

Improving Prospects Ltd

# Manor Community Care Home

## Inspection report

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Date of inspection visit:  
27 June 2016  
28 June 2016

Date of publication:  
21 November 2016

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection took place on 27 and 28 June 2016 and was unannounced. The previous inspection was carried out April 2013 and there had been no breaches of legal requirements at that time. We had no previous concerns prior to this inspection.

The service provides accommodation for up to 10 people with mental health needs and who may also have a secondary diagnosis of learning disability or autistic spectrum disorder. At the time of our visit there were nine people living at the service. 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.

The views of people were sought in a way that was informal, relaxed and tailored to their individual needs. This demonstrated a person centred ethos and creativity and, ensured any barriers to effective communication were overcome. They used a sensitive approach that respected people's cultural backgrounds and mental health needs. We found during our visit that spending time with people and talking about things important to them, was an approach they were more familiar and comfortable with and enabled us to assess their experience of the service more effectively than asking more direct questions. Staff supported this and introduced us to everyone individually and explained why we were visiting.

The registered manager listened to people and staff to ensure there were enough staff to meet people's needs. They demonstrated their responsibilities in recognising changing circumstances within the service and used a risk based approach to help ensure that staffing levels and the staff skill mix was effective. Staff had the knowledge and skills they needed to carry out their roles effectively. They enjoyed training and sharing what they had learnt with colleagues. Staff were supported by the provider and the registered manager at all times. The service complied with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received a varied nutritious diet, suited to individual preferences and requirements. Mealtimes were flexible and taken in a setting where people chose. Staff took prompt action when people required access to community services for expert treatment or advice.

Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. It was evident that they were committed to the people they supported. The registered manager and staff were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that their life experiences remained meaningful.

People received appropriate care and support because there were effective systems in place to assess, plan, implement, monitor and evaluate people's needs. People were involved throughout these processes. This ensured their needs were clearly identified and the support they received was meaningful and personalised.

Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals and where necessary care and support had been changed to accurately reflect people's needs. People experienced a lifestyle that met their individual expectations, capacity and preferences.

Everyone involved in this inspection demonstrated a genuine passion for the roles they performed and individual responsibilities. They wanted to ensure that those living at the service felt safe and valued. Staff embraced new initiatives with the support of the registered manager and colleagues. They continued to look at the needs of people who used the service and ways to improve these so that people felt empowered to make positive changes.

## 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.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

There were enough skilled, experienced staff on duty to support people safely.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

### Is the service effective?

Good 

The service was effective.

People received good standards of care from staff who understood their needs and preferences. Staff were encouraged and keen to learn new skills and increase their knowledge and understanding

People made decisions and choices about their care. Staff were confident when supporting people unable to make choices themselves, to make decisions in their best interests in line with the Mental Capacity Act 2005.

People had access to a healthy diet which promoted their health and well-being, taking into account their nutritional requirements and personal preferences.

The service recognised the importance of seeking advice from community health and social care professionals so that people's health and wellbeing was promoted and protected.

### Is the service caring?

Outstanding ☆

The service was caring.

The provider, registered manager and staff were fully committed to providing people with the best possible care.

Staff were passionate about enhancing people's lives and promoting their well-being.

Staff treated people with dignity, respect and compassion.

People were supported to maintain relationships that were important to them.

### Is the service responsive?

Good ●

The service was responsive.

Staff identified how people wished to be supported so that it was meaningful and personalised.

People were encouraged to pursue personal interests and hobbies and to join in activities.

People were listened to and staff supported them if they had any concerns or were unhappy

### Is the service well-led?

Outstanding ☆

The service was well led.

The vision and values of the home were embedded in the way care and support was provided to people. Feedback was encouraged and improvements made to the service when needed.

People benefitted from staff who felt supported and were motivated to learn and develop. There was a person centred culture and a commitment to providing high quality care and support.

The managers strove to maintain, sustain and further improve the experiences of people living in the home through quality assurance processes.

# Manor Community Care Home

## **Detailed findings**

### Background to this inspection

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

This service was previously inspected in April 2013. At that time we found there were no breaches in regulations. This inspection took place on 27 and 28 June 2016 and was unannounced. One adult social care inspector carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

During our visit we met and spent time with nine people living in the home and we spoke individually with three. The service worked closely with various health and social care professionals and, we have considered and referred to the intelligence reports we received from those that visit the service.

We spent time with the registered manager and spoke with five staff. We looked at people's three care records, together with other records relating to their care and the running of the service. This included four staff employment records, policies and procedures, audits and quality assurance reports.

# Is the service safe?

## Our findings

The home had implemented several new initiatives since the inspection carried out in April 2013 in order to take steps to further protect people from avoidable harm. This had been achieved without compromising their freedom and choice. Staff had a good level of understanding when identifying potential risks, managing actual risks, and keeping these under review. People were supported to take risks balanced on their safety and their health care needs. People's capacity had been taken into account when such choices had been made and their right to take informed risks had been respected. We saw some good examples where extensive work, re-evaluation, monitoring and support had enabled people to be as independent as possible, whilst respecting there may be a degree of risk. This included, promoting life skills, attending appointments, managing finances and exploring services within the local community.

Staff had identified when certain behaviours from people could impact on their safety, other people who lived in the service, staff and visitors. Risk assessments provided information about how people should be supported to ensure safety. Staff considered what triggers may exacerbate certain behaviours so these could be avoided wherever possible, for example loud noises, shouting, pain and distress. Where this had not been possible staff knew how to support people to de-escalate the situation. Staff had the knowledge to protect people safely without being restrictive. This particularly related to supporting people with behaviours that they were unable to control at times. People's records contained information about what made them feel safe, for example being in the company of others. One person's records told staff how they reacted when they were scared, nervous or panicky and what interaction they wanted from staff to make them feel calm again. Support included, 'speaking slowly and getting straight to the point'.

Staff fulfilled their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Monthly audits helped staff identified any trends to help ensure further reoccurrences were prevented.

Staff understood what constituted abuse and the processes to follow in order to safeguard people in their care. Policies and procedures were available and staff had attended safeguarding training updates to refresh their knowledge and understanding. Extensive one page profiles had been developed for each person in the event that they may go missing or have an accident/come to harm when they are out. There were very good descriptions of physical and distinguishing features. It also provided a brief synopsis around people's behaviours, for example how would they react if they were approached by a stranger and how this was best managed. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police.

One new initiative for later this year was to increase people's understanding of abuse and safeguarding each other. An interactive, fun, training day was being developed to suit all levels and would include games with

safeguarding themes. The PIR stated, 'Refreshments and discussions about the sessions will provide a chance to discuss the level of learning achieved and to raise important issues within the safeguarding policy'.

There were sufficient numbers of staff on duty 24 hours a day. During the inspection the atmosphere was busy and alive. People had made individual plans for the day ahead and staff responded promptly to people's requests for support if required. The staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to illness the staffing levels were increased. Staff escorts were also provided for people when attending appointments for health check-ups and treatments and when someone wanted to go out socially. The registered manager ensured there was a suitable skill mix and experience during each shift.

Recruitment was seen as an essential part of keeping people safe whilst ensuring they were cared and supported by staff of good character and demeanour. The provider and registered manager promoted this by encouraging people who lived in the home to be involved in decisions about who worked at the service. Following a formal interview, applicants were shown around and introduced to people living in the home and staff on duty. People were asked for feedback once the meet, greet and informal discussions were completed so they could express and share their views on prospective new staff. After a few weeks new staff gave people mini surveys asking them their views with regards to their performance. Questions encouraged people to voice their opinions about, 'the way they work, were they meeting their needs, were they helping people reach their goals and were they happy for the new staff member to keep working with them'.

Other safe recruitment procedures were followed. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people. One newly appointed staff member told us they were 'quite impressed' with the recruitment procedure and they had received two interviews with the registered manager and the provider. They said the process enabled a 'good exchange of information and was very well organised'.

Policies, procedures, records and practices demonstrated medicines were managed safely. Staff completed safe medicine administration training before they supported people with their medicines and this was confirmed by those staff members we spoke with. Staff were observed on all medication rounds until they felt confident and competent to do this alone. The registered manager also completed practical competency reviews with all staff to ensure best practice was being followed.



# Is the service effective?

## Our findings

Throughout our visits staff were confidently and competently assisting and supporting people. The registered manager ensured staff were equipped with the necessary skills and knowledge to meet people's physical and psychological needs. Staff confirmed that the induction and subsequent training they received was effective.

The induction programme consisted of 15 modules to be completed within three months and was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. In addition to this the registered manager had found additional on-line learning resources through a training provider called 'The Grey Matter'. They provide staff with modules that aimed to equip them with the knowledge they needed in order to meet the Care Certificate outcomes.

New staff worked with senior staff to assist with continued training throughout the induction process. Staff did not work alone until they felt confident within the roles they were to perform. We spoke with the two newest members of staff who told us the induction had been very useful and they had felt supported when getting to know people.

Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain professional qualifications. In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. This included dementia awareness, person centred approaches to care, managing epilepsy and schizophrenia and bi-polar awareness. Staff were asked for feedback on all training provided to ensure it was meaningful and effective. The provider had recently appointed a trainer to support staff across all their services. Staff said the trainer was engaging and that sessions had been interactive and a positive, fun way to learn.

The service had a small, steadfast group of staff. They felt supported by the provider, registered manager, and other colleagues. Additional support/supervision was provided on an individual basis. Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. Everyone attended staff meetings as an additional support, where they shared their knowledge, ideas, views and experiences.

All staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so.

Staff understood its principles and how to implement this should someone not have mental capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals and independent advocates. The registered manager spoke with us about a recent situation where they did not

agree with a decision a relative had made for someone living in the home. The decision had restricted the person from doing something they had expressed an interest in. Although the relative's intentions were kind it was not supporting the person's best interests or choices. The registered manager managed the situation sensitively and respectfully throughout. An independent advocate was sought to represent the person and support the relative. Best interests meetings pursued in order to discuss the person's rights and so that choices would be supported, whilst assessing the risks and having plans in place to keep them safe. This was a positive example where staff had implemented and understood the principles of DoLS and had achieved a positive impact and outcome for a person living at the home.

There were no restrictive practices and daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home, socialising together and 'popping out' to local amenities. They chose to spend time in the lounge, the dining room and their own rooms. They engaged with various preferred activities/interests throughout the day.

Staff ensured people were protected from the risks of poor nutrition and hydration. They provided choice and provided nutritious food that supported health needs. People were supported and educated by staff to eat a balanced healthy diet, without compromising their choice and preferences. There was a mixed culture within the service and food choices played an important part in ensuring a personalised approach that respected diversity. Staff were very knowledgeable about this aspect of care and support and enjoyed encouraging and educating people to prepare meals that suited them. This included sourcing Halal foods and recipes from people's native countries. During our inspection there was a mouth-watering aroma in the kitchen and we saw one person being supported by a member of staff whilst cooking Jamaican food.

People were encouraged and supported to plan and prepare meals. There were no rigid menus, meals and mealtimes were flexible each day dependent on personal preferences and daily routines. People enjoyed eating out and having takeaways. Hot and cold snacks and drinks were available throughout the day. Opinions about meals were always sought to help ensure people were satisfied with the choice, variety and quality of the food.

The registered manager and staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. Staff ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. People were supported by staff for all appointments they attended. The level of support was individualised and people were empowered to represent themselves at the appointments as much as possible. All appointments were documented and included the outcomes of these. Care plans and risk assessments were updated if this was required.

The home worked in partnership with the hospitals, community social workers, the community mental health teams and the community learning disabilities team (CLDT). We looked at the most recent completed questionnaires received from four professionals. There was a section that asked for their views about the care and support people received. Comments included, "I have always been very impressed with the support given" and, "The staff have always been very helpful and people are supported well". Scores for all individual questions were rated as 'good' and/or 'excellent'.

## Is the service caring?

### Our findings

Staff had supported some people for many years. People were confident in their surroundings and with each other. We had several opportunities to see how relationships between the registered manager, staff and people was promoted and supported. Conversations were personal and reflected positive, respectful interaction. You could see there were genuine friendships between staff and people that promoted an inclusive atmosphere. There was a sense of living together as an 'extended family'. Conversations were lively and people were informing staff what they planned to do that day. We heard normal everyday conversations for example, one person said they were having a lie in, someone said they wouldn't be home for lunch and another person said they would be making an appointment with their GP. Some people did not have significant family members. One support worker told us, "I do feel like a surrogate mum to one person and that suits me fine if it means they feel happy and loved". Advocacy services were also available and had been used in the past.

One relative we spoke with told us they were, 'very pleased with everything'. They said, "Staff are very kind and my relative is very happy here, everyone is very approachable and easy to talk with". We looked at the most recent completed questionnaires received from three relatives. There was a section that asked for their views about the care and support people received. It was evident they were 'very satisfied and grateful' and they named staff and thanked them personally for their support. Comments included, "We are very pleased with the service provided", "Great success in dealing with needs admirably, and I am very grateful" and, "We are always welcomed by staff on duty". Scores for all individual questions were rated as 'good' and/or 'excellent'. One relative recently wrote to the home thanking the staff for visiting their daughter during a short stay in hospital. They commented, "You all do a fantastic job here with the residents, it's always a pleasure to visit".

Staff morale was positive and they were enthusiastic about the service they provided. We asked them what they were particularly proud of and what went well. Comments included, "I'm always proud of individual's progress and the sense of achievement for them and for us", "I see very caring staff who support people to follow their dreams", "There is a strong sense of an extended family unit where we do all we can to make people feel special" and, "We respect people's diversity and individuality". Staff saw their role as 'supportive and advisory', whilst respecting that people must 'make their own decisions even if they make mistakes and learn from them'.

Throughout the inspection we saw various examples where acts of kindness and care had a positive impact on people's lives and wellbeing. The registered manager and staff demonstrated a determined, positive commitment to people and would always go that extra mile in order to ensure they felt valued. Staff supported people as equals; their approach was respectful and patient. It was evident that over time staff had built up positive relationships with people that were based on trust and personalisation. They wanted people to feel important and live a life that was meaningful and fulfilling. The registered manager and staff provided us with an extensive background of people's lives prior to living at the home and it was evident they knew people well. This had helped enhance a person centred approach to care and support where people could aspire to achievable goals and aspirations.

The registered manager and staff promoted a delegated support worker role. The registered manager explained how it was essential to match the right member of staff with the right person to ensure the support worker role was meaningful for people. All staff completed a 'staff profile sheet' which helped best match the client to a staff member. They considered personal preferences and interests, age, personalities and experience and the partnering was reviewed to ensure they remained effective. Examples included shared interests in sport, religion and hometowns. One staff member explained that sometimes people 'just clicked' with certain members of staff and were more 'responsive and engaged' with others. One relative we spoke with said their son's support worker was, 'very good with them' and the relative was 'very grateful'. They told us their son's progress was 'very much down to the relationship between the support worker and their son'.

The care and support provided was developed around 'Compassionate Care (Seager 2006)'. The concept of which is to focus on creating a secure and psychologically healthy, caring relationship between staff and individuals. Whilst staff remain professional they show empathy, understanding and compassion in the spirit of a homely environment which gives individuals confidence to take positive risks, become independent and recover, knowing that a safe and caring environment awaits them.

There was a real sense of an empowering culture for people who lived at the home. Independence and autonomy was promoted at all times and was at the centre of all care and support people received. It was never assumed that people who moved to the home would stay on a permanent basis. Support pathways were developed with individuals and relevant professionals to support phased progression for the potential to live in an alternative independent community setting. The registered manager and staff recognised individual capabilities and worked on strengthening these. Two people had recently successfully moved from the home into supported living. This was a testament to the drive, patience and commitment of everyone in the home who had supported them and made this happen. One person wrote to the home and said, "Thank you for letting me live here and for all your warm welcomes. All the staff were very nice, bless you all".

Other examples were shared where people and staff had felt proud of individual successes around independence and being in control. One person had previously found it challenging when managing their own money. They often spent it very quickly and then ran out before their next allowance was due. Staff educated the person about the value of money and the advantages of budgeting and saving. Over time the person had adopted these principles and they had started to save money so they could treat themselves to something nice. This approach had also helped people to appreciate the value of personal effects and how much they had cost.

The ethos of the service was that people should be afforded every opportunity to live a normal life and enjoy those things that everyone has a right to. Ideas and initiatives to support this were constantly thought about and discussed with people and amongst staff. This year people had said they would like the option to consider short breaks or holidays abroad. This was evidenced in the monthly 'house meetings' minutes. To do this they would require passports and no one currently living in the home had one. The registered manager spent a considerable amount of time and dedication supporting individuals to apply and obtain passports. During this process it was identified that some people didn't have the required documents and they had to apply for these in addition. This included birth, marriage or adoption certificates. Although the implications of applying for passports had not been anticipated the registered manager continued their efforts with the applications as promised. They were delighted to share with us that a small group of people had enjoyed a mini cruise this year and plans were being discussed for future trips out of the country. The whole process had been an extensive piece of work. The registered manager and staff should be congratulated on their continued efforts to overcome obstacles and achieve the desired goals for people.

they supported.

There was a strong, visible person centred culture and people were supported, encouraged and provided with information that helped them to express their views and opinions and make decisions. One example of this was the EU referendum, where people had been helped to understand the choices available and some of the implications. Following which they were supported to cast their vote. Another person had recently attended a hospital appointment and met with their consultant to discuss the treatment and aftercare they would be receiving for an operation. The registered manager spoke with us about how they helped the person understand the implications and potential risks when having a general anaesthetic and balancing these against the positive results the operation would provide. This approach had increased the person's awareness so they could decide whether to proceed with the treatment or not. During the consultation the registered manager had noticed that the consultant was talking to his patient through the registered manager rather than directly at them. The registered manager pointed this out to the consultant and asked them to speak directly to the person. This was a good example where the ethos of empowerment and promoting equality and people's rights was paramount and supported at all times.

The PIR stated, "Person centred care is not only based on current support needs and wishes but also looks toward the future". This would include choices and preferences around people's wishes should they become ill, require end of life care in addition to what arrangements they would like when they die. The registered manager spoke with us about how they helped to raise awareness about these decisions and how people had been supported; this was also confirmed in people's care records. There were examples where people had been assisted respectfully and sensitively. This included one person who had been recently supported when making decisions about whether to receive treatments following a terminal diagnosis or whether to consider alternative palliative options of care provision. Two people had also recently expressed a wish to make plans for their funeral and they had chosen what they wanted to wear, the hymns they wanted and, who they would like to perform a reading. Another person was being supported to write their last will and testament.

Families and friends were kept informed and involved with the service by producing quarterly newsletters. These were available in the home and sent to family members especially to those who were unable to visit regularly. The newsletter provided information about significant events with photographs and future plans for the coming months. The introduction of the quarterly news letters in 2015 had received positive comments from people who used the service. These were being further developed to help improve existing satisfactory methods of communication with 'residents, family, friends and staff'. The PIR stated, 'The newsletters will improve communication around key policies and highlight how everyone can be further involved in the running of the home and support community events'. Personal invites were sent to families and friends so they could join in any celebrations or events.

## Is the service responsive?

### Our findings

A person was moving into the home on the day of our inspection, the registered manager provided us with sound knowledge about the person and it was evident that the pre-admission process was thorough. Information was detailed and supported the registered manager and prospective 'resident' to make a decision as to whether the service was suitable and their needs could be met. Every effort was made to ensure that significant people were also part of any assessment including family, hospital staff, GP's and social workers. Besides celebrating a birthday and a cake on hand, this person was actively practicing their chosen religion and plans had been put in place so they could attend their place of worship. Specific foods to support their religion had also been sourced and ready for the person's arrival.

The pre-admission assessments were used to develop care plans based on individual needs and were reviewed and further developed during the first four weeks after moving in. People and their relatives were supported through this process by staff. Plans captured a holistic approach to care that included the support people required for physical, emotional and social well-being. The content demonstrated that people had been fully involved. They were personalised and included information on people's life experiences, interests, hobbies and likes and dislikes. There was specific, detailed information about behaviours, personalities and personal backgrounds. This included how people preferred to be spoken to, preferred routines and methods of communication. In addition to this plans were monitored and evaluated every month with people to help ensure they were up to date with current needs and wishes.

Some people didn't always choose to sit down formally each month to evaluate the support they received and this was respected. For this reason alone those people and the staff had adopted a more spontaneous approach to planning for the future and discussed support required and any preferred changes on a daily basis. We spoke with two new staff who were on their induction. They told us that reading through care records had been 'key to getting to know people'. They also confirmed that the records were an accurate reflection of the individualised care and support people received.

There was a multi-agency approach to annual care reviews to help ensure people continued to receive support that was responsive. Different people were invited to the reviews dependent on need and included family members, advocates, psychologists, GP's and social workers. People were encouraged and supported to attend their meetings; equally staff respected those occasions where people chose not to take part.

Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handovers, staff meetings and written daily records. These accounts also provided a good level of detail for all staff to read, they told a story and informed staff about what had happened during the month.

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to a person in charge. We saw examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was



required. The registered manager spoke with us about one person who was going to trial a reduction in medicines they were taking. This was a complex process and the person was understandably anxious about the 'step down process' and how this would affect their health, including side effects and withdrawal. The registered manager and staff had continuously acted in the persons best interests to help ensure they felt safe and understood every aspect of the process. In addition to offering reassurance and encouragement they simplified the process by developing a picture and easy read format so that they had a greater understanding of what could happen and how they would be supported.

The service protected people from social isolation and recognised the importance of social contact. The ethos of the service was to promote people being part of the local community so that it was personal to each individual, offering choice, empowerment and independence to individuals; so that people would lead enriched and fulfilling lives. In order to achieve this staff had written support plans which captured people's needs with regards to their social wellbeing and provided staff with specific information about what people wanted. Activities were provided, encouraged and based on people's individual preferences and personal interests. Staff had clearly worked with individuals to identify what was important to them to meet their social wellbeing. People enjoyed planning to go to, football matches, cinemas, pubs and bowling centres. Hobbies and personal interests included, art and woodworking classes and one person was part of a walking group in Bristol.

There was no end to the list of outings, trips and activities people had chosen and taken part in this year. Theatre productions and musical concerts were particularly popular. This year people had seen, The Michael Jackson Tribute, The War Horse, The Bodyguard, The Sound of Music and Shrek. Future bookings included, Billy Elliot, The Kinks, Guys and Dolls and Chitty Chitty Bang Bang. In addition to the plans for mini-breaks and holidays abroad, people had enjoyed holidays at Centre Parc's and coastal resorts this year.

People 'lived in their home just like any other person would'. They were encouraged and supported to prepare and cook their meals, food shop, recycle, garden, and take part in other general household chores, for example cleaning, laundry and tidying their rooms. As mentioned previously in the report developing these skills had helped people to move into alternative independent living arrangements.

The service liked to work with the local community as much as possible and encouraged people living in the home to fulfil their cultural needs by attending local churches, fetes and festivals. This year the home supported the local church in an Easter egg hunt which was being held at a park opposite the home. The home provided, practical help, they supplied hot water for beverages and donated cakes. We read a letter of thanks received by the home from the church, which said, "We are extremely grateful for your support and help in making the egg hunt a wonderful success". There was a lovely sense of community spirit in the letter and the church Pastor had requested suggestions whereby the church could help serve Manor Care Home in the future.

The service took part in sponsored events to raise money for national and local causes. People who lived at the home were asked for recommendations about which charity they would like to sponsor and donate the money raised. Last year they took part in a charity Christmas hat day and raised money for the Sarcoma Trust. Each year the home participated in the national Residential Care Home Open Day, where family, friends and neighbours join the 'residents' and staff for refreshments and entertainment.

The complaints policy and procedure was available in written and picture format. It helped people understand how to express what they were feeling and what they could do if they had any concerns. The registered manager and staff encouraged people to express any concerns or anxieties and dealt with these promptly. They felt that this approach prevented concerns escalating to formal complaints from relatives

and relieved any anxiety that people may be feeling. Because staff knew people they supported very well they recognised when they were unhappy about something. People had one to one support throughout the day. This gave them the opportunity to speak or communicate with staff about anything that may be worrying them.

Each person had a transfer fact sheet. This was a detailed, concise overview about people and was used when they transferred between services for example hospital admissions or when attending appointments. These provided other care providers with essential information to help support consistency in care and promote people's safety. Essential information included triggers that may change someone's behaviour, pain and distress indicators and things that would make a person feel safe and comfortable. In addition to this it provided emergency contact numbers, previous and current medical history, current medicines, people's capacity and communication needs.



## Is the service well-led?

### Our findings

The registered manager demonstrated effective leadership skills within their role. Their knowledge, enthusiasm and commitment to the service, the people in their care and all staff members was evident. People living in the home came into the office throughout our inspection. This was a good opportunity to see how the relationships between the registered manager and people were promoted and supported. The engagement was personal to each individual. The discussions and conversations that people had reflected positive, respectful interaction. One person in particular enjoyed being in the office with the registered manager for long periods of time. There was a sofa in the office so people could sit comfortably and relax; it was 'after all, their home'. The provider told us, "I'm not sure how the manager gets anything done, everyone loves popping in and out". Staff spoke highly of the registered manager. Comments included, "The manager is the best manager by far. She has a natural instinct and is creative with new ideas which always work", "The manager puts so much effort into things and she is very passionate" and, "We all get on well with the manager; she is fair and represents us well to the provider particularly when we have done something to be proud of".

The registered manager led by example. Although they were supernumerary on each shift they were readily available to offer support, guidance and hands on help should carers need assistance. The registered manager also covered vacant shifts, when other staff members were not available. This promoted continuity of care and kept them up to date with people's needs. There had been no agency staff used for over three years. The providers spent time at the home on a regular basis. They knew people individually and interacted with people in a familiar, relaxed approach. They supported and joined people in social occasions and outings. The provider recognised they had responsibility to ensure people and staff were happy and felt supported.

The registered manager was knowledgeable about the people in their care and the policies and procedures of the service. They were keen to share with us the achievements over the last year and their views, aims and objectives for the coming year. In addition to the achievements we have referred to throughout this report the service had introduced designated Open Day's and Family Focus groups. These were arranged for friends and family to visit the home, where they meet with the registered manager and staff. These events often have a theme to help support and raise awareness. The registered manager spoke with us about the most recent successful event which was dedicated to Mental Health Awareness. The service aims to hold these four times a year and they were currently looking at alternative ways to make the events more engaging, interactive and fun.

The registered manager promoted and encouraged open communication amongst everyone that used the service. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis. Other methods of communication included meetings for people, their relatives and staff. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. It was clear through discussions with people, staff and looking at the minutes that the meetings were effective, meaningful and enjoyed. One relative told us, "I go to the meetings and find them very useful. It's a good way for me to keep me up to date and hear all the news".

The service promoted a key role in the local community and had been working hard to integrate and raise the profile of the home and the 'residents'. They were actively involved in building further links. This year the service was in the process of providing quality assurance questionnaires for neighbours entitled, "How are we doing?" The provider stated in the PIR, "We want people to have a voice on how they perceive the home and any improvements they feel could be made".

There was a strong emphasis on equality and treating people as valued adults. The provider updated the registered manager, staff and people living in the home of any local issues, weather warnings and other safety issues. When they received alerts from the local authority the information was shared with everyone. This would include things such as being aware of bogus CQC inspectors, or other unauthorised visitors that may try to enter the home fraudulently. The provider encouraged and supported a wide range of communication methods in order to reach out to every individual. This included text messages, popular social networking sites and emails as well as traditional methods such as face to face conversation, group meetings and written memos.

We saw various examples whereby requests from people had been listened to and actioned in addition to empowering people to effect positive changes within the service. This year the provider wanted to invest in the front garden and people were asked for suggestions. This became a project for them and they planned the whole design, layout and planting from start to finish. We noticed the improvements as soon as we arrived and it was evident that people wanted to showcase the home they lived in. Since the development they had taken an active part in maintaining the garden and they were happy with the results.

There was an emphasis on teamwork amongst all staff at all levels. Staff were 'positive and proud' about what they had achieved as a team to ensure the quality and safety of people was promoted and maintained. One newly recruited member of staff told us, "I am really enjoying myself, it's good to be part of the team and I am feeling positive about being here". The provider wrote in their PIR, 'Our policy on Duty of Candour encourages openness and honesty and a no blame culture, which in turn promotes team working to solve issues and improve safety and quality'. The provider recognised and celebrated staff performance in addition to awarding staff for all their efforts. One member of staff had recently appeared in a newsletter and was congratulated and commended for their innovative ways of encouraging independence for people they supported.

One of the providers was previously the registered manager of the service. They spoke with us about how they had been afforded the opportunity as the provider to expand their knowledge so that the service could continue to create a better future for everyone who used their services. The provider was currently doing a Master's Degree in Social Care Law. Modules within the degree had helped highlight areas they wanted to improve in. They told us, "We are not finished here, we provide a good service but we want to provide a service that's better than good. We can do so much more to help our clients go that little bit further and to provide them with even more opportunities".

The provider strives for excellence through consultation, research and reflective practice. Their visions and values were imaginative and person centred. The provider and registered manager had a clear vision about how they would continue to improve the service for people and staff. The service was important to them and they wanted the best for people. The detail provided in the PIR was extensive and demonstrated a strong emphasis on the values for continual improvement. People benefited from receiving a service that was continually seeking to provide a service that they were at the centre of. The approach to care and support was promoted and developed through research based, best practice. This year the provider and registered managers for all three services were aiming to implement the 'Compassionate Care into the Attachment Theory for Adults (Seager 2006)'. Some benefits behind this theory are; to develop interpersonal

relationships, help staff predict and understand problematic behaviour and, explore and promote positive staff, 'resident' relationships. We look forward to seeing the progress and impact for people on this initiative at our next inspection.

The provider and registered manager were constantly reviewing the service so that people received a service that was responsive, innovative and based upon a person centred approach and best practice. This year the service was in the process of introducing Critical Reflective Practice based on a framework developed by Kim (1999). A policy had been developed to explain the principles of reflective practice and how this will develop further improvements in the support people received. Both people living in the home and staff were to be supported to adopt this approach. The thinking behind its implementation was to promote change in staff approach to care, to promote self-awareness and to improve communication skills for all involved. Reflective practice is a way of considering and examining ones thoughts, actions and reactions in order to gain a better understanding of yourself and to identify more effective ways of responding in future. We look forward to seeing the progress and impact for people on this initiative at our next inspection.

Further plans for the next 12 months included review of care documentation which was to encompass an electronic live system for both staff and individuals to use. This would be implemented with the introduction of a laptop and electronic tablets. Research had shown the new live system would promote positive engagement and further ensure that continual assessment and evaluation would enhance people's expectations and desired achievements.

The service works in partnership with other organisations to make sure they are following current practice. The organisation is a member of Care and Support West. The provider is also a director of the body and attends various board meetings and meetings regarding the current topics within the care sector. The registered manager is the lead manager of the Bristol Registered Managers Network, facilitated by Care and Support West. The registered manager is also a member of the National Skills Academy. Senior staff attend various workshops and seminars in relation to the care sector that are organised and attended by experts. Last year the provider attended the Health and Care exhibition which is one of the biggest health and social care exhibitions run in the UK, they have registered to attend again this year. The PIR stated, "There are many speakers at the event and exhibitors. It has been a great way to ensure we keep abreast of the key discussion points, whilst at the same time experiencing and discussing new ways of working".

There were various systems in place to ensure services were reviewed and audited to monitor the quality of the services provided. Regular audits were carried out in the service including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.