

West Heanton Ltd

West Heanton - Residential Home

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

About the service: West Heanton Residential Home is a 'care home' for a maximum of 23 older people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection there were 23 people living at the home.

People's experience of using this service and what we found

People gave consistently positive feedback about the care provided at West Heanton Residential Home. People commented: "Staff are all very compassionate. I get all het up and can't seem to relax so I talk about it to the carers and they understand" and "All the carers here are very kind and helpful. In fact, it is a bit like being on holiday here as everyone is so kind. Whatever you need or want they make you feel it is okay to ask. I feel lucky to live here."

Staff were highly motivated to ensure people received care which was compassionate and kind. The atmosphere in the home was warm and very friendly. People had developed strong relationships with staff, and it was evident that this was an important part of the ethos of the service.

Staff were exceptional at anticipating people's needs. We observed a staff member supporting a lady living with dementia who did not want to be seated. The staff member knew the person used to be a florist. Once the rain stopped they took the lady out to cut some roses in the garden. They then came in doors and on a table in the conservatory had laid out scissors and vases containing water. The lady sat down and filled each vase with a flower arrangement which was then taken and placed on the dining room tables. The lady was clearly so happy to be doing this and felt valued.

People received personalised care and support specific to their needs and preferences. There was an excellent understanding of seeing each person as an individual, with their own social and cultural diversity, values and beliefs.

People were encouraged to socialise, pursue their interests and hobbies and try new things. There was a focus on wellbeing and having a sense of purpose. The organisation, including all staff involved, ensured people had access to as many opportunities as possible to aid their physical and mental health well-being. Activities formed an extremely important part of people's lives and had a positive impact on their wellbeing.

The home won a best practice award in 2017 run by North Devon Care Homes Team with regard to dementia awareness for staff. Staff dressed up in clothes from the 1940's and went to a local Fairground and Heritage centre to increase their awareness of what it would have been like for people earlier in their lives. As a result, staff are now able to engage more meaningfully with people with an increased understanding of

their life experiences. A local celebrity, who champions dementia awareness, came in the evening to give awards to staff nominated by people. There was a Fete with vintage cars all in the 1940's style. This was open to people living in the local community, some of whom had known the people living in West Heanton for many years.

People were supported to have peaceful, comfortable and dignified end of life care in line with national best practice guidance.

The service provided safe care to people. One person commented: "Yes I feel safe, very much so. We have got lovely staff. I used to fall about a lot at home but not so much here." Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; policies and systems in the service supported this practice.

Care plans were personalised to reflect people's personal preferences. People's views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

There were safe staff recruitment and selection processes in place. People received care and support from staff who were well trained and competent.

People, relatives and staff praised the service and the registered manager. Comments included: "The manager is a lovely bloke. A good manager with a lovely family"; "You can approach (registered manager) any time and I can't fault the staff or think of anything he could improve on" and "(Registered manager) is a good leader."

The registered manager had been nominated for the 'Outstanding Care Awards for Devon and Cornwall 2019.' As a result, they had successfully become a finalist. The winners were due to be announced on 28 June 2019. The registered manager successfully won a silver award for care home manager of the year.

A number of methods were used to assess the quality and safety of the service people received. For example, various audits and surveys. The service made continuous improvements in response to their findings.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was Good (report published in September 2016).

Why we inspected: This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for West Heanton Residential Home on our website at www.cqc.org.uk

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

West Heanton - Residential Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

The inspection was conducted by one inspector and an Expert by Experience on the first day, and one inspector on the second day. It was unannounced. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

West Heanton Residential Home is a 'care home' for a maximum of 23 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager 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.

What we did:

Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with 10 people receiving a service, two relative and 14 members of staff, which included the registered manager. We spent time talking with people and observing the interactions between them and staff.

Some people living at the service were unable to communicate their experience of living at the home in detail with us as they were living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not comment directly on their experience.

We reviewed two people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. Unfortunately, we did not receive any feedback.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and supported by staff. Comments included: "Yes I feel safe very much so. We have got lovely staff. I used to fall about a lot at home but not so much here" and "I do feel safe here. My GP thought I would be better and safer here than at home and he was right. A sensible decision. In fact, they make you feel so safe even when doing activities, you may not have tried before." A relative commented: "Mum has been here not quite a year. I think she is definitely safe here and if she felt differently or was unhappy about something I would be the first to know."
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission (CQC). Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.
- The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow.
- Information was available for people on adult safeguarding and how to raise concerns.

Assessing risk, safety monitoring and management

- People's individual risks were identified, and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for moving and handling, falls and skin care.
- Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. This included ensuring necessary equipment was available to increase a person's independence and ability to take informed risks.

Staffing and recruitment

- Staff confirmed that people's needs were met promptly, and they felt there were sufficient staffing numbers. We observed this during our visits when people needed support or wanted to participate activities. Staff spent time with people engaging in meaningful conversation and supporting them at their pace. People commented: "There is always enough staff on duty even at night. I am lucky as my daughter in law and granddaughter work here, so I can speak to them" and "There is usually enough staff to care and support you. Taking you out and about and helping you to do activities. There is nothing to worry about

here." A relative commented: "There appears to be sufficient staff to meet mum's needs."

- Staff told us there were enough staff to support people and people were well cared for. In addition, the organisation employed an activities coordinator, cleaners, two cooks, administrator and a maintenance team.
- We asked the registered manager how unforeseen shortfalls in staffing arrangements due to sickness were managed. They explained that generally regular staff would fill in to cover the shortfall, so people's needs could be met by staff who knew them. In addition, the service had management on-call arrangements for staff to contact if concerns were evident during their shift.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

Using medicines safely

- People's medicines were managed so they received them safely. A person commented: "Staff make sure I have my medication." A relative commented: "The staff do give mum her medication. She is not on much medication and does not get a lot of pain even though she has a broken hip and can't walk."
- Appropriate arrangements were in place for obtaining medicines. The home received people's medicines from a local pharmacy on a monthly basis. When the home received the medicines, they were checked, and the amount of stock documented to ensure accuracy.
- Medicines were kept safely in locked medicine cupboards. The cupboards were kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. Medicines administration records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.
- Staff received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The registered manager and other members of the management team checked medicine practice whilst working with alongside staff and via records. This was to ensure staff were administering medicines correctly.

Preventing and controlling infection

- We found all the areas of the home to be very clean, fresh and free of malodours. The housekeeping team said they had a good team and took pride in keeping the home nice for people.
- Staff ensured infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training.
- Housekeeping staff had a cleaning schedule to follow. This ensured every area of the home was monitored on an on-going basis.

Learning lessons when things go wrong

- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments had been updated. Where incidents had taken place, involvement of other health and social care professionals was requested where needed.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

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

Staff support: induction, training, skills and experience

- People said they thought the staff were well trained and competent in their jobs. One person commented: "The staff are very good and know exactly what they are doing."
- Staff completed an induction and probationary period when they started work at the service. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone.
- Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on a range of subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling. In addition, and a range of topics specific to people's individual needs. For example, diabetes, dementia and nutrition and hydration. Staff had also completed nationally recognised qualifications in health and social care, including the care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. Staff commented: "The training is very good" and "The training I have received has really helped me to do my job."
- Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the registered manager. A staff member commented: "The support is fantastic." This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

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

- Staff knew how to respond to people's specific health and social care needs. Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and well-being.
- People were supported to see appropriate health and social care professionals when needed. People commented: "If I am not well I am sure they would call in the GP, but I have never needed one so far. The only time I was unwell was when I had a sickness bug and staff dealt with that really well" and "They have been good when I had a chest infection they got the GP and I went into hospital." We saw evidence of health and social care professionals' involvement in people's individual care on an on-going and timely basis. For

example, GP and district nurse. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered. People commented: "They (staff) always ask permission to do things" and "Yes, of course. They (staff) will always ask."
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the Mental Capacity Act (MCA) (2005). People's capacity to consent had been assessed and best interests' discussions and meetings had taken place. For example, the need for a person to be in a residential care setting. This demonstrated that staff worked in accordance with the MCA.
- DoLS applications had been made to the relevant local authority where it had been identified that people were being deprived of their liberty. The registered manager was aware that authorisations required regular review.

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

- People were supported to maintain a nutritious and balanced diet. People commented: "I can choose when to eat if I so wish. The meals are very good, and I do get a choice, I can't chew very well now so they have started me on a soft diet"; "The food here is very good" and "Meals are very good. We have a good choice I like savoury dishes best." A relative commented: "Mum eats well and there is always plenty of choice. If I am here at meal times they always offer me a meal." During our inspection we observed a staff member asking what people would like for tea. One person could not remember what quiche was. As a result, the staff member used their initiative and showed the person a picture which they recognised as cheese and egg flan.
- Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. People's weights were monitored on a regular basis. Where a person's ability to eat or drink changed, staff consulted with health professionals. For example, speech and language therapists had been involved with people who had issues with communication and/or eating and drinking.

As a result, people were prescribed specific diets to reduce any risks, and staff followed the guidance.

- The cook was aware of who needed soft diets and ensured food was separated so they could appreciate the different tastes and textures.
- People were offered a variety of hot and cold drinks throughout the day.

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

- People's individual needs were met by the adaptation, design and decoration of the premises. The home was set over two floors and was accessible by a lift. This was regularly serviced. People had a variety of spaces in which they could spend their time, such as the lounge and dining room and their bedrooms were personalised. Reasonable adjustments had been made to enable people to move around as independently as possible, such as grab rails and ramps. The registered manager had future plans to make the home more dementia friendly. For example, changing certain carpets and the colour scheme of some of the walls.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding.

Outstanding: This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and a relative gave consistently positive feedback about the care provided at West Heanton Residential Home. People commented: "All the carers here are very kind and helpful. In fact, it is a bit like being on holiday here as everyone is so kind. Whatever you need or want they make you feel it is okay to ask. I feel lucky to live here"; "Staff are all very compassionate. I get all het up and can't seem to relax so I talk about it to the carers and they understand" and "I am treated well. We have a routine and they (staff) come and help me with washing, dressing and undressing. They knock on my door and announce who they are when they come in and they ensure my bathroom door is shut when I am having my shower. If I have an accident they come and help clean me up very quickly without any fuss or bother. They ensure I don't feel embarrassed." A relative commented: "I can visit at any time and always made welcome. I feel the carers interact well with me as well as with mum."
- There was a strong, visible person-centred culture. This was evident from all staff within all roles. From care staff, domestic staff and management. The person-centred culture was embedded at all levels. For example, staff valued people and knew their preferred daily routines, like, dislikes and wishes. The service ensured that staff focused on building and maintaining open and honest relationships with people and their families, friends and other carers. This really helped to promote and ensure the service was person centred.
- Staff were exceptional at anticipating people's needs. We observed this throughout our inspection. One person was feeling anxious and a member of staff was quick to reassure them, they held the person's arm gently and said, "I am sorry you are feeling anxious, I know what that is like as I suffer with anxiety." The person then asked to see a GP. The staff member said she would ask the GP to visit. They returned to inform the person that they had organised this. On another occasion, we observed a staff member with a lady with dementia who did not want to sit down. The staff member knew the person used to be a florist. Once the rain stopped they took the lady out to cut some roses in the garden. They then came in doors and on a table in the conservatory had laid out scissors and vases containing water. The lady sat down and filled each vase with a flower arrangement which was then taken and placed on the dining room tables. The lady was clearly so happy to be doing this and felt valued.
- A person struggled with anxiety. Staff found out they used to be a hairdresser and ran their own salon. A member of staff came up with the idea of introducing a hairdressing mannequin. This has worked wonders

for this person as they now enjoy setting hair which helps them to relax through distraction. Also, staff were able to establish who their hairdresser used to be and contacted them to find out the correct hair dye and style they used to like. This was important to them to maintain their identity and boost their confidence and self-esteem.

- One person had very limited communication. Staff had discovered whilst supporting them, that when they heard a blackbird outside they became more alert. As a result, staff would play the call of a blackbird and they would wake up, chat about the memories it brought back and start the day in a positive way. The caring nature of staff were always keen to help people have good days and feel empowered to do things they may never have considered doing.
- Staff were highly motivated to ensure people received care which was compassionate and kind. The atmosphere in the home was warm and very friendly. We saw people had developed strong relationships with staff, and it was evident that this was an important part of the ethos of the service. For example, staff told us they spent quality time chatting and building interpersonal relationships with people and saw this as a vital part of their role. They recognised how this gave people a sense of overall well-being and ensured the family feel of the home. This was evident throughout our inspection with the general conversations and banter which were observed. Staff went that 'extra mile' to ensure people received the best possible care and support. For example, coming in on their days off to support the various activities and events which happened at West Heanton Residential Home. Staff believed in the importance of these events and the coming together as a community.
- Staff relationships with people were caring and supportive. A person commented: "Nothing is too much trouble." Staff spoke confidently about people's specific needs and how they liked to be supported. Through our conversations with staff it was clear they were committed and kind and compassionate towards people they supported. For example, they described how they observed people's moods and responded appropriately.
- Staff adopted a strong and visible personalised approach in how they worked with people. For example, staff spoke of the importance of empowering people to be involved in their day to day lives. People felt that their care was focussed on their individual needs. Staff treated people with dignity and respect when helping them with daily living tasks. A person commented: "I think they (staff) are very good at treating me with dignity."
- For the people living at West Heanton Residential home having self-respect is very important to them. As a result, to preserve their dignity, staff have purchased pretend money and a post office has been made. This has empowered people to keep their own money to be able to pay for the hairdresser and nail care.
- An out of order old ray burn had been sourced to create the dining room into a kitchen kind of environment. The idea being that many people living at the home are from a farming background and the kitchen would have been where they would have spent most of their time.
- The staff group's training, knowledge and empathetic nature meant they recognised maintaining people's dignity was essential to them feeling valued, respected and genuinely cared for. Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening. A person commented: "I can't say anything against the staff when it comes to privacy and dignity." We observed staff sensitively supporting people throughout our inspection.
- The service has introduced a uniform, so people can identify staff better. Staff were allowed to pick a colour that they felt represented them. This has enabled people with a dementia to identify staff by the different colours. Also, night staff are often found wearing their pyjamas which has helped people to know what time of day it is.
- The activities coordinator had compiled individual photo albums for families to look through when they visit. This aids conversation with their loved one and also is a comforting thing for family if when they visit their loved one is not having a particularly good day.
- Staff adopted a positive approach in the way they involved people and respected their independence. For

example, encouraging people to do as much as possible in relation to their personal care. One person commented: "They (staff) help with things I can't do but encourage me to do things I can do." Staff were aware of the need to ensure people's diversity was respected. They told us how they supported people with different likes and dislikes. For example, who liked a particular routine.

- The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence, inclusion and people having a sense of worth and value. Staff expressed a passion for providing high quality care. Our inspection found that the organisation's philosophy was definitely embedded in West Heanton Residential Home.

- Our conversations with staff and the registered manager showed people protected under the characteristics of the Equality Act were not discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care and support specific to their needs and preferences. There was an excellent understanding of seeing each person as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. All staff took pride in their work and our conversations with them showed they worked as a team to create a better quality of life for people. One staff member commented: "We really get to know people as individuals, not one thing fits all. Really person-centred care, we know everything about people, even what music they like."
- People were encouraged to socialise, pursue their interests and hobbies and try new things in a wide variety of inspiring and innovative ways. There was a focus on wellbeing and having a sense of purpose. All staff involved ensured people had access to as many opportunities as possible to aid their physical and mental health well-being. Activities formed an extremely important part of people's lives and had a positive impact on their wellbeing.
- Every month a newsletter was produced that told people what themes were for certain days, what activities were being arranged throughout that day and any outings. People had meetings to decide upon where they might like to visit. At the beginning of June, the home had put on a 'big lunch and care home day.' It was seen as an opportunity for people to get together with friends and family to enjoy home cooked food in a relaxed atmosphere. Over 80 people attended this event.
- People had an 'art in care' activity this month. An art group came to run a workshop where people painted butterflies. These butterflies will join thousands of others produced by people using care services around the country and be exhibited on a large tree at a local National Trust property to raise dementia awareness. The service was planning to take people to see the butterflies they had painted.
- The service saw multi-generational involvement as an important way to ensure people's lives were enriched. One being 'Oaks and Acorns' on Thursday mornings where very young children and their parents come to the home to join people in an interactive way. The second being students coming from a local college to do activities with people. People told us how much they enjoyed these events and how important it was for bringing the old and young together and made them feel 'alive.' This also provided the young people with learning about dementia and opportunities to improve their social skills.
- The home won a best practice award in 2017 run by North Devon Care Homes Team with regard to dementia awareness for staff. Staff dressed up in clothes from the 1940's and went to a local Fairground and

Heritage centre to increase their awareness of what it would have been like for people earlier in their lives. As a result, staff are now able to engage more meaningfully with people with an increased understanding of their life experiences. A local celebrity, who champions dementia awareness, came in the evening to give awards to staff nominated by people. There was a Fete with vintage cars all in the 1940's style. This was open to people living in the local community, some of whom had known the people living in West Heanton for many years.

- The importance of connecting with the wider community was one of West Heanton's importance to ensure people lead a fulfilling and rich life. On Sundays there is a 'family service' held for those who want to receive Holy Communion. Staff are encouraged to come in with their children and join people. After the service they have tea and cakes. The registered manager said they have so many attendees now that the church comes to the home as they had more people than were turning up at church on a Sunday morning.
- People's histories were taken into account, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support. For example, a person who came to live at the home post stroke. Their stroke had prevented them from communicating verbally. Through using their care plan, talking to friends and relatives and the use of picture cards staff found out they had a love of rabbits, so much so, they had saved a particular breed from extinction. Staff were able to find the particular breed of rabbit and on an outing took the person to visit them. This was a very positive experience for them as it brought back fond memories and helped with their recovery from their stroke.
- Art was very important to one person. Staff ensured the person had the right paints and they spent a lot of their time painting in their bedroom. They had their own display in the hallway showcasing their paintings. They commented: "I love drawing and painting and they (staff) always ensure I have enough paints etc. I love my big window as I can see the birds on the bird feeders also there is a sparrow nest in that tree opposite. I can also see the farm animals across from my room." The person proudly showed us their art work during our inspection.
- Care files gave information about people's health and social care needs. They were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific activities to aid their wellbeing and sense of value. This was achieved through a variety of communication methods, including pictorial cards. A staff member commented: "We work well as a team and are always striving to do better."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We looked at how the provider complied with the Accessible Information Standard. Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained clear communication plans explaining how people communicated. For example, one care plan stated, 'speak clearly and slowly. Short sentences, eye contact and time to respond.' It emphasised the importance of staff understanding that people living with a dementia experience different realities.

End of life care and support

- People were supported to have peaceful, comfortable and dignified end of life care in line with national best practice guidance. At the time of the inspection there was no-one receiving this type of service. The

registered manager said, in the event of this type of support, they worked closely with the community nursing team, GP's and family to ensure people's needs and wishes were met in a timely way. One compliment received regards to end of life care stated: 'Thank you for your kind care of (person) over her final years. She couldn't have found anywhere better.'

Improving care quality in response to complaints or concerns

- There were regular opportunities for people to raise issues, concerns and compliments. This was through on-going discussions with staff and members of the management team. People were made aware of the complaints process when they started using the service. They said they would have no hesitation in making a complaint if it was necessary. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint.
- A system was in place to record complaints. Complaints were acknowledged and responded to in an appropriate time frame and other professionals informed and involved where appropriate.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and staff praised the service and the registered manager. Comments included: "The manager is a lovely bloke. A good manager with a lovely family"; "You can approach (registered manager) any time and I can't fault the staff or think of anything he could improve on"; "Definitely a well-managed home. One feels safe enough to ask for help when needed"; "I am really happy here. We are valued, and our training is excellent" and "(Registered manager) is a good leader." The service had implemented a duty of candour policy to reflect the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Health and Social Care Act 2008 (Regulated Activities) (Amendments) 2015. This set out how providers need to be open, honest and transparent with people if something goes wrong. The registered manager recognised the importance of this policy to ensure a service people could be confident in.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits were completed on a regular basis as part of monitoring the service provided. For example, checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans had been updated and maintenance jobs completed.
- The registered manager had notified CQC appropriately about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The provider had displayed the rating of their previous inspection in the home, which is a legal requirement as part of their registration.
- The registered manager had been nominated for the 'Outstanding Care Awards for Devon and Cornwall 2019.' As a result, they had successfully become a finalist. The winners were due to be announced on 28 June 2019. The registered manager successfully won a silver award for care home manager of the year.

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

characteristics

- People's views and suggestions were taken into account to improve the service. For example, surveys had been completed by people using the service, relatives and staff. The surveys asked specific questions about the standard of the service and the support it gave people. All comments received were positive. However, where suggestions had been made these had been implemented. For example, a wider variety of activities implemented. The registered manager recognised the importance of ever improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and district nurses. Regular reviews took place to ensure people's current and changing needs were being met.