloves available for staff to use. Relatives and people that we spoke with confirmed that the home was always clean and well maintained by the provider.

Good

Is the service effective?

Our findings

People told us they were happy with the staff and felt staff had the skills and knowledge to provide the care and support they required. One person said, "They look after me well." Another said "It's very nice, they help me when I need help." One visitor commented, "She has improved since being here and gets looked after properly."

People received effective care from skilled and knowledgeable staff. There was a comprehensive staff training programme in place and a matrix indicated when updates were needed. Staff had received training in a range of core subjects including medicine administration, first aid, infection control and moving and transferring to help them meet people's needs. They had also received more specific training such as caring for people living with dementia and positive behavioural support. The registered manager told us new staff undertook a detailed induction programme, which included two weeks working alongside established staff. New staff who had not had previous care work experience were enrolled on the Skills for Care, Care Certificate framework. The Care Certificate is an identified set of standards used by the care industry to ensure staff provide compassionate, safe and high quality care and support. Staff were given the opportunity to pursue special interest topics and become 'champions' in areas such as skincare, falls, nutrition and hydration. Staff were supported with appropriate training related to their chosen subject.

Staff told us they had regular training and felt supported by the management team. One staff member said, "The training I've had has helped me a lot." Another staff member told us, "The training is excellent. If I want extra training they will sort it." Documentation showed that staff received regular supervision as well as annual appraisals. Staff we spoke with were happy with the support they were given and one said, "I have supervision regularly and it is helpful." Team meetings were also held regularly and minutes were made available to staff after the meeting.

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.

The registered manager and staff understood the principles of MCA and told us people they supported were presumed to have the mental capacity to make decisions unless there were indications that it was not the case. However , we saw that the principles of the MCA and best interests decision making had not always been applied where they should. For instance, some people who were at risk of falling, had an alarm mat placed near their bed alerting staff when they got up and moved about. There was no mental capacity assessment or best interests decision process recorded in people's notes for this intervention. We discussed this with the registered manager and were told the alarm mats had been placed next to people keep people safe rather than restrict their movement and had been discussed with the appropriate people but not recorded formally. The registered manager acknowledged that this was an oversight and immediately acted to rectify this.

Although the principles of the MCA had not been considered for people with alarm mats, we saw the home had ensured people's rights were protected with other decisions about their care. Where people had been identified as not having the capacity to make a specific decision at a specific time, such as taking medicines or leave the premises unaccompanied, staff had followed the principles of the MCA. They had discussed the decision needing to be made with relevant parties and had made decisions in the best interests of the person. These had been recorded when applicable. For example, one person living at the home had a mental capacity and best interests decision in order to give them medication covertly. We saw that their care plan contained evidence of a mental capacity assessment and a best interests decision, which had been made in consultation with the person's family, care manager, GP, and home. Staff explained that they always asked the person before they gave the medication covertly as sometimes they were happy to take their medication. Covert medication is the administration of any medical treatment in a disguised form. This usually involves disguising medicines by administering it in food and drink. As a result, the individual is unknowingly taking medicines.

People told us they were able to make choices and were included in any decisions about how they were supported. We observed staff asking people what they wanted in terms of their support, for example, what they would like to eat and drink and if they needed assistance with personal care. Care records had relevant consent forms, which were signed by the person or their representative, to agree the support provided.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made the appropriate DoLS applications to the local authority. Some people at the home were under constant supervision and were not able to leave the home unescorted in order to keep them safe. DoLS applications and authorisations had been made for the people who lacked mental capacity to make the decision to stay at the home and receive care.

People were satisfied with the quality and amount of food they had been offered. We received comments that included, "We have plenty to eat and drink", "You cannot fault the food", "The food is very nice and there's always a choice" and "You don't go hungry here and its good quality were very lucky". A relative commented "The food is good. They give them something else if it's something they don't like."

We observed lunchtime during the inspection and found that on the first day it was not a very relaxing experience for people. There appeared to be a lack of organisation and no system in place to ensure people had what they needed. However, further observations on the last day of inspection found a complete contrast. People and staff were relaxed and we saw the interactions between staff and people were positive.

People were able to have their meals in the dining room, the lounge or in their own rooms if they wished. People who did not wish to have the main meal could choose an alternative. Staff offered a choice of drinks to people during meal times and throughout the day and checked with people that they had enough to eat and drink. For example, one person asked a staff member when lunch was. The staff member told them it would be an hour but realising the person was hungry the staff member asked them if they would like some toast with some jam and a cup of tea which they smiled and said yes please. The staff member returned shortly after with the toast and it was clear that this made the person very happy. Where people chose to spend time in their rooms, drinks were available in jugs for them.

The kitchen assistant told us they were provided with detailed guidance on people's preferences, nutritional needs, and allergies and there was a list of people's dietary requirements in the kitchen. Staff had a good understanding of people's individual dietary requirements and how those needs were met. For example,

staff were aware of those people who required a softened diet and how food and drink should be prepared to ensure the person's safety. Recommendations from health care professionals such as Speech and Language Therapist (SALT) were followed to ensure people had their meals and drinks in a way they could manage.

People were protected from the risk of malnutrition because staff where aware of people's individual nutritional needs. The home had a dedicated 'nutrition champion' who was committed to ensure that people's dietary needs were identified and met. We saw that nutritional assessments had been completed when people were identified as at risk of not taking enough food and drink. Where specific diets and high calorie meals and drinks were required we saw these were provided. Where a risk assessment stated that a person needed to be assisted with their food or prompted to eat, this was carried out. The staff provided assistance to people to enable them to eat and drink in a dignified manner. People's weights were being monitored and where there was a concern over a person's level of nutrition or hydration, people had been referred to their GP and dietician. This showed people's nutritional needs were being met.

People were supported by staff to see healthcare professionals such as GPs, specialist nurses, district nurses, opticians and dentists. People were referred to outside professionals without delay and the advice provided by these professionals was listened to and used to plan people's care. For example, staff referred one person, with a chesty cough, to their GP this enabled them to be treated quickly with antibiotics and pain relief.

The home had developed specific skin care assessment and care plans based on the National Health Service "Stop the Pressure" campaign which was a user friendly system that enabled staff to constantly reassess an at risk individual's skin integrity. A visiting community nurse told us they had every confidence in the care at Summercourt. They said "the care is good and the staff are very good. They always ensure they put in the right equipment and look after people's skin with regular turning charts." They went on to tell us that there was no-one with pressure sores at the home. Relatives told us if any issues arose with their family member's health, the staff ensured it was appropriately dealt with and they would be fully involved and kept up to date.

We checked to see that the environment had been designed to promote people's wellbeing and ensure their safety. There was a lift to assist people with all levels of mobility to access all areas of the home. Although the home supported people living with dementia, we saw that very few bedroom doors had people's names or pictures on them to help people identify their rooms and there was little in the way of signage directing people to communal rooms, bathrooms, toilets, lifts and stairs. This may help to maintain people's independence. We saw that people's bedrooms were personalised with family photographs, ornaments and small items of furniture. There were areas for people to relax and communal areas were comfortably decorated.

We recommend that the provider take advice from a reputable source regarding the adaptation of the building to ensure it supports the positive care of people living with dementia.

Outstanding ☆

Is the service caring?

Our findings

People told us they were very happy living at Summercourt and that staff consistently demonstrated a compassionate, warm and caring approach. Staff had good knowledge of each person and spoke about people with affection. People we spoke with consistently talked of a home and staff that 'went the extra mile' to achieve an outstanding quality of life for people who lived at Summercourt. They told us people were cared for in an exemplary manner and that support was delivered in an person centred way. Comments included, "The staff are amazing", "The staff are kind and nice", "The staff are really good and will get me anything I like", "I'm happy here, it's nice accommodation and very caring staff. I've been very well looked after" and "cared for in the best manner, you couldn't have done more."

Relatives were also very happy with the care their relations were receiving. Comments included, "It's perfect for mum", "It's a lovely home" and "I can't speak highly enough of them. This home is so far ahead of the rest." Feedback from a new resident's family said that the home "bent over backwards" to help their parents be together. The resident was anxious about coming into the home so night staff sat up with the person and talked and reassured them for as long as they needed. The person said "It makes me feel as if they are really interested in me as a person, and that is so reassuring."

The atmosphere in the home was warm and welcoming. During our inspection we saw and heard people chatting pleasantly with staff and sharing jokes with them. We saw people were happy to approach staff and staff enjoyed spending time with them talking or being tactile such as holding their hand or giving a hug to offer reassurance. People responded positively to staff by smiling and engaging in conversation. Staff supported people in a caring way; they spoke to people at eye level, listened to people and checked their own understanding by repeating back to the person what they wanted. For example, we saw one person being given information by staff about their family member. This was done discreetly to maintain confidentiality. The staff member approached the person and knelt down beside them, maintained eye contact and afterwards checked to ensure that the person understood the information.

Staff ensured people who were at risk of exclusion due to communication difficulties, were supported to communicate effectively in a variety of ways. For example, for people with hearing aids staff ensured they were clean, serviced regularly and batteries were replaced. One person with a severe hearing impairment, staff used large writing on a white board to communicate effectively and ensure they were understood. People with speech difficulties were supported by staff who listened to them and gave them time to speak.

Staff went out of their way, often in their own time, to think of creative ways in which to enhance people's lives and improve their welfare. For example, one staff member bought a person a small keyboard. We were told that this helped the person, who had communication difficulties, express themselves when they were feeling happy. Another staff member spent their own time visiting charity shops looking for specific books they knew one person would enjoy. This showed that staff cared about people's wellbeing and happiness and really understood people they were caring for.

A caring, compassionate culture was promoted by all staff and the management team led by example. One

person, admitted to the home, was very distressed at having to leave their cat but did not want to have him at the home with her. The provider offered the cat a home and was able to bring him in regularly to see the person, which gave them great comfort. The person's family member said that this had given their relative "peace of mind."

During the first day of the inspection we heard staff speaking to people with affection and using terms of endearment such as 'my dear' and 'love'. People responded well to this, however, to ensure that people were appropriately addressed and as they wished, the provider held a forum for people, relatives and staff to attend, 'are you offended, my love?' A list was then made available for staff of what people's preferred to be called and if they were happy for staff to use terms of endearment or overfamiliar sayings when addressing them. This helped to ensure that staff respected people's wishes and did not unintentionally offend people.

People we spoke with told us they were involved in making choices about their care. We saw one person tell staff they did not want to take part in an activity. We saw staff listened to them and respected their decision. Another person told us they enjoyed spending time in their room and staff respected this. Throughout the day we saw people being offered different choices such as which room they would like to spend their time in, where they would like to sit, what they would like to eat and drink and whether they wanted to engage in any group activity.

People were encouraged to remain as independent as possible with regard to everyday skills. The home supported people on Intermediate Care Placements. Intermediate care is a short-term treatment or rehabilitative service designed to promote independence, which may reduce the length of time people stay in hospital, or help to avoid unnecessary admissions to hospital. These people received care and support from staff to increase their strength and independence prior to returning home. People's care plans highlighted what they were able to do for themselves and how staff should support and encourage them to maintain these skills for as long as possible. For example, where people were able to take part in their own personal care, staff were instructed on how to enable them by passing them the flannel to wash their face. When staff assisted people they explained what they were doing first and reassured people. People looked clean, well-cared for, and well dressed.

People told us staff respected their privacy and we saw that staff knocked on people's doors and waited for their response before entering their rooms. People's dignity was respected and maintained for example, where people needed to be encouraged to use the bathroom this was done discreetly so that others in the room were unaware.

Summercourt recognised the importance of encouraging, welcoming and working in partnership with people's families and carers. The home had been awarded ambassadorial status by the national body 'John's Campaign'. John's Campaign is a campaign that promotes the belief that carers and families should not just be allowed but should be welcomed, and that a collaboration between the patients and all connected with them is crucial to their health and their well-being.

People and their relatives told us visitors could visit at any time, there were no restrictions and they were made to feel welcome. During our inspection we observed visitors coming to the home throughout the day, there was a visitors signing in book in the reception so the staff knew who was in the building in case of an emergency. Staff supported people to maintain contact with family members who were not local and unable to visit them regularly. For example, one person was able to speak to their relative who lived abroad by computer link. Families and friends were also encouraged to send people emails and pictures that staff then show people on the home's computer tablet.

Staff supported to people to enable them to exercise their democratic rights. Some residents wished to vote in the General Election but would be unable to do so unaided due to mobility problems. Staff made it possible and arranged to go with people to go to their local voting station.

The home had received feedback and a number of thank you cards from relatives. We saw positive comments from relatives. These included, "I am always impressed with the warm encouraging approach to residents by the staff", "You have no idea what a relief it is to know that you are leaving a family member in good hands and they will be cared for in the best possible manner", "I don't know what we would have done without them" and 'The care and support she has received has been exceptional. Nothing is too much trouble for them.' The registered manager told us they fed back compliments to the staff team during staff meetings.

The staff were very passionate about ensuring that people and their loved ones, experienced positive end of life care that was delivered with compassion and sensitivity with regular effective communication between staff, the dying person and their family. People's end of life care needs were planned with them. The home designed their own end of life care plan which had been highly praised by the local hospice team. The care plan was completed and developed with people and their relatives to ensure their wishes about how they wanted their end of life to be, were taken in detail, and respected. We saw that the end of life care plans were user friendly and personalised to the individual which enabled staff to provide the most effective and person centred care. People were cared for by staff trained to support people and their families at this time. Six members of staff undertook a three day end of life care course with the local hospice and other staff benefitted from a special follow up session held at the home so that all staff could attend. The home is part of the End of Life Care group in association with Hospice Care.

Staff had received many positive and complimentary comments from families that had been supported at the time of their loss. Comments included, "I thank you and all your staff for the compassionate and loving care you gave to [name]", "her last hours were dignified and comfortable as possible", "the care was outstanding" and "You helped and supported me with your unfailing kindness during a really dreadful time."

Good

Is the service responsive?

Our findings

Some people living with dementia were not always able to verbally tell us their experiences. However, people were able to communicate with us, either by us observing how they responded to staff when care was delivered or by talking to us about things that were important to them. We observed the responsiveness of staff and people's reactions to care being delivered. We saw that staff were aware of people's needs and met these needs when requested. A relative said, "Staff are always in and out to check if she needs anything".

The home had a strong, visible, person centred culture. People received care and support which was personalised to their individual needs and wishes. People who wished to move to the home had their needs assessed to ensure the home was able to meet them. The deputy manager told us they spent time with people, their families and close friends to discuss all aspects of their care planning. They told us they gathered information about people's past, their likes, dislikes and interests to ensure the care plan was as detailed and individualised as possible. This assessment was then used to create a plan of care once the person moved into the home. We saw that each person's care and support plan gave information to staff about the person's needs. This included their life history, what they could do for themselves, what support was required from staff, likes and dislikes, what was important to them and how they communicated. For example, one person's care plan told staff that they could wash their own face and hands and staff should encourage them to maintain their independence.

Guidance was provided for staff which ensured they fully understood people's needs and helped ensure people were supported in a consistent manner. This was particularly important for people who had communication difficulties. For example, one person's care plan contained detailed information about how staff could help them with their communication, 'I have difficulty retaining information and have poor short term memory. This can lead to an increase in confusion and frustration. I need plenty of reassurance. Please be patient, give me time- I can still hold a conversation. I love to chat'. We saw staff approached the person in a calm reassuring way throughout the inspection. One staff member told us "If you're calm they're calm."

Each person's care plan was constantly evaluated, regularly reviewed and updated to reflect their changing needs; this information was linked throughout the care plan. For example, where someone had a fall, staff had updated not only the effects on the person's mobility but also any impact on their ability to continue to complete their personal care. Where one person had been assessed by the speech and language therapists as requiring their food to be pureed, their care plan had been updated, a risk assessment had been created and kitchen and care staff had been informed. This ensured any changes to people's needs were used to update their care and communicated to staff.

All of the staff we spoke with were familiar with people's needs and personalities and were able to explain their routines, risks and how they were cared for. This mirrored information in the care plans we viewed and it was clear that plans were being used effectively to deliver appropriate care. For example, one person, with a medical condition that required specific care, had a detailed care plan. Staff were able to describe their condition, how to care for them, what to look out for and when to seek advice. This showed that staff knew

the importance of getting to know people and treated them as individuals.

People we spoke with told us they were aware and had been involved in developing their care plan. We saw care plans contained signatures from people and relatives and it was clear they had been involved. One person said, "Yes it's information about me and they write in it all the time, I can read if I want but I don't want to."

People were able to make choices and staff respected their decisions. On the day of our inspection we saw people chose where and who they sat with at lunchtime, how they spent time during the day and which of the activities they engaged with.

People were supported to participate in activities they enjoyed and had an impact on their quality of life. One person told us, "There is always something to do and [activities co-ordinator's name] is really good." Another person told us, "I like being in my room now. I'm quite content in here. I have a lovely room with my TV. The staff come in and have a chat with me." One relative told us, "The staff are always offering to help and go out of their way to provide for particular needs and tastes."

The home employed an activities co-ordinator three days a week. A comprehensive programme of different group activities were available, such as arts and crafts, music and singing, quizzes, board games and exercise were planned several times a week. The home ensured that activities catered for different age groups as well as people with varying interests. Staff also involved people in one to one and group activities each day. We saw work from the activities people were involved with, displayed around the home, and people were pleased to tell us about these. During our visit we saw people participating in a knitting group and some people baking, as well as individual activities with staff such as spending time reminiscing about how the town had changed over the years, people they knew, music, films and their favourite childhood sweets.

We saw that staff supported people to pursue their own individual interests. For example, a number of residents expressed a desire to take part in some gardening. The home had responded by creating a sensory garden at the back of the property. The garden was divided up into small sections and themes. For instance, there was a beach scene with a painted mural of "The Ness" on the wall. A herb garden had been planted and decorated with hand painted herb plant pots signed with people's names. There was a games garden with a large outdoor board game, as well as seating areas for people to enjoy. These had been developed with money which had been left to the home by a past resident. The use of the money had been discussed with residents and this is what they had decided they wanted. Another person was a keen golfer. Staff took this person to the local golf course for a round of golf and a ride in the golf buggy.

People had the opportunity to go on organised trips and outings. Recent trips included a 'drive and dine' experience for lunch and music, trips to local gardening centres , trip to the local zoo and visits to pubs that people once enjoyed visiting. Some people enjoyed a ballet performance at a local theatre. This trip was particularly enjoyed by one person who had an interest in the theatre.

People were also encouraged to be involved in purposeful activity, such as laying tables, washing up, folding napkins, polishing cutlery and using the carpet sweeper. This helped people feel a sense of purpose and value.

We saw peoples care plans identified they type of activities and interests people liked to participate in and we found staff understood this and offered people opportunities to engage in their preferred activity throughout the inspection. This showed staff supported people to follow their individual interests and take

part in activities of their choice.

The home supported people to maintain their beliefs and continue to practice their chosen religion. People were supported to attend church when they chose. The manager explained that the home had good links with the local Baptist Church who came to the home twice a month to conduct a service.

People and relatives we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in the main entrance and complaints made were recorded and addressed in line with the policy. The registered manager encouraged people and staff to share their views and concerns with them in order for them to take action without delay. The home has an open door policy and considers acting on concerns and complaints as part of driving improvement. People told us they felt comfortable raising concerns with the registered manager or any other member of the senior management team and told us they were confident they would listen and take action. For example, staff supported one family who had concerns about the care their relative was receiving. This resulted in a safeguarding alert and appropriate action being taken.

Good

Is the service well-led?

Our findings

We found the home was extremely well managed, with clear lines of responsibility and accountability. It was evident that the management had a passion to provide exceptional care and people were at the centre of everything they did or planned to do. This had led to a home that had a truly positive culture that was person centred, open, inclusive and empowering.

The leadership of the home comprised of the provider, registered manager and deputy manager. The management team clearly knew the people living at the home, their friends, their families and the staff extremely well and had a visible presence around the home.

People and their relatives were full of praise and were tremendously complimentary about the management team at the home and the family culture they had developed that ensured people were at the heart of where they lived. One person said "We're like one big family." Relatives told us they had confidence in the management of the home, comments included "It feels like home, very caring. Comes from good leadership and a very solid culture", "[Provider's name and manager's name] are really responsive. You get a sense they really care" and "[Deputy manager's name] goes beyond the call of duty in many ways. [Deputy manager's name] can even be contacted when she is off duty on any medical or other concern we may have."

Health and social care professionals who had involvement in the home gave consistently positive feedback about the care, leadership and management at Summercourt. A community nurse said, "The care is very good here. They are very responsive and they always put in the right equipment and care. The bosses are really involved." Other health professionals told us that communication was good and staff knew people and their needs well. Health care professionals feedback from the recent quality questionnaire included, "Efficient, effective manager, pleasure to work with the team, very caring, always working in the interest of the patient", "Knowledgeable about their residents – [deputy manager] is excellent" and "It is a credit to the managers that their ethos of compassion and commitment to the quality of care is demonstrated by all who work for them."

The culture within the home was nurturing, caring, person centred and encouraged transparency. The home had a warm and friendly environment which was welcoming to the people that lived there and the people that visited.

The home was well organised which enabled staff to respond to people's needs in a proactive and planned way. Throughout our inspection we observed staff working well as a team, providing care in an organised, calm and caring manner. The registered manager had an 'open door' policy and encouraged people and staff to share their views and ideas.

Staff spoke positively about the home and said it was a good place to work and morale was good. Staff told us the management team led by example to ensure staff provided people with a high standard of care. During our inspection, staff appeared confident in their role, welcoming and introduced themselves to us. All the staff we spoke with told us they would feel able to approach the registered manager if they had any

concerns and said the staff team worked well together. Staff told us, "We work well as a team" , "I really enjoy working here. The owners and manager are brilliant they are really supportive and you can talk to them about anything" and "From the moment I started my first shift here, it was clear that this was a home that not only went above and beyond for its residents, but also supported it's staff." Staff said they were confident the home provided high quality care and they would recommend the home both as a place to live and a place to work.

The home was committed to supporting and developing the staff team. The deputy manager told us they had identified and planned to continue to build on the capabilities of key staff members as champions in specific areas of importance, for example skin care, falls and nutrition and hydration. Staff had been booked on specific courses and these staff members would continue to raise awareness and standards, and embed best practice into daily practice.

Staff were encouraged to share their views and provide feedback in order to improve the service. Regular staff meetings took place in which staff were asked for their views. Staff were also asked to complete questionnaires and feedback was reviewed and acted on. The provider promoted an open culture. The home had an up to date whistleblowing policy which supported staff to question practice. Staff confirmed they felt able to raise concerns.

People benefited from a high standard of care because Summercourt had systems in place to assess, monitor and improve the quality and safety of care at the home. A programme of audits and checks were in place to monitor the safety of the premises, accidents and incidents, care plans, safeguarding, staffing and quality of care. From these audits and checks, action plans were created and action was taken by the provider and registered manager when areas requiring improvement were highlighted. This supported the home in providing a quality of care that considered people's health, welfare and safety at all times.

People, their relatives and healthcare professionals were encouraged to give feedback. There was an effective quality assurance system in place to drive continuous improvement within the home. Yearly questionnaires were sent out to people and their relatives. The home ensured that people who required help giving their feedback, were assisted by an independent advocate. Once these questionnaires had been completed and returned, they were analysed and action plans were created to respond to any issues raised. For example, people and relatives had felt that the downstairs bathroom needed updating. The provider responded by redecorating and changing a staff toilet into a residents toilet with an easy access door. The home published a letter detailing the results of questionnaires and what action they were taking to address any concerns highlighted. This showed Summercourt valued people's views and opinions and demonstrated openness and transparency.

People were also asked for their views in the form of residents meetings and forums. The registered manager spoke with people on an individual basis to ensure they captured the views of people who did not want to attend. A suggestion box in the foyer invited people to raise ideas, suggestions or concerns. This was checked regularly by the manager. Information for people was displayed in the home and included leaflets about people's rights, standards people should expect and feedback from the recent questionnaire.

The provider shared their learning and knowledge with other care homes and visited care homes across the country, rated as outstanding, to learn from and drive improvements in dementia care within the care sector. The provider was the chair and founding member Devon Care Kite Mark. This is a peer review group that aims to raise standards in the provision of social care for people through the collaboration of a group of independent care providers. Devon Care Kite Mark constantly strives to ensure they are following best practice within their care homes. Members are invited to participate in peer reviews which enables them to

keep up to date with current thinking, share best practice and continuously improve. This demonstrated that the provider was committed to inspire, educate and improve care. This ensured that people living at Summercourt received care that always demonstrated current best practice.

People at Summercourt benefitted from the home's innovative thinking and collaboration with partnership working across health and social care both nationally and internationally. For example, the home was one of few homes across the country to welcome trainees from the national 'Trainee Nursing Associate' pilot. The Nursing Associate role is a new support role that sits alongside existing healthcare support workers and fully-qualified registered nurses to deliver hands-on care for patients. These trainees provided an opportunity for staff to learn from their experiences. During their time working at Summercourt they had worked on projects around falls, infection control, nutrition and skin care producing information sheets for staff. People benefitted from these students because it enabled even more activities and interaction to happen as there were additional people to support them. This input also benefitted staff in terms of knowledge and understanding which in turn improved care for people living at Summercourt. This demonstrated the provider's awareness of the positive contribution people's expertise could make on shaping the future.

Summercourt demonstrated that they were very firmly a part of the local community and were actively involved in building further links. The home had a very strong bond with the local community college and invited children into the home to sing, perform and chat with people. This provided opportunity for both groups to share experiences and learn about each other's lives. This was hugely enjoyed by the both groups.

People were encouraged and supported to engage with services and events outside of the home. For example, people attended a local day centre that welcomed Summercourt residents to their sessions. The home had also forged links with another day care centre who were starting a Dementia Specialist Activity Centre. The home had plans to tap into this resource to extend people's social interaction and range of activity they could be involved in.

Records were stored securely and staff had easy access to the information they required. People's care records were organised and staff ensured that daily updates on each person's well-being were recorded. Policies and procedures were in place to support staff so they knew what was expected of them. Staff told us they knew where the policies were kept and could refer to them at any time.

The home had notified the Care Quality Commission of all significant events such as deaths and serious injuries which had occurred in line with their legal responsibilities. This meant that we were able to build a full and accurate picture of incidents that had occurred in the service and ensure the correct action had been taken.