Trees Park (East Ham) Limited

Manor Farm Care Home

Inspection report

211-219 High Street South
East Ham
London
E6 3PD

Tel: 02085488686

Date of inspection visit:
29 August 2017
30 August 2017
13 September 2017

Date of publication:
14 November 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 29 and 30 August and 13 September 2017 and was unannounced. Manor Farm is a care home which provides nursing and residential care for up to 81 older people. At the time of this inspection there were 74 people using the service. The home is divided into three units spread across three floors, all accessible by lift. The top floor of the home is for people requiring residential care, the middle floor is for people with dementia and the ground floor is for people with nursing needs.

At the last inspection in May and June 2015, the service was rated Good overall but had one breach of the regulations because the provider had not had a registered manager for more than twelve months. 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. At this inspection we found this issue had been rectified. There was a registered manager in post.

People and relatives thought the service was safe. Staff were knowledgeable about how to report concerns or abuse. The provider had a recruitment system in place to ensure the suitability of staff working at the service and there were enough staff on duty to meet people's needs. Risk assessments were carried out with management plans in place to enable people to receive safe care. The provider was in the process of carrying out refurbishment of the premises. There were systems in place to maintain the cleanliness and safety of the premises. The provider had systems in place to ensure the safe administration of medicines.

Staff received appropriate support through supervisions and training opportunities. Appropriate applications for Deprivation of Liberty Safeguards (DoLS) had been applied for and authorised. Staff were aware of the need to obtain consent before delivering care.

People were offered varied and nutritious menus of food, snacks and drinks. People also had access to healthcare professionals as required to meet their day to day health needs.

People and relatives thought staff were caring. Staff were knowledgeable about how to develop caring relationships with people who used the service. People's privacy and dignity was respected. Staff had awareness of The Equality Act 2010 and delivering care in a non-discriminatory way. People were given choices and their independence was encouraged.

Staff were knowledgeable about providing a personalised care service. Care plans were detailed and showed people's preferences. A variety of activities were offered which included trips outside the home and visiting entertainers. People and relatives knew how to complain and the provider dealt with complaints in accordance with their policy. The provider kept a record of compliments about the service.

People, relatives and staff spoke positively about the management of the home. Regular meetings were held

for people who used the service and relatives to check they were happy with the service provided. The provider had held a themed day to obtain feedback about the service. The service was asked to provide dementia training to the local community. Staff had regular meetings to keep them updated on policy changes, service development and to encourage good working practices. The provider had quality assurance systems in place to identify areas for improvement.

We have made two recommendations around the storage of medicines and supporting people with specific health conditions. Further information around this can be found in the detailed findings.

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. People and relatives thought the service was safe. There were enough staff to support people's needs. Relevant recruitment checks were carried out for new staff and criminal record checks were up to date.

Staff were knowledgeable about safeguarding and whistleblowing procedures. People had risk assessments in place to ensure risks were minimised and managed. The provider carried out regular building safety checks. The service was undergoing renovation to communal areas of the premises to keep people safe from harm. People were protected from the risk of infection.

There were appropriate arrangements in place for the administration and management of medicines to ensure people received their medicines as prescribed.

Is the service effective?

Good

The service was effective. People and relatives told us staff had the skills needed to provide care. Staff were supported with regular opportunities for training, supervision and appraisals.

The provider was aware of what was required of them to work within the legal framework of the Mental Capacity Act (2005). Deprivation of Liberty Safeguards applications were made appropriately. Staff were knowledgeable about people's mental capacity and need to obtain consent before giving care.

People were given choices of meals, snacks and drink from varied and nutritional menus. The service assisted people to liaise with healthcare professionals as needed.

Is the service caring?

Good

The service was caring. People and relatives told us staff were caring. Staff were knowledgeable about people's needs.

The service had a system where staff usually worked on the same

floor and people had a named care worker and named nurse to oversee the care they received. We observed positive interactions between staff and people who used the service.

People confirmed their privacy and dignity was respected and staff demonstrated they were knowledgeable about providing dignified care. The service had an equal opportunities policy and provided training to staff in equality and diversity. Staff were knowledgeable about equality and diversity. Staff demonstrated awareness about encouraging people to maintain their independence.

Is the service responsive?

Good

The service was responsive. Staff were knowledgeable about providing a personalised care service. Care records were personalised and contained people's preferences.

There was a wide range of activities offered to people including activities outside the home and visiting entertainers.

People and relatives knew how to make a complaint if they were not happy with the service. Complaints were resolved within the provider's policy timescales and to the satisfaction of complainants. The service kept a record of compliments.

Is the service well-led?

Good

The service was well led. There was a registered manager at the service. People who used the service, relatives and staff gave positive feedback about the leadership of the service.

The provider had a system of obtaining feedback about the quality of the service through regular meetings with people who used the service and relatives. The service held themed days and obtained feedback about people's experiences through questionnaires. The management team arranged regular dementia training sessions for the community.

The provider held regular meetings with staff to keep them updated on service developments. There were various audit systems in place to regularly check the quality of the service provided and issues identified were dealt with appropriately.

Manor Farm 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 and 30 August and 13 September and was unannounced. The inspection was carried out by two inspectors, one expert-by-experience and a specialist nurse advisor on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist advisor is a person who has professional experience in caring for people who use this type of service. One inspector visited on the second and third inspection day.

Before the inspection, we looked at the evidence we already held about the service including the Provider Information Return (PIR). This is a form in which we ask the provider some key information about the service, what the service does well and improvements they plan to make. We looked at the last inspection report and reviewed notifications that the provider had sent us since the last inspection. A notification is information about important events which the service is required to send us by law. We also contacted the local authority to obtain their views about the service.

During the inspection we spoke with 18 staff including the regional manager, registered manager, deputy manager, four nurses, five care staff, two senior care staff, an activity co-ordinator, the chef, one domestic staff and the maintenance person. We also spoke with 15 people who used the service and five relatives. Additionally we spoke to a healthcare professional and a church visitor who were visiting the service during our inspection. We observed care and support in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed nine people's care records including risk assessments and care plans and eight staff files including recruitment, training and supervision. We also looked at records relating to how the home was managed including medicines, policies and procedures, building safety and quality assurance documentation.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. Comments included, "Well, yes, very safe", "Very safe, they take good care of us here", "I do feel safe" and "I feel safe here." Relatives also confirmed the service was safe. One relative said, "Yes, I think so. Every Friday they do a fire alarm test and all the doors shut." Another relative said, "Yes the staff are quite good."

There was a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, we found staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and written references. We also saw staff had criminal records checks carried out to confirm they were suitable to work with people.

The service also had a system in place to check nursing staff were registered with the Nursing and Midwifery Council (NMC) and their registration remained up to date. The NMC is the regulator for nursing and midwifery professions in the UK and ensures nurses and midwives keep their skills and knowledge up to date and that they maintain professional standards. This meant a safe recruitment procedure was in place.

Most people thought there were enough staff to meet their needs. One person told us, "Yes there is enough staff." Another person said, "Yes plenty." A third person told us, "There are enough staff." However one person told us, "Yes, in the daytime but there is not at night." One relative also told us, "Sometimes they are short staffed. At weekends." We discussed this with the registered manager and the deputy manager who explained that on occasions they were short at night or at the weekend if staff called in sick. The registered manager and deputy manager said if they could not find staff to replace absent staff then they would cover the shift,

Staff told us they thought there were enough staff on duty. For example, one staff member told us, "There is normally enough staff." Another staff member told us, "There are enough staff." We reviewed the rota and saw there were enough staff rostered to meet people's needs. We observed that nobody had to wait long for assistance and call bells were answered promptly. This meant the provider ensured there were enough staff on duty to meet people's needs.

Staff were knowledgeable about safeguarding and whistleblowing procedures. One staff member told us, "If I saw somebody abused, I have the right to report them [the abuser]. I can call CQC or the safeguarding people." Another staff member told us, "If you don't action it quickly, [the abuse] will not end and it will continue. If I see something that isn't supposed to be, I will go to the manager and the manager will action it. We can also go to CQC." A third staff member said, "First I report it, document it, tell it to the nurse in charge or senior in charge or the manager or I could whistleblow to the social worker or CQC."

We saw safeguarding records that confirmed the local authority and CQC were notified when there was a safeguarding incident. The service had clear and comprehensive safeguarding and whistleblowing policies which were up to date. Records also showed staff received training and regular updates on safeguarding adults. This meant the provider had systems in place to safeguard people from the risk of harm or abuse.

People had risk assessments as part of their care plans regarding their care and support needs, Risk assessments identified potential risks and included a risk management plan. For example, one person had a risk assessment which stated, ""[Person] is at risk of choking because of difficulty in swallowing which may also lead to malnutrition. Because of difficulty in swallowing [person] is to have soft moist diet for easy swallowing. Serve tea with thickener. Syrup thick fluids. When in bed sit upright to have drinks." This person also had speech and language therapy guidelines which summarised for staff the recommended consistency of food and fluids and monitoring required. Other risk assessments for people using the service included mobility, moving and handling, nutritional and pressure wounds.

However on the first inspection day we noted that although people with diabetes had a risk assessment around their health condition there were no guidelines to inform staff of symptoms to look for in the event that somebody was experiencing hypoglycaemia [low blood sugar] or hyperglycaemia [high blood sugar]. The deputy manager took immediate action on this.

We recommend that the provider seeks guidance and advice from a reputable source about caring for people who have specific health conditions in order to provide the right support and minimise risks.

Building safety checks had been carried out in accordance with building safety requirements. For example, a gas safety check had been done on 18 August 2017, fire fighting equipment had been checked during November 2016, and the certificate for portable electrical appliance testing was valid until 23 March 2018. The service had a health and safety inspection completed on 26 May 2017 by an external agency with no issues identified. This meant the provider took reasonable steps to ensure the premises were safe for people using the service, staff and visitors.

Medicines were stored in a locked medicine trolley in a locked room on each floor. However on two floors the room the medicines were stored in was very warm and one of the medicine fridges was hot to touch. Records showed this medicine fridge was running at the maximum recommended temperature for medicine refrigeration. This meant that people could not be sure their medicines would be effective when administered to them.

We raised this issue with the regional manager who took immediate action and the fridges from the clinical rooms were moved to a cooler area. The management team told us they were aware of the issue of all the clinical room temperatures being too high and had requested an improved air conditioning system from their head office. Records showed this had been identified in the most recent monthly medicines audit done in July 2017. We noted a replacement medicine fridge had been ordered during the course of this inspection to replace the malfunctioning fridge.

We recommend the provider seeks guidance and advice from a reputable source around the safe storage of medicines.

The provider had a comprehensive medicines policy which gave clear guidance to staff on their responsibilities regarding safe medicines management. Medicine administration record (MAR) sheets for medicines taken daily were completed correctly with no gaps on each floor. Some prescription medicines are controlled under the Misuse of Drugs legislation to prevent them being misused, being obtained illegally or causing harm. The provider had systems in place to ensure controlled drugs were stored appropriately and correctly accounted for. There were also appropriate arrangements in place for the receipt and disposal of all medicines.

People who required "pro re nata" (PRN) medicines had detailed guidelines in place. PRN medicines are

those used as and when needed for specific situations. PRN medicines that were not supplied in blister packs were in date and clearly labelled. Reasons for giving PRN medicines were documented on the back of the MAR sheets. People who required their medicines to be given covertly had guidelines for staff on how to safely administer the medicine and signed agreement by the GP. Covert medicines are those that need to be given in a disguised format because the person lacks the capacity to understand why the medicine is needed. The above meant that people received their medicines as they required them and as prescribed.

We noted on the first inspection day there was a malodour on the ground floor. This odour improved significantly as domestic staff carried out their cleaning duties. The building was also in need of renovations particularly the bathroom and kitchen areas. We observed that work in bathrooms replacing tiling and flooring was in progress at the time of inspection. The registered manager provided us with the renovations plan and programme of works to be completed by the end of November. The plan included the replacement of carpets in communal areas with flooring that would be easier to keep clean and odour free.

The provider had an infection control policy which gave guidance to staff on the steps they should take to prevent the spread of infection. Hand washing facilities met national recommendations and there were wall mounted gel facilities in all communal areas. We noted in one of the bathrooms on the first floor that the batteries needed to be replaced in the hand wash dispenser. This was done with immediate effect. Staff were observed to wear gloves and to change gloves before giving care. This meant people would be protected from the risk of spreading infection.

Good

Is the service effective?

Our findings

People and relatives told us staff had the skills needed to provide care. A relative told us, "I am very happy with the care and I have no concerns."

One staff member told us, "Yes, it is very useful. It helps us to improve our knowledge." Another staff member said, "Very useful. This is good because sometimes we can forget or maybe we can learn more." A third staff member told us, "The manager really does not joke with training. Very useful so it is worth it. It makes you learn more."

We looked at staff training records and they showed staff had received a variety of training including diet and nutrition, fire awareness, first aid, food safety and moving and handling. The training matrix flagged up when staff were due refresher training. All staff were required to complete the Care Certificate. The Care Certificate is training in an identified set of standards of care that staff are recommended to receive before they begin working with people unsupervised. New staff completed an induction period of a minimum of one or two weeks depending on their previous experience and shadowed more experienced staff as part of this induction. New staff were also assigned a mentor and expected to complete a three month probation period. This meant people using the service were supported by suitably qualified staff.

Staff told us they had regular supervisions and appraisals. One staff member told us, "Yes, [supervision] always motivates me." Another staff member said, "Very useful so you know how you are doing." A third staff member told us, "Yes very useful. It helps to push you more forward in your career." We looked as supervision records that confirmed staff received regular supervision. Topics discussed included dignity and respect, policies and procedures, workload objectives and training. We looked at appraisal records that showed staff were given a performance rating at their appraisal of below average, satisfactory, good or excellent. Appraisals included evaluation of the staff member's job knowledge, quality of work, team working, communication and personal development.

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. The application procedures for this in care homes and hospitals are 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 were being met. At the time of this inspection, 43 people were under DoLS legally authorised under the MCA because they required a level of supervision that may amount to their liberty being deprived. We looked at people's care records which showed assessments

and decision making processes had been followed correctly.

Staff demonstrated an understanding about MCA and DoLS. One staff member told us, "Three people on the top floor are under DoLS. It protects them, for example, if they wanted to leave the home alone." Another staff member said, "People who lack capacity, sometimes they can't make choices. If they can't make choices, we have to inform the family."

We also checked whether staff had awareness of the need to obtain consent before giving care. One staff member told us, "Must tell [people who used the service] what we are going to do and if that's okay for them, we do it. If they say no, we respect their choice." Another staff member said, "We ask them. If they don't want at that moment, we come back later and we keep trying until they accept." A third staff member told us, "We inform them of what we are going to do." A fourth staff member said, "We communicate with them. They hear even if they can't respond."

People gave us mixed feedback about the food. Positive comments included, "Yes the food is lovely", "As nice as indoors, don't taste different. They come round with it and ask you if it is all right", "Very good" and "The food is pretty good." However one person told us, "I am finding it hard to eat. I am just back from the dentist." This person asked staff for assistance with eating lunch but this assistance was not provided. Staff seemed unaware the person may need support or a later lunch because they had been to the dentist. We raised this with the management team who addressed the issue with the staff. Another person said to us, "What's this food? I am not sure I fancy it." Staff immediately offered the person alternative choices.

Comments from relatives included, "Most of the time, the breakfast she loves it. Sometimes we bring food from our country", "She eats well. She is able to choose", "Yes it is quite good. He eats everything. He gets a choice."

Staff were knowledgeable about people's dietary preferences and requirements. We observed lunch on each floor and saw positive interactions between staff and people who used the service. People enjoyed the food being served and the mealtime experience. A varied and nutritious menu was offered and people were offered at least three meal options every day. The chef confirmed they were aware of people's food preferences and told us, "Every day I speak to people to find out what their mealtime experience is." The service had been awarded the top food hygiene rating in January 2017 which meant the service had very good food hygiene standards. This meant people were provided with food that met their dietary requirements and was safely prepared..

People told us they had access to healthcare. Comments included, "The doctor comes every Tuesday", "We have the doctors every Tuesday. The chiropodist if we need them" and "Doctor yes. Chiropodist was around last week." A relative told us, "The doctors come here. When I am not available they take [person who used the service] to the doctors."

Records confirmed that people had access to healthcare professionals as required including opticians, dentist, retinopathy and cardiac rehabilitation service. People who were fed through a tube into the stomach had a detailed care plan which involved regular input from the speech and language therapist and the dietician. This meant the service was proactive in ensuring people's healthcare needs were met.

Good

Is the service caring?

Our findings

People and relatives told us staff were kind and caring. One person told us, "The staff are very nice. They are good and kind." Another person said, "I like it here. I like the people. The staff are very good." A third person told us, "Oh yes. You can ask them [staff] for anything and they help you out." A relative told us, "It's lovely here. All the staff are very good." Another relative said, "They [staff] are very caring."

Staff were knowledgeable about people and their care needs and described how they got to know people using the service. One staff member said, "I try to speak with [person who used the service]. Put a lot of questions to get [person] to speak. They come with the assessment; we follow the care plan and talk to the family." Another staff member told us, "Your eye contact is important when you talk to [people using the service]. Gradually you develop a relationship. [The person's] care plan is the best way to know their needs; it's your guidance. Their families do help." A third staff member said, "We are like a family to [people who used the service]. I love to introduce myself and give them comfort. I talk to them like my mother. Some like to sing and dance. Read the care plan. Talk to the family."

Staff told us there was a "keyworking system" where each person using the service had a named care worker and a named nurse. The named care worker was responsible for updating the person's care plan, keeping their room tidy and purchasing toiletries for the person. The named nurse was responsible for overseeing the person's medical care and arranging appointments with health professionals. Staff also told us they worked on the same floor most of the time which enabled them to provide continuity of care. This meant people were familiar with the staff supporting them and staff were able to get to know people's needs well.

During the inspection we observed positive interactions between people using the service and staff. For example, one person asked a staff member where they should sit. The staff member responded, "This is your home. You can sit anywhere you like." There was a warm and calm atmosphere throughout the home and we saw staff engaged in conversation with people. We also observed a member of the domestic team who made time to talk and reminisce with people as they carried out their duties. This staff member was knowledgeable about people's histories, likes and dislikes and spoke with people and relatives in a caring manner.

People confirmed staff respected their privacy and knocked before entering their rooms. We observed this was the case. One person told us, "Yes, they shut the door, Yes they knock." Another person said, "Yes they just come in but they do knock." A third person told us, "They usually are at the doorway and they ask if they can come in." A relative told us, "They always close the door for personal care." Another relative said, "Oh yes, they do [knock]." We observed staff did knock on people's doors before entering.

The service had a privacy and dignity policy which gave clear guidance to staff on meeting the privacy and dignity needs of people who used the service. Staff were knowledgeable about respecting people's privacy and dignity. One staff member told us, "First we knock on the door, ask their permission and close the door after we enter. We close the curtains and ask if they are ready." Another staff member told us, "Privacy and dignity is so important. We close the curtains and we close the door." A third staff member told us, "I close

the curtains for personal care. I am gentle and mindful when strip washing people."

The service had an equal opportunities policy and training records confirmed staff received equality and diversity training. Staff demonstrated an understanding about equality and diversity issues. One staff member told us, "Providing equality and diversity, we don't differentiate in treatment but treat as an individual with same access to care." Another staff member said, "The care plan says sexual orientation or needs. People can lock the door from the inside. We put 'do not disturb' sign on the door." A third staff member told us, "We respect diversity. Everyone is respected for who they are." The above demonstrated people were provided with a service that respected their privacy, dignity and diversity.

Staff were knowledgeable about enabling people to maintain their independence. One staff member told us, "Keep on encouraging them. Give them support to do what they can." Another staff member said, "We try to encourage them to do small things themselves, like to wash their face, their teeth, and their hands. Encourage them to walk." A third staff member told us, "You can be surprised what people can do themselves. You promote that. It's very important." This showed people were supported to maintain their independence.

Care records showed that some people had made an advanced decision not to be resuscitated in the event of cardiac or respiratory arrest. These records contained the GP's signature and the views of relatives where appropriate. Records also showed that advocates were involved to help with the decision making process when a person did not have the capacity to make the decision about their end of life care. This ensured people died in a dignified and peaceful manner.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about providing personalised care. One staff member told us, "Treat [person who used the service] how they want and not how we want." Another staff member said, "Know exactly what that person's needs are. Everyone is quite different. Know what that person wants." A third staff member said, "It's what the person wants. Ask what they want. Everyone is different. The one minute you give to the person means you cheer up that person."

Each person had their care needs assessed before they began to use the service. Care plans were personalised and included life histories and people's preferences. For example, one person's care records stated, "[Person] likes his breakfast to be served in his room. He likes a bowl of porridge, fried egg on toast and a cup of white tea with one teaspoon full of sugar for his breakfast. [Person] wants to get up at 10am."

Some care files contained an index which made it easier to locate required information. The registered manager told us the service was in the process of doing this for all care files so that each one would contain an index. The home had a 'resident of the day' system. Staff told us this meant that, on a monthly basis, each person had their care plan updated, their room deep cleaned, they had a one to one activity of their choice and a special meal of their choice. We looked at care plans that showed they were reviewed and audited on a monthly basis.

On the floor for people who were living with dementia, bedrooms had memory boxes outside. For example, one person had been in the army and there was a photograph of them in their uniform, a record of their soldier service, a pay book and a memorial flower in the memory box outside their room. Other people had their bedrooms personalised with items, photographs and pictures that were important to them.

People and relatives told us activities were offered. One person told us, "When it is a warm day I sit in the garden. Sometimes a singer comes - about once a week." Another person said, "I don't do the activities, not now, but if I wanted to do anything they would go out of their way to set it up." A third person told us, "I come into the lounge sometimes and I do crosswords." A relative told us, "[Person] does do a lot. Yesterday, he played musical bingo. We went to Southend last year." Musical bingo is where a song is played and people have to match the song with the song title on their sheet of paper.

A programme of activities was displayed on noticeboards which showed people the variety of activities offered. The service had a sensory room which contained floating lights, overhead projectors with various light displays, and butterflies on the ceiling. People were seen relaxing in the sensory room enjoying the quiet and the lights. There was an area outside the sensory room which had been made into a sweet shop and was open two days a week. During the inspection, we observed people reading books, magazines and newspapers.

One of the activities co-ordinators described the variety and choice of activities offered to people. These included pub lunch outside the home, trips to Southend and the Royal Docks and visits to the theatre. We saw activities records and they showed activities included, a bar evening, bingo, one to one activities with

people in their room, exercise and ball games, memory games, visitors from several religious denominations and hairdressing. Records also confirmed there was a programme of visiting entertainers which included a guitar player, a pearly king, and an Elvis impersonator. A guitar player came to visit the home during the inspection and people using the service gathered in the garden to sing songs with them. People were offered ice cream, fruit, crisps and drinks and everyone who attended engaged with this activity. The above showed the provider offered a range of activities to try to suit different people's preferences.

One person told us, "I have never had to complain but I would tell the head one here. They are very pleasant and I would tell them." Another person said, "I would tell one of the carers [if not happy about something]. I have never had to do that." A relative told us, "I know if I made a complaint it would get resolved." Another relative said, "I would go straight to the manager."

We looked at the record of complaints which showed that fourteen complaints had been made during 2017 and these were resolved within the provider's policy timescales and to the complainants' satisfaction. For example, one complaint from a relative was regarding missing new clothes and this was resolved as the clothes were located in the laundry room. Another complaint was from a relative regarding personal hygiene needs not being met. The resolution was the introduction of a monitoring chart which the relative was able to check. Records indicated the complainant was satisfied with this resolution.

The service also kept a record of compliments. We saw three thank you cards given to the service this year. One of these cards from a person who used the service stated, "Thank you very much for all your hard work in looking after me. Please carry on! I am very happy here!" We also saw one relative had written in May 2017, "I sincerely appreciate the patience you have had with my [relative]. I would also like to say that Manor Farm Nursing Home has provided exemplary care and my [relative] is happy there." The above demonstrated the provider used complaints and compliments to make improvements to the service.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. People and relatives gave positive feedback about the management team. One person told us, "Yes [registered manager] is very pleasant and she asks you if you are all right." A relative told us, "The management team is very good." Another relative told us, "Yes [registered manager] is nice. Sometimes I notice the manager will also do the personal care."

Staff also gave positive feedback on the management team. One staff member told us, "If I'm stuck I always come to the manager and they guide me. She is a good leader." Another staff member told us, "If there's anything you don't understand, [deputy manager] will give you time and a lot of support. Sometimes she will drive down at night. Very supportive. [Registered manager] is so down to earth and she finds the time." A third staff member told us, "Management is visible and we see them every day."

The provider held themed days to obtain feedback from people and their relatives about their experiences of the care provided. For example, a "Dignity Action Day" was held on 1 February 2017 and people using the service and relatives were asked to complete a dignity in care questionnaire. The information gathered from the questionnaires was used to improve staff knowledge and improve the experiences of people who used the service.

The service also delivered dementia awareness training to the community including relatives, neighbours, local shops and the local authority. The registered manager told us they were in the process of arranging dates for more dementia training.

The provider held regular meetings for relatives and people who used the service. Topics discussed on 26 January 2017 included, resident of the day, home maintenance, food menus, lounge heating and activities. We also reviewed the minutes for the meeting held on 16 August 2017 and saw topics discussed included, staffing levels, activities, feedback from relatives and people using the service, home décor and keyworkers. This showed the provider had systems to provide updates on service development and obtain feedback from people who used the service and their relatives.

Staff confirmed they attended regular meetings and found these useful. We reviewed the minutes of the domestic staff meeting held on 8 July 2017 and these were used for staff to discuss any issues around cleaning and laundry. Each unit had their own regular staff meetings and we saw topics in the most recent meetings included, communication, team work, staffing levels, infection control, record keeping and complaints and compliments.

The provider also held regular general staff meetings which all staff from each department attended. Records showed the topics discussed at the most recent meeting held on 21 July 2017 included, customer care, staff rota, home maintenance, person centred care, safeguarding and keyworking. One staff member told us, "There are daily flash meetings, they are very useful." We reviewed the minutes of the daily flash meetings which showed staffing, medicines, accidents and incidents, appointments and admissions and discharges were discussed for each unit.

Records showed that there were regular meetings held for the heads of departments. Topics discussed at the most recent meeting held on 6 August 2017 included, staff supervision, training, moving and handling, skin care and dignity. The above meant the provider had a system to update staff on policy changes and obtain staff input on the development of the service.

The provider had various audit systems for checking the quality of the service provided and these were used to make improvements to the service. For example, an annual pharmacy visit provided a separate report for each unit. We saw there were no issues for one unit but for the other two units the pharmacist advised that staff sign the MAR at the time the medicine is given. It was noted that Manor Farm carried out "gap monitoring" to identify gaps in signing for the administration of medicines. The provider also had a system of weekly and monthly medicines audits to check people were receiving their medicines as prescribed.

The regional manager also carried out regular monitoring visits and records showed these visits included looking at the environment, having discussions with staff, observing staff work practice and having discussions with people who used the service and visitors. The most recent visit on 4 August 2017 noted the bathrooms needed an uplift with decoration and the carpet in the ground floor lounge needed replacing.

Records showed an infection control audit was done by the registered manager on 14 August 2017 and actions identified included replacing the pedal bin in the en suite of one of the bedrooms. We saw this action had been completed the day following this audit. Records also showed random hand washing audits were carried out and the auditor noted if staff did this task to a satisfactory, good or excellent standard. No issues around handwashing were identified in the audit done on 2 and 4 August 2017. This meant the provider had systems in place to monitor the quality of the service and taken action when needed.