Heathfield Care Homes Limited

Canford Manor Nursing Home

Inspection report

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Date of inspection visit:
20 September 2017
22 September 2017

Date of publication:
31 October 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

Canford Manor Nursing Home is registered to accommodate up to 26 people who require nursing or personal care. At the time of the inspection, 25 people were living at the home. The home is based on two floors with an interconnecting passenger lift.

The inspection was conducted on 20 and 22 September 2017 and was unannounced. There was a registered manager in place. 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.
People felt safe living at the home. Staff knew how to identify, prevent and report abuse. They assessed and managed individual and environmental risks effectively.

There were enough staff to meet people's needs in a timely way. Appropriate recruitment procedures were in place and pre-employment checks had been completed fully before staff started working with people.

Arrangements were in place for the safe management of medicines. People received their medicines at the right time and as prescribed.

People and relatives praised the standard of care delivered and the competence of staff. People's dietary needs were met and they received appropriate support to eat and drink enough.

Staffed received regular training and felt supported in their role by managers. They followed legislation designed to protect people's rights and freedom and supported people to access healthcare services when needed.

People were cared for with kindness and compassion. Staff knew people well and built positive relationships with them. They also supported people to maintain other relationships that were important to them.
Staff protected people's privacy and dignity. They encouraged people to remain as independent as possible and involved them in planning the care and support they received.

People's needs were met in a highly personalised way. Each person had a care plan that was centred on their individual needs and reviewed regularly. Staff empowered people to make choices and responded promptly when people's needs changed.

People had access to a meaningful activities based on their individual interests. They knew how to make a complaint and a complaints procedure was in place.

People and their relatives felt the service was run well. There was a clear management structure in place.

Staff were organised, motivated and worked well as a team. They enjoyed working at the home and told us they felt valued and appreciated by the provider and the registered manager.

A quality assurance process was in place to assess and monitor the service. People described an open culture where visitors were welcomed at any time. Staff enjoyed positive working relationships with external professions and the provider notified CQC of all significant events.

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 felt safe and staff had received training in safeguarding adults. Individual and environmental risks to people were managed effectively.

Medicines were managed safely and people received their medicines as prescribed.

There were enough staff to meet people's needs and recruitment practices helped ensure only suitable staff were employed.

Is the service effective?

Good

The service was effective.

People received effective care from staff who were suitably trained and supported in their roles.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to other health professionals and specialists when needed.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion. They interacted positively with people and promoted their independence.

Staff supported people to maintain relationships that were important to them.

Staff protected people's privacy, respected their dignity and supported them to follow their faith.

People were involved in planning the care and support they

received.

Is the service responsive?

Good

The service was responsive.

Care and support were centred on the individual needs of each person. Staff consistently met people's needs in a personalised way.

People were empowered to make choices about all aspects of their lives,

People had access to a range of meaningful activities suited to their individual interests.

People knew how to raise a complaint and there was an appropriate complaints procedure in place.

Is the service well-led?

Good

The service was well-led.

People were happy living at the home and had confidence in the management.

People described an open culture. Visitors were welcomed at any time and there were positive working relationships with external professionals.

Staff were organised, motivated and worked well as a team. They demonstrated a shared commitment to providing high quality care to people.

A quality assurance process was in place to assess and monitor the service. People and staff were involved in developing the service.

Links had been developed with the community to the benefit of people.

Canford Manor Nursing 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, 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 20 and 22 September 2017 and was unannounced. This was the first inspection of the service under the current provider. It was conducted by an inspector, a specialist advisor with a background in nursing and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection, we spoke with eight people living at the home and six visiting family members. We also spoke with two directors of the provider's company, the provider's support manager, the registered manager, three registered nurses, six care staff, a housekeeper, an administrator and a chef. We looked at care plans and associated records for nine people, staff duty records, recruitment files, records of complaints, accident and incident records, and quality assurance records. Following the inspection, we received feedback from a nurse practitioner who had regular contact with the home.

We observed care and support being delivered in communal areas of the home. We 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.

Good

Is the service safe?

Our findings

People told us they felt safe at Canford Manor. Comments included: "I feel safe here as there are people [staff] to discuss things with"; "I like it here and feel very comfortable and safe, there's always someone about"; and "There's nothing to worry about, it's all taken care of". A family member echoed these comments and said, "[My relative] has not been frightened since moving here. Staff are very attentive."

Staff had received safeguarding training and knew how to protect people from the risk of abuse. They were confident that managers would respond to any concerns raised. For example, one staff member told us, "[My colleagues] are good, but if something happened, I wouldn't hold back; I'd tell [the registered manager]. She's approachable and easy to talk to." Another staff member said, "The signs [of potential abuse] I would look for would be any changes in the way [the person] presents; any agitation or bruising. [The registered manager or the provider's support manager] would both investigate properly."

The registered manager shared with us an investigation they had conducted into a concern about a person whose needs were not being met. We found this was thorough and showed staff had worked with other professionals to help ensure the person's safety. Following a safeguarding incident relating to another person, the registered manager told us they had refreshed all the staff's training in safeguarding to reinforce the provider's procedures.

People were supported to receive their medicines safely. One person told us, "I trust the girls [staff] to do it." There were appropriate arrangements in place for obtaining, storing, administering and disposing of medicines. All medicines were administered by trained nurses whose competence was checked regularly by one of the managers. Information was available to guide staff when administering 'as required' (PRN) medicines, such as pain relief and sedatives, to help ensure these were given in a consistent way. People told us they could access PRN pain relief when needed. One person said, "The nurse has a box of medicines and she has everything you need." Medication administration records (MAR) confirmed that people had received their medicines as prescribed. In addition, there were clear instruction, including body maps, for people who were prescribed creams and staff recorded all applications. Where medicine errors were made, the nurse involved was required to report the incident. This included providing a reflective account detailing what went wrong and what they would do differently next time; we saw an example of where this had occurred. This helped reinforce the seriousness of medicine errors and identify safer working practices. Any learning was then shared with the whole staff team.

Individual risks to people were managed effectively. Risk assessments had been completed for all identified risks, together with actions staff needed to take to reduce the risks. For example, some people were being nursed in bed, so were at risk of pressure injuries; they had been provided with pressure-relieving mattresses and, where needed, were also being supported to re-position regularly.

Other people were at risk of choking on their food and drinks. They had been seen by speech and language therapists and staff were following their recommendations, for example by thickening people's drinks to a specified consistency or softening their meals. One person, who was particularly at risk, required staff to

remain with them while they ate in case they needed urgent support. A staff member told us, "[The person is a big risk; we have to really watch them. We try to encourage independence as [the person] likes to feed themselves. We sit nearby and [the person] knows we are there if they need us."

Some people were at risk of falling and had been given walking aids. Staff made sure these were accessible and prompted people to use them correctly. When people experienced falls, their risk assessments were reviewed and additional measures considered to keep the person safe. As a result of one review, we saw a person had been given one-to-one support at certain times of the day when they became particularly restless. In addition, the provider analysed the incidence of falls and other accidents across the home to identify any patterns or trends. Care records showed there was not a consistent process in place for staff to monitor people when they sustained head injuries during a fall; however, we discussed this with the registered manager and, by the end of the inspection, we saw a clear process had been put in place, together with monitoring forms.

Environment risks were managed appropriately. Upper windows had restrictors in place to prevent people falling through them and external doors had alarms fitted so staff would be alerted if anyone left the home without staff support. Fire safety systems were checked regularly; staff were clear about what to do in the event of a fire and had been trained to administer first aid. Each person had a personal emergency evacuation plan detailing the support they would need if the building needed to be evacuated. These were up to date and kept in an accessible place. Staff told us they did not use a thermometer to check the temperature of baths before people used them. However, the registered manager immediately ordered a thermometer and put a clear system in place to help ensure bath temperatures were checked consistently.

There were enough staff deployed to support people's needs. One person told us, "I press my button and someone always comes quickly to help me." A family member said, "There are enough staff; if care's required, [my relative] gets it." A registered nurse was on duty at all times, together with a suitable number of care staff assigned to each floor of the home. Additional support was provided during the day by kitchen staff, housekeepers, the management team and an administrator. Staff absence was usually covered by existing staff working additional hours; this meant people were supported by staff who were familiar with the people living at the home. If needed, the registered manager could call on staff from two nearby homes also run by the provider, who were used to working to the provider's policies and procedures.

Appropriate recruitment procedures were in place and followed. These included pre-employment reference checks and checks with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed these processes were followed before they started working at the home. A process was also in place to check nurses were registered, and remained registered, with their governing body.

Good

Is the service effective?

Our findings

People's needs were met by staff who were skilled, competent and suitably trained. One person told us, "Staff are very good; they know what they're about." A family member told us, "[My relative] seems to get all the care she needs." Another described the care as "phenomenal" and said of the staff, "They look after [my relative] well; I've nothing but praise for them." A nurse practitioner who had regular contact with the home told us, "Residents are well cared for and staff are very knowledgeable. If they have any concerns they contact us straight away and always follow any advice we give."

Records showed staff received regular training in all relevant subjects, including dementia. Some care staff had also received additional training in pressure area care and nutrition, which one told us gave them "a better understanding of the link between the two". Another member of care staff said, "I like skin care and go on courses to help the nurses with the dressings. The owners encourage all that and for us to develop." A further care staff member told us they had been offered specialist training that had been "granted willingly"; they added, "It was good to know the bosses were willing to support me." Nurses were supported to access additional training to help meet their needs of their professional registration, for example in wound care, catheter care and the use of syringe drivers. Syringe drivers are used to administer end of life medicines to people to help manage their pain and comfort.

New staff completed an effective induction into their role. One staff member told us, "[The induction] prepared me for the work. I did quite a few shadow shifts over a couple of months and was never left on my own until I felt comfortable. [The registered manager] kept coming round to see how I was doing. She chatted and observed me a couple of time and we sat down to discuss areas to work on." The registered manager described how they would support staff who were new to care to complete training that followed the standards of the care certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.

Staff demonstrated an understanding of the training they had received and how to apply it. For example, we observed they used equipment correctly when supporting people to move. When communicating with people living with dementia, they approached with a smile, used short, simple, open questions, remained calm and gave people time to respond. In addition, nurses and care staff spoke knowledgeably about the principles of end of life care, how they determined which symptom control medicines to use and how they also supported the relatives of the dying person. A care staff member told us, "It's important to get to know people's preferences and what's important to them before they become too poorly. You can then look after them in the way they would have wanted."

Staff told us they felt supported in their roles. They had annual appraisals to discuss their performance and development needs for the coming year and received additional support through regular staff meetings and daily contact with the registered manager. A staff member told us, "I can approach [the registered manager] at any time. She is clinically trained, so can help resolve any clinical matters."

Staff protected people's rights by following the principles of the Mental Capacity Act 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

Following an assessment that followed the principles of the MCA, some people had been assessed as lacking the capacity to make specific decisions. During the care planning process, senior staff had, therefore, made decisions on their behalf. These included decisions relating to the care and support people received, nutrition, the use of bed rails and the administration of their medicines. However, these decisions had not always been recorded, so the provider was unable to demonstrate that they had been made in people's best interests. We discussed this with the registered manager, who took immediate action to review and document these decisions. By the end of the inspection this work had been completed and there were clear records to show which decisions had been made on behalf of people and why they were in the person's best interests.

Staff described how they sought verbal consent from people before providing care and support and how they always acted in the person's best interests. A staff member told us, "[One person] can be resistant to personal care, so we respect that and go back to try again later. [The person] will say when they are ready, they decide."

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 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. We found the provider was following the necessary requirements. DoLS applications, where needed, had been submitted and were being processed by the local authority. When we spoke with staff, we found some were not sure whether DoLS were in place for people, but the registered manager undertook to clarify this, to help ensure staff did not compromise people's freedom.

People were complimentary about the food. Comments included: "The food is good. They come and tell you what's on the menu and you can choose. They do their best to give you what you like"; "The food here is good, at least as good as I'd get at home"; and "The food here is okay, plenty of it and we often get a choice of two". The menu confirmed that choices were offered for all meals and we saw alternatives were offered if people did not want anything on the menu. Deserts were offered from a trolley, which particularly helped people living with dementia to make informed choices.

Staff were attentive to people at meal times and provided whatever support was required. For example, some people needed full support to eat and drink and received this on a one-to-one basis in a dignified way. Other people needed prompting or encouraging to eat. One person did not eat consistently, had not eaten lunch and was at risk of losing weight. When a staff member saw them walking towards the dining room, they welcomed them warmly with a hug and said, "Oh [person's name], there you are. You've just come in time to have a lovely pudding. Would you like some? We've got your favourite. They were shown the desert trolley, their eyes lit up and they chose a desert which they proceeded to eat with enthusiasm. This positive approach showed the staff member understood the person's eating habits, knew their needs and knew how best to meet them.

Staff monitored people's weight and took prompt action if they started to lose unplanned weight. For example, their meals were fortified with extra calories and they were offered additional snacks. Where necessary, people were also referred to their GP, so prescribed food supplements could be considered.

People had access to a wide variety of drinks that were always in reach. One person told us, "I get drinks often; tea, juice, whatever I want". We saw people being encouraged to drink throughout the inspection. One person, whose drinks needed to be thickened due to swallowing difficulties, had wanted an alcoholic drink, so staff had experimented with adding thickening powder to various beers and wines until the person found one the person enjoyed.

People were supported to access other healthcare services when needed. A family member said of the staff, "They're very good at arranging the doctor when needed, even once on Christmas eve." Records confirmed that people were seen regularly by doctors, specialist nurses and chiropodists.

Good

Is the service caring?

Our findings

People were supported by kind, caring and compassionate staff. Comments from people included: "Staff are helpful. They're very nice, gentle and patient"; "[Staff] are a bunch of lovely girls who do whatever they can"; and "I'm settled and content. It's nice here." Family member were equally complimentary. Comments from them included: "It's a very happy family here; they're a good, caring bunch [of staff]"; "[My relative] responds well to [the staff]. They are very good with her and very kind to me as well. They're all so personable and kind"; and "They think of the person who is visiting as well as the person [receiving care]". A nurse practitioner who had regular contact with the home told us, "Carers are very well engaged [with people] and are very caring."

The registered manager shared with us some written feedback from the relatives of a person who recently passed away at the home; it included: "Just wanted to let you know what excellent care [my relative] received from [the registered manager] and her team of compassionate and first rate nurses and carers. We were afforded the utmost care during those difficult days, being welcomed at any time of day and night. The balance of professional/compassionate is not always easy, but without doubt has been achieved here."

Without exception, all interactions we observed between people and staff were positive and supportive. Staff demonstrated that they knew people well; for example, one person living with dementia gained comfort from a doll they interacted with. Staff knew this was important to the person. When they greeted the person in the morning, they also greeted the doll, using its given name. At lunchtime, a staff member 'nursed' the doll while supporting the person to eat. This clearly comforted the person and allowed them to concentrate on their meal. When people became confused, staff used supportive prompts and gentle reminders to help people process information and made decisions.

Staff spoke fondly of the people they care for and were able to tell us a lot about people's backgrounds, their families and their previous occupation. A staff member said of one person, "She loves talking about what she did; and I love talking about their photos, especially if they're a bit down. As soon as you mention their photos, they snap out of it and their eyes light up." Another staff member told us, "There's work to do, but the residents are good fun and we have a laugh."

Staff supported people to build and maintain relationships that were important to them. A family member told us, "I visit my [relative] every day and I know I can go and see her whenever I want." Another family member said, "I take [my relative] out most Saturdays and the care home is very cooperative in helping me get [them] ready and out to my car." The provider had provided a hand-held computer to allow people to connect with their relatives on line. Staff also told us about relatives of two people who were getting married on the same day. Both people were too frail to attend the service, so staff made arrangements for them to view the weddings via the internet. A 'thank you' card sent afterwards said, "It made my day and was very special for [the bride and groom]. Thank you for helping [my relative] to come to the wedding."

Staff built positive relationships with people. Information about people's lives and backgrounds was recorded in detail in people's care plans and staff used this information to strike up conversations with

people. Some staff described how they had brought their babies and young children in for people to interact with and to generate topics of conversation afterwards. A staff member told us, "It helps to know about a resident, their past and backgrounds." Events were also arranged to celebrate people's birthdays. A family member told us, "Yesterday was [my relative's] birthday and they made a cake and had a gathering [of relatives, staff and other people living at the home] for her. They made it special."

People were encouraged to remain as independent as possible in line with their abilities. Relatives told us staff often asked people what they wished to do for themselves to help promote their independence. A staff member told us, "We want people to do whatever they want for as long as they can."

Staff protected people's privacy and dignity at all times. A family member told us, "[Staff] show respect to [my relative] at all times, but especially during personal care." We saw staff knocked before entering people's rooms and kept doors closed when people were receiving personal care. A staff member told us, "We shut the curtains, close the door, use towels to cover people discreetly and talk through what we're doing." Another staff member described how they looked after people once they had passed away. They said, "When people have died, we deal with them in the same way. We treat them with the same dignity and privacy as when they were alive."

The registered manager explored people's cultural and diversity needs during pre-admission assessments and included people's specific needs in their care plans. For example, staff talked about people they had previously supported with particular dietary needs based on their culture. Staff also supported people to follow their faith. A minister of religion visited the home regularly to administer Holy Communion and lay members of a local church occasionally took people to the church for services.

People and relatives told us they were involved in discussing and making decisions about the care and support they received. For example, a family member told us, "I haven't got any [legal powers], but they [staff] involve me in decisions as [my relative] lacks capacity." Information in people's care records confirmed that they, and family members if appropriate, were involved in developing and reviewing their care plans.

Good

Is the service responsive?

Our findings

Family members told us care and support were centred on the individual needs of the people living at Canford Manor. Comments from family members included: "Residents come first and that's clear"; "I'm immensely satisfied with the way [my relative] is being cared for"; and "Everything here is good. The nursing care is spot on and they keep me up to date with everything". A recent letter of thanks we saw from a relative said, "The care and understanding has been fantastic. [Staff] have really got to grips with understanding [my relative's] needs. He is now a much happier man than he was when he first [moved to the home]."

Assessments of people's needs were completed by the registered manager before people moved to the home. This information was then used to develop an appropriate care plan in consultation with the person. People's care plans had recently been transferred to a new electronic care planning system which allowed staff to access key information about the person on hand-held devices; these were also used to instantly record the care and support staff gave people. Most care plans contained sufficient information to enable staff to provide appropriate care to people, although the registered manager acknowledged that further development was needed before the system could be relied upon fully. Care plans were reviewed monthly or sooner if people's needs changed.

Staff demonstrated an in-depth understanding of people's individual needs and how to meet them. For example, they described how they supported different people when they became anxious and the specific topics of conversation they would use to help distract and calm each person. They described how they tailored their approach and the support they gave according to the person's preferences and how they presented that day. A staff member told us, "[One person] sometimes needs a lot of support, especially when [they are in pain]. On other days, they get up and get dressed by themselves. They like to wake up slowly and like you to stay and reassure them while they have [breakfast]. [Another person] likes you to hold their hand while they drink their [fortified drinks] in the morning." Another staff member said, "[One person] doesn't like a bath, so we give them a bed bath. We know to work quickly as [the person] gets agitated; they don't like you pottering around, so you have to get on with it."

Staff understood the importance of empowering people to make as many of their own decisions and choices as possible. We repeatedly heard staff offering choice and giving people time to reach decisions. Comments from staff included: "Everything [people] do is based on their choice"; "Everyone is individual and is given choice. If they can't make a decision, we step in to support them and suggest things based on what they used to like"; and "We still encourage people to make choices where they can, like what clothes they want to wear, what they want to eat, where they want to sit. Some people aren't mobile, so can't come to the wardrobe to choose, but you have a feel for what they like to wear and you hold up a choice of some you know they like."

People said they could choose whether they had baths or showers and how often they had them. One person told us, "I have a bath whenever I want one; I like a nice bath." Another person said, "If I want something, I know I can ask for it and, if it's possible, I'll get it." People could also choose how and where they spent their day and where they took their meals. Some people preferred to remain in their rooms, while

others spent time in the lounge or dining room. One person told us, "I have lunch in the dining room, but can have it in my room if I want, lots [of people] do." Another person said, "I like my bedroom door left open, so I can watch people going by. If it gets closed by accident I ring the bell and the [staff] open it." At mealtimes, people were asked if they were hungry and wanted to eat now or have their dinner kept for later.

Staff responded promptly when people's needs changed. A family member told us, "[Staff] involve me in [my relative's] care and I let them know if I become aware of any concerns; and the response is almost instant, they're really on the ball." Staff had prepared a template letter to provide key information about people in the event that they needed to be transferred to hospital at short notice. This included details of their medical history, medicines, nutritional needs and communication needs.

People had access to a range of meaningful activities suited to people's individual interests. Comments from people about the activities included: "I don't get bored. [An entertainer] is always popping in. He came yesterday and did some music. I enjoyed that very much"; "A man brings his dog in to see us. He's a lovely dog and I love to fuss him, he's very docile"; and "The [staff] are lovely. I don't go out very often but I know I could if I chose. I love reading and the [staff] often bring me books in". One person liked to set the table for meals and told us, "I enjoy doing my little job, it makes me feel useful." Another person told us they loved to read the daily paper; they said, "[Staff] know to bring it to me every morning and after I've finished with it they pass it on to [my relative] to read."

A calendar of activities was advertised on the home's notice board. These included music, arts, crafts, exercises and board games. On the first day of our inspection, we saw a session of flowers arranging taking place, which four people enjoyed. Staff told us about events they had organised, photographs of which were displayed throughout the home. These included fund raising events for a national charity and fancy dress events based on themes from the 30s, 40s and 50s, where staff dressed in clothes from the period to help people reminisce. The registered manager told us, "We used the events to get people to talk about what they were doing at that time and what else they would like to do. That led to a tea dance, which a lot of people took part in, even people who usually stay in bed; they came down to watch. If they couldn't come down, we took the party to them. They all loved it."

People told us they felt able to raise concerns or complaints with any staff member. One person said, "If I had any concerns, I'd go to [the registered manager], she always listens." A family member echoed this and said, "I can talk to [the registered manager] any time. She is here from early in the morning to late at night." A complaints procedure was in place. A copy was given to people and their relatives when they moved to the home and it was also advertised on the home's notice board.

Good

Is the service well-led?

Our findings

People were happy living at Canford Manor and felt it was organised. One person said of the home, "It seems well run and the owner often comes along and says 'hello'." A family member said, "There are no issues, everything is really good." Another told us, "Everyone [in the area] said the home was good and it is. I would and have recommended it to others. I feel very lucky to have got [my relative] in here." A nurse practitioner said of Canford Manor, "It's a really good home. I visit weekly. It's well led and the manager is very good. They also seem to retain their staff which is good."

People and relatives described an open and transparent culture within the home. For example, a family member told us, "I can visit whenever I want, the staff are very helpful." The provider notified CQC of all significant events and external professionals told us they enjoyed positive working relationships with staff.

A duty of candour policy was in place; this required staff to act in an open and transparent way when accidents occurred and to provide information and an apology in writing to the person or their relatives. However, we found this was not followed fully. Although the registered manager had been giving information verbally to relatives, they had not been providing the information in writing, due to an oversight. Following the inspection, they sent us a template letter that they assured us they would use in the future to help ensure they provided the required information to people in writing.

There was a clear management structure in place consisting of the providers, the provider's support manager, the registered manager and a deputy manager. The directors of the provider's company spent time in the home and we saw they interacted positively with staff and people.

Staff were organised, motivated and worked well as a team. Comments from staff included: "There's a good staff team, everyone gets on"; "It's one of the happiest places I've worked, we all get on"; "It's a great place to work and I feel it's a good team of [staff]; we do all seem to get on well and get the job done"; and "The morale and atmosphere [in the home] is lovely. I go home thinking, 'that was a good shift'. I never dread coming to work".

There was a low level of staff turnover which meant people were supported by staff they knew well and with whom they had developed positive relationships. Written feedback from the relatives of a person who recently passed away at the home stated: "It gave us confidence to know that if she opened her eyes at all, there would be a face she knew. This was a great comfort as these people [staff] had become [my relative's] friends since she moved in."

Every staff member expressed appreciation for the support they received from the provider and the registered manager, who they held in high regard. Comments from staff included:
"I feel valued and appreciated every day. If I've had a hard shift, [the registered manager] in particular appreciates everything we do. I don't think I would want to work anywhere else. That's why there's hardly any [staff] turnover"; "[The providers] are great bosses, they're always here, asking how we are. I definitely feel supported and appreciated"; and "I feel very appreciated. [The registered manager] has helped me

develop and that makes you feel valued".

The registered manager was also a trained nurse and maintained their registration by keeping up to date with best practice guidance through continual learning and development. They were supported by the provider's support manager (who was also a registered nurse) and regularly met up with managers of the provider's other homes to discuss social care issues.

One of the directors told us they applied the 'mum test' when assessing the home. (The mum test means ensuring the care provided is good enough for a loved one). The other director told us two close relatives had recently been cared for at Canford Manor. When we spoke with staff, they demonstrated a shared commitment to providing high quality care to people. They told us they would have no hesitation in recommending the home to a loved one; for example, one staff member said, "I would have no hesitation putting my mum and dad here; absolutely I would." Another staff member told us, "The owners are after people being happy and for us to welcome people who visit."

There was a quality assurance process in place which included audits of areas such as care plans, infection control, medicines, accidents and incidents. Quality issues were discussed at monthly monitoring meetings between the registered manager, the provider's support manager and directors of the provider's company. Where necessary, improvement actions were then developed and overseen through the meetings programme.

The registered manager sought feedback from each person every month by visiting them in their rooms and talking about the service and the care the person received. The conversations were documented and were used to help improve people's experience of the service. For example, feedback from people had led to additions to the activity provision, including an evening of indoor fireworks and to changes in the menu.

Staff meetings were conducted regularly. These were used to reinforce key messages and learning from incidents; they also provided an opportunity for staff to feedback about the service and any improvements that could be made. For example, infection control procedures had been modified following a suggestion from a staff member. The staff member told us, "We have staff meetings every couple of months. [A director of the provider's company] chairs them and lets everyone have their say. We are listened to." A nurse told us they had suggested that two nurses should be involved in setting up syringe drivers for people, due to their complexity and the need to avoid mistakes and this had been agreed. A further staff member said, "The owner comes to meetings and encourages us to raise any issues. They want to know what we can do better."

Staff had developed some links with the local community. For example, we were told local businesses supported the home by providing raffle prizes at events organised by staff, including a summer fete and a 'mad hatter's tea party'. There were also links with the local library which provided large print books or audio books for people.