

Manorville Care Homes Ltd

Manordene

Inspection report

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Tel: 01474855519

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Manordene is a residential care home providing personal and nursing care to 21 people aged 65 and over at the time of the inspection. The service can support up to 22 people in one purpose-built building.

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

People received nursing care in a safe, caring and homely environment by caring and competent staff. People told us they were happy living there, and with the food and the activities provided. People had all their healthcare needs met and their independence was promoted. All feedback was positive from people, relatives and staff for all parts of the service.

There were enough safely recruited and suitable staff to meet people's needs. People felt safe and all risks to people were managed. People were protected from abuse and avoidable harm. Medicines were managed safely and in line with good practice. Lessons were learnt from accidents and incidents and used to make improvements.

People were treated with dignity and respect. Care was person centred, met people's needs and achieved good outcomes. People were cared for at the end of their life in line with their wishes. People and relatives knew how to make a complaint if they needed to and were confident they would be listened to. People and their loved ones were involved in their care.

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

The quality and safety of the service was ensured by the provider. The manager had made improvements to the service since being in post and had been supported by the provider to do so. Care workers told us it was a good place to work and they were well supported. There was a positive, high quality and caring culture of continuous learning.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 14 December 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Manordene

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a new manager since the last inspection who was in the process of registering with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought and received feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with seven members of staff including the clinical manager, admin manager, a nurse, activity co-ordinator, care workers and the chef.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality audits and rotas were reviewed.

After the inspection

We received feedback from six relatives who visit their loved ones at the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure they managed all risks to people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People told us they felt safe. Individual risks to people were identified, assessed and managed safely. Risk assessments were in place to provide guidance to staff about how to reduce the risks to people. Staff could tell us how they kept people safe for example, how to prevent falls. Staff told us they were informed during handover and by the nurses when people's risk assessments had changed.
- Environmental risk assessments were in place to ensure the environment was safe. Improvements to the garden had been made to ensure safer access for people. For example, a ramp and rails had been installed. Equipment checks were used to ensure equipment remained well maintained, safe to use and clean.
- Fire safety was well managed. Fire drills had been held and people had personalised emergency evacuation plans to provide guidance on the support people needed in these circumstances. All the necessary health and safety checks were completed, for example around fire, water temperatures, fridge and freezer temperatures.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough staff to meet people's needs. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to keep people safe and meet their needs. The manager had assessed the required staffing levels for people's dependency needs and kept these under regular review. Rotas evidenced enough staff were deployed to meet people's needs. People were supported by a consistent staff team, there was some use of agency staff and when needed regular agency staff were used.
- People told us they didn't feel rushed. One person said, "They are always on call when I need them." We

saw staff were not rushed and people's needs were met immediately. Relatives and staff all told us there were enough staff.

- Safe recruitment systems were in place and staff were recruited safely. All the appropriate pre-employment checks were completed by the manager to protect people from the employment of unsuitable staff. Disclosure and Barring Service (DBS) background checks were in place for all staff. DBS checks help employers to make safer recruitment decisions. Checks were completed to ensure all nurses employed were registered with the Nursing and Midwifery Council.

Systems and processes to safeguard people from the risk of abuse

- Systems and policies were in place to protect people from abuse and avoidable harm. The manager worked in line with local safeguarding policies and procedures.
- Staff had received training in safeguarding people and told us they were confident the managers would listen and act upon any concerns quickly.
- Staff understood their responsibilities to safeguard people, were aware of the signs of abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them.

Using medicines safely

- Medicines were managed safely by qualified nurses. People received their medicines as prescribed and there were appropriate systems in place to order, store, administer and dispose of medicines safely.
- Guidelines were in place for all 'as required' medicines which ensured nurses and staff knew when people needed these medicines. People were asked if they required any medicines for pain relief.
- Regular checks were completed, for example that medicines were stored at the right temperatures and audits were completed by the manager and provider to ensure people received their medicines safely.

Preventing and controlling infection

- The service was clean. People and their relatives told us the service was kept clean and well-maintained. The manager ensured infection control checks and audits were completed.
- Staff had received training in food hygiene and infection control and could tell us what they do to prevent and control infection, such as wearing gloves and aprons.
- Information about how to prevent the spread of infection was present in the service and personal protective equipment was available for staff to use. Staff told us notices were put up if there were any outbreaks of contagious illnesses.

Learning lessons when things go wrong

- Staff could describe the process for reporting incidents and accidents and knew what to do in the event of incidents, such as a fall. Accidents and incidents were recorded, monitored and action taken to prevent a reoccurrence. Individual needs had been identified and acted on. For example, sensor mats had been implemented to alert staff when people moved from their chair or bed where they were at risk of falling.
- Accidents and incidents were minimal as there were good risk management systems in place. However, the manager had analysed incidents and accidents for any trends to identify any learning. For example, if there were any patterns to falls. Learning from accidents and incidents was shared with staff through their team meetings.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

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

At our last inspection the provider had failed to act in line with the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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

- Staff were aware of the principles of the MCA and clear guidance was provided to them within people's care records. Care records promoted people's rights and documented consent. For example, consent had been sought for consulting with health professionals. The manager was clear when people's relatives could consent as they had a Lasting Power of Attorney (LPA) in place. An LPA is a legal document that lets the person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.
- Where people were deprived of their liberty the manager worked with the local authority to seek authorisation for this. No conditions were set with the authorised DoLS. Decision specific mental capacity assessments were completed, and a best interest process followed in relation to decisions about people's care and treatment. Relatives were involved in decisions about people's care as appropriate.
- Staff understood people's verbal communication, body language, gestures and behaviours to establish

whether consent to care was given and their day to day choices.

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

At our last inspection we recommended the provider sought advice and guidance from a reputable source about adapting the environment to the needs of people with dementia. The provider had made improvements.

- The manager had ensured the service and environment was 'dementia friendly'. For example, there were signs on bathrooms to indicate their purpose and arrows to sign people to the lift. There was a large digital clock with the date and time next to a standard clock. Some people living with dementia had personalised memory boxes in their bedrooms to help them remember key information.
- The environment was accessible, comfortable and met people's needs. For example, there were communal areas in the service where people could watch TV, listen to music or engage in activities. People's rooms were personalised with their own belongings.
- The manager ensured people's needs were met by the service's facilities which were accessible for everyone. Where needed, people had specialised equipment, for example around their mobility needs.

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

- People's needs were comprehensively assessed and included positive outcomes for people from their planned care, so staff could support them effectively. For example, best practice guidance and well-known assessment tools were used to identify people's needs around their independence, emotional wellbeing and mobility.
- People received the nursing care they needed to stay well and achieve the best quality of life. For instance, risks to people of developing pressure ulcers were well managed and therefore no-one had any. People at risk of developing water infections were encouraged to drink plenty and their fluid intake was monitored.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments. This includes for example, people's needs in relation to their culture, religion, and sexuality.

Staff support: induction, training, skills and experience

- New staff and agency staff had an appropriate induction to the service and people's needs. Staff had received appropriate training to support people living at the service. For example, dementia training. There was a system in place so that when staff required a training update, this was arranged. Nurses received skills based additional training for example around diabetes, catheter care and wound management. Nurses had their competence to administer medicines checked regularly.
- Staff were competent, knowledgeable and skilled. Care workers told us about training they had received which helped them to provide effective care and support. For example, one person told us they had recently done some training on mouth care which taught them how important this was for people's health and well-being.
- Staff told us they felt supported by the nurses and managers and received regular supervision and appraisal. Relatives told us the staff were good, did a good job and understood their loved ones needs. One relative said, "All the staff from top to bottom are professional and caring."

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

- People's nutrition and hydration needs were fully assessed and there was consistent monitoring of people's dietary intake, fluids and weight where people were at risk of malnutrition and weight loss. Staff ensured people's dietary needs and preferences were met. Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from people's care plans and healthcare

professionals in relation to these. For example, where people needed soft diets due to the risk of choking, staff followed guidance from speech and language therapists.

- The chef was knowledgeable on people's dietary needs and had information and guidance to follow in the kitchen. People were given a choice of two meals and could have something else if they didn't want either of these. For example, one person had asked for soup. Drinks were always available for people.
- People and relatives told us the food was good and they could have what they wanted. We saw that lunch was an enjoyable experience for people. People were assisted to eat where required and at their pace. We saw staff waited and asked people if they were ready for more. There was a relaxed atmosphere and a volunteer was playing the piano in the background.
- Some people choose to eat in their bedroom. Lunch was taken to them in a caring manner. For example, they were made comfortable and staff checked they could reach their meal.

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

- People were supported to maintain good health and were referred to appropriate health and social care professionals as required. For example, occupational therapists and dieticians. A GP visited the home weekly to check people's needs and keep up to date with peoples' care. People and relatives told us the doctor would be called if they needed. Nurses consistently monitored and recorded people's health observations, for example by checking peoples blood pressure, pulse, blood sugar levels and oxygen levels.
- Healthcare records and plans were comprehensive and offered clear guidance for staff for all people's healthcare needs. Care plans included detailed information about specific health conditions. For instance, diabetes. Detailed records were maintained for all health appointments, for example with speech and language therapy and specialist nurses.
- The manager worked closely with other health and social care services to ensure people's needs were met, for example hospice services and the mental health team.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection we saw that people's dignity was not always respected. At this inspection we saw staff respected people's privacy, listened to people, respected their choices and told us how they upheld their dignity when providing personal care. For example, doors were closed when personal care was provided, and staff knocked on doors before entering. Privacy screens were used appropriately. Staff told us how they gave people a choice of clothes to wear. This was promoted by the managers who had given staff information on 'dignity do's and don'ts'.
- People's confidentiality was supported and information about people was held securely.
- People were encouraged to maintain their independence where possible. For example, people had walking aids to enable them to walk independently, people were encouraged to eat independently. Staff told us they encouraged people to wash their own face.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were caring. One person said, "They are very caring, they pop in during the night and ask if I want a drink as I'm not a good sleeper and they will make me a cup of tea." All relatives were very positive about how well cared for their loved ones were. Comments from relatives included, "Everyone was very friendly and warm, I felt at home myself"; "They (staff) always say, ask us anything, nothing is a problem"; "The staff are very caring and treat my (relative) kindly with dignity" and "I have always been extremely pleased with the care my (relative) receives. They are treated with kindness, are clean, tidy and well fed."
- Staff were patient and caring with people and showed compassion. We viewed positive, calm and respectful interactions throughout the inspection. For example, staff responded quickly in a kind and caring manner when a person became unwell. And we observed a nurse sitting holding someone's hand.
- People's emotional needs and wellbeing was planned for and reviewed in their care records. People's needs around equality and diversity were identified and met, for example, around their religious beliefs.

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

- People and relatives told us they felt involved in their care. Staff showed a good understanding of people's needs and preferences. People were engaged in everything they did, and staff supported people to express their views. People and relatives were asked about their views on their care in care plan reviews and this was recorded. One person had said, "I am very happy and content." A relative told us, "I have regular communication with the staff and am kept informed of my (relative's) health and well-being."
- Information was also gathered informally through day to day conversations and formally through surveys.

Residents meetings were held where people were asked for feedback on the food and activities and this was used to plan future menus and activities.

- People were supported to access advocacy services if needed. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to ensure all care plans were person centred. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care was person centred. Care plans included information about people's preferences, their strengths, who and what was important to them, their life history and how best to support them to meet all their needs. People's care was regularly reviewed and updated in their care plans to reflect their changing needs and staff could tell us how they were updated. People were given as much choice as possible, for instance what they ate, how they spent their time and when they got up in the morning.
- The provider had invested in an electronic care records system which had supported the improvements to care records and easy production of reports. Staff could access people's care records and input daily records on a mobile device which had also enabled improved record keeping.
- Technology was used to support people's needs. For example, sensor mats were used to alert staff if people moved from their bed or chair. This enabled staff to respond immediately to prevent people from falling and to keep them safe.

Meeting people's communication needs

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

At our last inspection we recommended the provider sought advice and guidance from a reputable source regarding providing information to people in a way they understand, and which complies with the accessible information standard. The provider had made improvements.

- People's communication needs were known and understood by staff. People's care plans included details which helped new and unfamiliar staff learn about how people expressed their needs. Clear guidance was

given to staff how to best support people. For example, by getting down to the person's eye level when talking to them. Some people had limited verbal communication. Staff knew these people well and could understand their needs from their body language and gestures.

- Information was shared with people and where relevant, available to people in formats which met their communication needs. For example, visual aids and pictures were used around the service about the planned events, activities and menus.

End of life care and support

At our last inspection we recommended the provider sought advice and guidance from a reputable source about the management of end of life care. The provider had made improvements.

- The service supported people at the end of their life. People were supported to be comfortable and pain free in their final days. People's wishes and arrangements for their end of life care were recorded in detail. Staff had the guidance they needed to support people in line with their wishes and included any spiritual needs. For example, if people wanted to stay in the service or go to hospital. The staff worked closely with people's GP's and the hospice services and anticipatory medicines were available for people if they needed them. This helps to ensure a person's death is dignified and peaceful.
- Where people had chosen not to be resuscitated, they had a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) order in their care records so that staff and health care professionals were fully informed of their wishes.
- Relatives were supported when their loved one was at the end of their life and enabled to stay at the service to be near them. The service had received many thank you cards sent from relatives, complimenting on the care given to their loved ones at the end of their life.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them, for example friends or family could visit at any time and were made to feel welcome. One relative told us, "I pop in any time of day and I am always made welcome, it's a pleasure to visit." People were encouraged to keep in touch with their loved ones. People had telephones in their rooms to enable this at any time.
- People were encouraged to take part in a variety of activities they liked, led by the activity co-ordinator and external entertainers. The provider had subscribed to an activity programme for which they received 'creative resource boxes'. For example, from this they had put on a 1960's reminiscence event. The programme included recording people's attendance at events and engagement in activities to support the planning of future activities.
- People told us the activities were good. One relative told us the activities were good and they sometimes joined in. Another relative told us, "My (loved one's) 60th wedding anniversary is this month and we just mentioned it to one of the carers. I had a call to say they'd like to celebrate with them. How nice that they picked this up and want to do something, I was quite touched by this."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place for people, relatives and visitors. There had only been one complaint made since the last inspection which had been dealt with appropriately. Any concerns raised had been recorded with actions taken.
- People and relatives told us they had no complaints but could raise any concerns they had with the staff or managers. One relative told us, "I feel I can approach the management at any time and they are attentive to whatever I'm saying."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure there were effective systems in place to assess, monitor and improve the quality of the service; and to maintain accurate and complete records for each person. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The governance framework had ensured the delivery of high quality and safe care. Risks had been identified and managed to mitigate the risks. The manager reported on any performance issues regularly to the provider to ensure they had good oversight of the quality of the service. There was a clear drive on improvement by the manager and this was supported by the provider investing in the resources needed to ensure improvements could be made. For example, an additional administration manager had been recruited since the last inspection. This enabled the clinical manager to focus on people's care.
- The nominated individual for the provider was a regular presence in the service. They completed audits and monitored feedback to ensure any improvements needed were made. The manager told us they were supported by the nominated individual, were listened to and they responded to the needs of the service.
- Quality assurance systems, such as audits, checks, and daily monitoring were used effectively to monitor all aspects of the service. For example, care planning, infection control and health and safety. Audits were completed, and actions were identified as a result and used to make improvements. The service had received a recent monitoring review with local authority commissioners and had addressed all the actions identified.
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The manager clearly understood their role and responsibilities and had met all their regulatory requirements. All incidents reported were monitored for outcomes and lessons learnt.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their ratings at the service and it was on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a caring culture in the service and the manager had an open-door policy. All feedback about the manager was positive and care workers said they were supportive and approachable. People told us the managers were very good and they could talk to them. One person said, "The staff are always happy. They brought me a little heater as they thought my room wasn't warm enough, they do look after you. I only have to ask, and they will do it." One relative told us, "I feel at ease speaking with the managers and I have no issues to call them if I have any queries."
- The manager demonstrated a strong commitment to ensuring they provided person centred and high-quality care and was responsive to feedback during our inspection. They told us people that came to the service for respite often ended up moving to the service in the long term. The service operated a waiting list as it had built a good reputation.
- Feedback from relatives was positive and highlighted good care for people. For example, one relative said, 'I am absolutely happy with the care, they are wonderful. They have not only been there for my (relative), they have been there for me too. I have stayed there at night and had everything I needed. They are good. It runs like clockwork. I really am pleased.'

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

- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The manager and nominated individual understood their responsibilities in respect of this and had informed the relevant people of any incidents or accidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and those important to them were engaged with the service. Regular meetings were held with people and relatives were invited to attend care reviews and join in with activities and events.
- Annual quality surveys were completed with people and their relatives to gain their feedback and were reviewed by the manager. These showed positive feedback for the provider. For example, one person previously didn't come out of their room but since moving to Manordene has continuously come to the lounge and joined in all the activities. Staff told us they felt involved, enjoyed their work and had staff meetings where they felt listened to and could raise any concerns or ideas.
- The staff and management team worked in partnership with other agencies to ensure people's needs were met in a timely way. For example, health and social care professionals and service commissioners. One commissioner said, "Both the managers were very responsive to all the updates I gave and were very keen to engage with any additional training or opportunities."
- The manager had improved their links with the local community through developing relationships with the local church and primary schools. For example, the school choir had performed at the service.