

Amica Care Trust

Exmouth House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Exmouth House is a care home providing personal care for up to 31 older people. At the time of the inspection there were 30 people living at the home.

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

Exmouth House had a strong and visible person-centred culture which ensured that staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. The ethos of the home made care and compassion every staff member's business. Everyone, without exception, spoke of the commendable kindness, compassion and understanding shown by staff. The provider and management team put people at the centre of everything they did. People were valued and respected as individuals allowing them to be partners in their care. There was an exceptionally strong ethos within the service of treating people with dignity and respect. People were at the forefront of the service delivery and the provider was committed to and passionate about providing a high-quality service.

We received exceptionally positive feedback from all people and relatives. The feedback reflected staff were very kind, caring and committed. People complimented the continuity of care provided by regular staff which contributed to the building of meaningful relationships. Staff exceeded in recognising what was important to people and ensured individually tailored approach that met people's personal needs, wishes and preferences was delivered. There was evidence the staff often went 'the extra mile' to meet people's needs. People, relatives and professionals, without exception said they had and would definitely recommend Exmouth House to families and friends.

Staff used innovative and individual ways of involving people and others in their care. The care and support plans were reviewed and changed as people's needs changed. This included reasonable adjustments which were used to encourage independence.

The service ensured arrangements for social activities met people's individual needs and followed best practice guidance, so people could live as full a life as possible. The service had found out what people had done in the past and evaluated whether it could accommodate activities and made them happen.

The service worked closely with healthcare professionals and provided excellent end of life care. People experienced a comfortable, dignified and pain-free death. We saw feedback from relatives following end of life care was commendable. Staff had the specific skills to understand and meet the needs of people and their families in relation to emotional support and the practical assistance they needed at the end of the person's life. Records showed staff had attended end of life care training. Staff told us they were supported by the management team with empathy and understanding.

The provider's vision and values put people at the heart of the service. These were centred around people having a sense of purpose and of belonging, to live well, and to find enjoyment. This was supported by

ensuring people had choice on how they wanted to spend their time and with whom. They were developed with people and staff in meaningful and creative ways and were owned by everyone. The registered manager provided supportive leadership and had developed a dedicated staff team who were committed to the vision and values of the service. The provider had effective quality assurance systems in place which were used to drive improvement.

People living at Exmouth House told us they received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place. Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

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; the policies and systems in the service supported this practice. People were supported to maintain good health and to meet their nutritional needs.

Rating at last inspection and update

The last rating for this service was Good (published 28 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Exmouth House

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 team consisted of one inspector.

Service and service type

Exmouth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also reviewed the provider's previous inspection reports. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people and three relatives. We looked at four people's care records and five medicine administration records (MAR). During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with the registered manager, operations manager and nine staff which included, care staff, domestic staff, activities coordinator and kitchen staff. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found. We received emails from two further relatives.

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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives all told us they felt safe living at Exmouth House. One relative told us, "The office manager was the first person I met. She immediately made me feel at ease and had all the answers. She will always help if I have any worries. I know mum is very well cared for and this gives me peace of mind."
- People were supported by staff that knew how to raise safeguarding concerns. There was a safeguarding staff notice board, sharing any trust wide issues. The registered manager said, "We want staff to feel empowered to raise any issues within the staff team if standards are not what we want them to be." One example proved this to be the case.
- The provider had safeguarding policies in place and the team reported concerns accordingly. For example, one person living with dementia thought another person was his wife. Staff were vigilant in discreetly managing the situation, using distraction and positive actions to protect both people. Staff said, "When people have dementia, we go to their world. It's about promoting positive relationships."

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe.
- People's risk assessments included areas such as their mobility, nutrition and medicines. Staff were familiar with and followed people's risk management plans.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken. They also acted as people's advocates, for example raising an issue when ambulance staff were reluctant to take a person to hospital.
- People's safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- There were enough staff to meet people's needs. We saw people were attended to and supported in a timely manner and staff were not rushed.
- People, relatives and professionals told us there were enough staff.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff had been trained in administering medicines and their competency checked.

- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection

- The provider had an infection control policy in place which staff were aware of and adhered to it.
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required. People's bedrooms and communal areas were clean.

Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation. Other managers and the senior manager commented before issues were signed off. For example, a needle stick injury was followed by trust wide refresher training.
- Discussions with staff showed there had been learning following any issues identified during audits.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they came to live at Exmouth House in line with current evidence-based guidance and standards to achieve effective outcomes.

- People's expected outcomes were identified, and care and support regularly reviewed and updated.

Appropriate referrals to external services were made to make sure that people's needs were met.

- People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- New staff went through an induction which prepared them for their roles. Staff induction included the provider's mandatory training as well as shadowing an experienced member of staff. The home was signed up to the local Devon Hub and the Care Certificate (a national training programme for staff new to care). Staff could access one to one tutoring if necessary.

- Staff told us they felt supported and had regular supervisions and yearly appraisals. These meetings provided an opportunity for staff to meet with their managers to agree objectives and discuss their performance.

- Further training was available to staff. The registered manager said, "We support all reasonable requests for training. Amica is all about transparency, learning and improvement." The home welcomed volunteers including those from a local college for people with a learning disability. This had proved successful and one volunteer was now able to work at the home independently from the college.

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

- The home had clear systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support. Where referrals were needed, this was done in a timely manner. For example, staff had noted a period of increased chest infections and had made Public Health aware. Another person told us they had had their medication reviewed resulting in some being discontinued. They told us, "I've felt great ever since." Another person had a special arm chair with wheels so now they could access the garden.

- People's care and support was planned and coordinated when people moved between different services. People had proactive care plans in place which enabled up-to date information sharing with other services, including personalised hospital passports.

- The registered manager and staff sought to improve people's care, treatment and support by identifying and implementing best practice.

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

- People were involved in decisions about their nutrition. Records showed menus were discussed in resident's and relatives' meetings, so as to improve people's experience. This included special diets, individual choices and preferences. The chef told us the trust chef had visited to discuss diabetic menus with people. The chef told us, "I love it here, especially seeing everyone." The kitchen was about to be refurbished. The home used an external company to provide basic meals which the chef enhanced with home made treats.
- We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and other sitting areas in the home and staff respected that. People had the same pleasant dining experience and support wherever they chose to have their meal. We saw people were supported with meals in a dignified way.
- Kitchen staff were aware of people's dietary preferences and ensured special diets were catered for. For example, one person loved real butter. Another person had a soft diet but the chef ensured their meal was similar to everyone else, such as taking off the skin of sausages. Alternative menus were available, if and when people changed their minds. There were themed days to tempt people to eat well. For example, chocolate and cheese tasting, bread making and trying different teas.

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

- Exmouth House was purpose built and the lay out was easy for people to navigate through. The provider had completed refurbishing the whole home and it looked fresh, spacious and a pleasant place to be. There was a 50s style lounge and fire place.
- The home allowed free access to people who used equipment like wheelchairs. People could move around freely in the communal areas of the building and the pretty garden area.
- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.

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

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.

- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, " People were given choices as staff worked to the principles of the MCA.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.

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. 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

- Exmouth House had a strong and visible person-centred culture which ensured that staff in all roles were highly motivated and offered outstanding care and support that was exceptionally compassionate and kind. The ethos of the home made care and compassion every staff member's business. For example, the chef sat with a person who was not eating for an hour and made them their favourite omelette. Everyone, without exception, spoke of the commendable kindness, compassion and understanding shown by staff. One person said, "I feel really valued here." They had been part of a handmade Christmas tree decoration competition, writing 'how we made our tree' in 300 words. One person had their handbag filled with sweets and tissues by staff every day. Relatives comments included, "They are ever so good here. I come every day" and "The carers are kind and gentle with her. It is an excellent home and she is looked after so well. I am so pleased I found such a lovely home for Mum."
- The service excelled in making the service a home from home. The provider and management team put people at the centre of everything they did. When we spoke to the registered manager, they were emotional and passionate about the service they provided.
- Staff at all levels were passionate about their roles, showing an overwhelming commitment to ensuring people were at the heart of the service. Comments we received about the service described the family atmosphere and the extraordinary impact relationships had on people's well-being. These included, "As soon as my brother and myself went to view Exmouth House we were sure our mum would be happy in such a warm, friendly, open and bright airy place. She is settling in well and making friends, joining in with activities which she had given up on before. Always clean and groomed. Lovely friendly staff."
- The provider and management team valued and respected their staff. They believed happy staff gave the best quality of care. One relative described the care, "Mum was in considerable pain and very confused. [Staff member name]'s care and gentle efficiency was striking. They were hard working and seemed to understand what is needed in the moment."
- Staff went to exceptional lengths to get to know people and engage with them in a way that valued them. Staff we spoke with told us they valued the relationships they had developed with people. For example, staff supported a person who had not had a positive relationship with their family since learning of their Alzheimers disease. Staff supported the person and their relative to help them understand the process of Alzheimers (a form of dementia). The registered manager said, "[Person's relative] came to visit for the first time at Christmas. We talked issues through step by step and it was a lovely success story. It's lovely to be able to build bridges."
- The home worked closely with a local mental health assessment centre. Staff had welcomed one person to the home, finding out they had been a ballroom dance teacher. The person now had a new lease of life

despite living with dementia. We saw them dancing and teaching other people and manning the record player. Staff had been to town to find vinyl records for them to play together. The registered manager said, "It's wonderful, he's a new man."

- A married couple with different needs were supported to feel empowered to maintain a healthy marriage within the home. Staff had organised a clothes shop to come to the home so the husband could purchase a birthday present for their wife. The person told us how pleased they had been with their gift and card. Another person had had their photo taken with their dog to display on their room door.
- Throughout the inspection there was an exceptionally caring, relaxed, happy atmosphere. Everyone enjoyed each other's company and interactions showed how people and staff valued each other. Without exception the interactions between people and staff at all levels were kind and compassionate. Staff took time to have meaningful conversations with them, using their knowledge and understanding of people to engage with them on a personal level. Staff were extremely sensitive to times when people needed caring and compassionate support. One person was losing weight but loved chocolate. Staff ensured they were comfortable, the person liked to be wrapped up in their duvet. The person then enjoyed chocolate flavoured supplements and other chocolate treats.

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

- There was an exceptional, inclusive approach to care that valued people and relatives and made them partners in care provision. The provider and management team created opportunities for people to be involved in their care, using a 'life before you knew me' form. People had staff key workers. A keyworker is a staff member responsible for overseeing the care a person receives and liaised with families and professionals involved in a person's life. This allowed staff exceptional opportunities to know people better and build meaningful relationships with them and their relatives. For example, a married couple were supported to go out for a drive every day, coming home for lunch together as they used to in the community.

• There were many examples of staff using their exceptional caring approach to achieve significantly improved outcomes. The activity co-ordinator said, "There's a point to all we do. I can be with people which is important. You can't find fault here." One person had high needs but staff were sourcing a specialist wheelchair and occupational therapist assessment so the person could go out and enjoy a sunny day. Relatives were also extremely positive and told us how living at the home positively affected their loved ones. One relative commented, "The staff have helped people make real friends. I've seen people having a drink together, enjoying the DJ and a sing song." The provider's values and ethos of individual care meant people received outstanding, personalised care built on trust, compassion, empathy and never-ending commitment from dedicated staff. For example, to combat loneliness, staff had sourced an interactive cat. Staff kept it looking good by giving it a blow dry and having a naming competition. The home also had two real cats and one person had a dog living with them. The home had bought the dog a new dog bed. Everyone was involved and followed the pet care plans. Each person had individual Christmas presents chosen by their key worker.

• Records showed people and relatives were fully involved in decisions about care from assessment, care planning and through to care reviews. Changes to care were discussed with people on an on-going basis and choices offered on how best to provide effective care. For example, people and relatives had the staff handheld device computer recording system explained to them, so they did not think staff were on their mobile phones. A relatives portal enabled relatives to be assured people were receiving good care as well as celebrating people's achievements and activities.

• Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement. Staff encouraged use of independent mental capacity advocates (IMCAs) whenever necessary. An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not

have family or friends who are able to speak for them. IMCAs do not make decisions and they are independent of the people who do make the decisions.

Respecting and promoting people's privacy, dignity and independence

- The service placed significant emphasis on promoting people's independence. There were many examples of people's confidence and independence improving as a result of the support they received. For example, people used 'do not disturb' or 'please clean my room' signs to promote choice and privacy. One person loved the rain, so staff always sat with them at the window, marvelling at any storms, despite them being vision impaired.
- People were treated with dignity and respect at all times and without discrimination. The service supported and encouraged staff to notice and challenge any failings in how people were treated at the service. One relative commented, "I come every day. Staff have shown me how to help with meals so I promote her independence. If she has the spoon in her left hand she can do it."
- Recruitment, training and support for staff was underpinned by the key values of kindness, respect, compassion, dignity in care and empowerment.
- People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent. People were supported to be as independent as possible. People had asked for a new hairdressing salon. There was now a salon chair, barber shop and appointment system to enhance the experience. Bathrooms were beach themed to make them relaxing places to be.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect information.

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 now improved to/deteriorated to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was completely person-centred. For example, staff found ways to ensure people could live the life they wanted. Staff demonstrated an excellent level of knowledge of each person who lived at the home. For example, one person had been supported to make their own golf club and staff had found a portable golf green. The person had then taught other people how to play.
- Staff had been supported to gain knowledge and skills about specific diseases, such as Parkinsons and dementia. Where people had similar experiences, staff brought them together to share and make hobby buddies, whatever their needs.

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.

- The service were able to meet people's different communication needs. One way they did this was by supplying information in different languages and formats.
- The service encouraged and supported people with the use of technology, such as skype, to keep in touch with family and friends. This impacted positively on people's general mood and feeling of well-being.
- Assistive technology was widely used to aid communication. For example, some people had computers or tablets which allowed them to communicate and stay in touch with families and friends. People were thus able to actively and meaningfully participate in conversations and reviews of care and support.

Supporting people to develop and maintain relationships to avoid social isolation

- Visitors were warmly welcomed at the home. Next door were independent living apartments and the home had set up a befriender scheme to help people get to know their neighbours in a meaningful way.
- The home welcomed visitors from local religious establishments and supported to attend church if they wished. The home hosted coffee mornings with the parishioners from the local church.
- People were supported to maintain relationships. For example, there was a regular 'Knit and Chat' session and lots of relatives came throughout our inspection. A home choir brought people together and staff told us how lovely it was to see people with limited communication sing.

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- Meaningful and person-centred activities led by an activities champion (described by relatives as a

'revelation'), helped build people's feeling of self-worth. Joining with the wider community, for example, going bowling and shopping. People had made craft items to sell at a local craft fair. The registered manager was setting up a scheme with a local hotel so people could go out and enjoy a different setting, for example attending a tea dance. People had enjoyed an evening out to a walking band of the Royal Marines. One person had been out to visit where they used to live.

- A link with a local pre-school was meaningful. They had come to sing Happy 99th Birthday and made a card for one person. The activity co-ordinator said it was important for people to have a role. One person had written out song and carol lyrics for everyone in a folder and did requests. Another school had visited to judge a cupcake decorating competition. This had all had a significant, positive impact peoples' well-being.
- During the inspection people were occupied all around the home. There was music playing, stocked magazine racks, including birthday cards for people to use independently, puzzles and crafts. One care worker from the kitchen spent time playing dominoes with a group of people regularly. They said this kept one particular person from feeling anxious so they made it into a real tournament. Another person had been allocated part of the garden and had grown beautiful meadow flowers with their families involvement. This had grown into a market stall idea, made by a relative. People enjoyed indoor and outdoor markets. For example, during Wimbledon the stall was full of strawberries and cream. At Christmas, people had made paper chains for a Christmas decoration competition.
- The garden was designed as a circular walk. People had planted vegetables with 8kg of produce harvested, winning an award for Exmouth in Bloom. Five people from the home attended the award ceremony. The registered manager said, "We were the only home who took people living at a home. It was important for them to be celebrated."
- Staff supported people to achieve their full potential and fulfil their own goals and objectives in very creative ways. They felt empowered to implement any ideas. For example, some days they fired up the BBQ and people helped to make bacon sandwiches. One person now had a pedometer and staff helped them count their steps, praising their achievements. There was a dressing up rack and there had been an Easter bonnet parade. There was a sweet shop trolley filled with items people had requested. Staff reported people having better self-esteem, more confidence and acquiring new skills. The activities co-ordinator said, "[Person's name] has really flown since she has started doing crafts. It's just about tuning in to them."
- People had lots of opportunities to go out, at least once a month. Trips had included; local beaches, local museum and shopping. Birthdays and anniversaries were celebrated with parties and relatives coming to have fun together. Lots of relatives enjoyed volunteering, running the knit and chat (making blanket squares for charity) or craft sessions. There was an in-house trust competition, recently to create a floral wonderland friendship garden, which the home had won in the past.

Improving care quality in response to complaints or concerns

- There were lots of opportunities for people to air their feelings, make suggestions or discuss concerns. For example, there were residents' meetings. This meant complaints were rare at the service and any 'niggles' were treated as a complaint. The registered manager said, "Communication is key, we all work together."
- Any complaints the service did receive were logged and responded to appropriately. Any themes or patterns were identified by head office and used for learning and improvement.

End of life care and support

- Appropriate advance care plans were in place, setting out people's wishes for when they were nearing the end of their lives. Staff collaborated closely with the local palliative care team for advice and care planning, facilitating discussions around death and dying.
- Staff had training in end of life care, which enabled people to remain at the home, if this was their wish, when they were nearing the end of their lives. One family commented, "My father spent the last six months of his life at Exmouth House. At all times he was treated with care and respect. At the end of his life, Dad was supported by all those caring for him and I also felt supported during this time." Another family said, "You

are all wonderful, committed people and we feel so lucky that Mum's final year was made worthwhile."

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

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

- People told us they thought the service was well run. A relative said, "The manager always has time to talk to me if I have any worries or problems, even if she is very busy. She has her finger on the pulse and appears to be unflappable!!!"
- Amica Care Trust operates five homes nationally with the support office in Taunton, Somerset. There was a clear leadership structure which aided in the smooth running of the service, supported by the CEO, senior home manager, operations manager, HR, payroll and procurement and a maintenance team. Staff were aware of their roles and responsibilities and took pride in their work and supported each other to ensure good care was provided.

The provider management team were very involved in their homes. The CEO visited the home after the Christmas decorating competition saying, "One of the volunteers hosted us and explained in detail the theme they had created and the involvement of the residents, families and staff. Residents were able to tell us how they had taken part in creating and decorating the home, and how much they enjoyed it. They were engaged and there was a clear sense of joy and wellbeing in the home. There were photos of residents who had taken part in the local Exmouth nativity scenes and even residents shopping for the materials they needed to make the decorations. Decorations extended out into the gardens – amazing! Exmouth House scored 5 in all areas of the competition and won."

- The registered manager had robust quality assurance systems in place. These included, audits of medicine records, care planning, staff files and quality satisfaction surveys.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were complimentary of the support they received from the registered manager and provider and felt the service was open and honest. One staff member commented, "We are well looked after. There is a staff member of the month scheme. We get a bouquet and chocolates. It's nice." We heard that people living at the home were involved in the voting with support from the activities champion. Another staff member said, "
- Legislation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- Surveys were regularly conducted. The results from the latest survey were positive. People's and their relative's views were also sought through meetings and an open door policy. For example, the registered manager had moved the office near to the front door and were planning a new reception area. It was very important for them to be accessible and supportive for families. One family told us, "The management have supported us with kind words and information and advised how to talk to Dad and to keep the visits short. This has proved invaluable as Dad is much calmer now and has started to make a new life for himself. At first he spent most of his time in his room, even eating on his own. Gentle encouragement from all the staff, he now enjoys happy times in the day room mixing with other residents and joining in with activities."
- The staff told us there was good team work, they felt involved and were encouraged to attend team meetings. Information was also shared with staff at handovers and briefings.

Continuous learning and improving care

- The registered manager referred to good practice sources to obtain further training, for example, the Social Care Institute for Excellence (SCIE) or The Skills Network and Skills for Care.
- Staff had further training opportunities to aid their personal development or to provide support to people with specific conditions.

Working in partnership with others

- Records showed the provider and manager worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.