

Grandcross Limited

# Gotton Manor Care Home

## Inspection report

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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 

### Overall summary

This inspection was unannounced and took place on 14 and 15 January 2016.

Gotton Manor is registered to provide care for people who require nursing or personal care. The home can accommodate up to 60 people. The home comprises of two separate but adjacent buildings. A nursing home service is provided in the main Manor House building and a residential home service is provided in the Coach House building. At the time of the inspection 44 people were living at the home, 22 in the Manor House and 22 in the Coach House.

The last inspection of the home was carried out on 2 April 2013 where the home was compliant. No concerns were identified with the care being provided to people at that inspection.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

The registered manager was appropriately qualified and experienced to manage the home. They kept their skills up to date including their nursing registration. The registered manager had good support from the provider and further links with other home managers in their local area.

There were sufficient numbers of staff to support people safely and ensure people were not rushed with their care. There was a stable staff team who were kind and caring. Staff told us there was good team work and support from the registered manager and provider to do their job safely and effectively.

There was a happy relaxed atmosphere within the home, people were seen to be at the heart of the service. One visitor told us “the staff are all wonderful, they make our lives so much better with their caring ways”. There was constant interaction between people and staff and more than one person described living at Gotton Manor as a lovely home to live in.

People’s privacy was respected and all personal care was provided in private. People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. There were also numerous communal and private lounges for people to speak with their visitors.

A recruitment process ensured all staff were fully checked for their suitability to work at the home before they started work, this helped to minimise the risk of abuse to people. Staff knew how to recognise and report abuse and all were confident action would be taken to protect people if they raised any concerns.

Risks were identified and plans put in place to protect people from harm. For example, where a risk of a person falling from a bed had been identified, discussions had taken place to work in the person’s best interest to keep them safe with the least restrictive actions. This demonstrated an understanding and implementation of the Mental Capacity Act 2005 (MCA), and ensured that the least restrictive methods was used to manage any identified risks to keep people safe.

Safe systems were in place to protect people from the risks associated with medicines. Medicines were managed in accordance with best practice guidelines. Medicines were stored, administered and recorded safely. The home arranged for people to see health care professionals according to their individual needs.

People were supported to maintain good links with outside health professionals and have access to other local services. On admission to the home people were offered a choice of three local general practitioner services. Local chiropractors visited the home on a regular basis. Aromatherapy and reflexology could be arranged through the home if people requested the service. A hairdresser visited the home weekly. One person informed us it made them feel nice to have their hair done every week.

People’s nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. A number of people told us they enjoyed the food. Drinks and snacks were available to people and visitors to the home throughout the day. Kitchen staff informed us communication from the care and nursing teams regarding people’s dietary needs was very good. People who required special diets had the correct assessments in place from the appropriate health professionals.

People told us they were kept busy with a wide range of activities available for them. There were a number of photograph albums around the home for people to see the activities that had taken place in the home. Monthly newsletters were produced showing activities that had taken place and what the month’s activity programme was. On one of the days of the inspection people were seen to be enjoying a morning exercise programme, people were gently coaxed and encouraged to join in with reasons explained to them of the benefits of joining in with the exercise class.

There were quality assurance systems in place to enable the provider to monitor care and plan on-going improvements. People’s views and suggestions were sought to make sure changes were made in line with people’s wishes where appropriate. Complaints were taken seriously and people felt able to voice their concerns.

# Summary of 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?

The service was safe

There were sufficient numbers of staff to ensure people's safety and provide care in an unhurried manner.

Risks of abuse to people were minimised by robust recruitment procedures.

People's medicines were safely administered by staff who had received specific training to carry out this task.

Good



### Is the service effective?

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People received a variety of nutritious meals which took account of their preferences and dietary needs.

People's health was monitored and they had access to appropriate healthcare professionals according to their specific needs.

Good



### Is the service caring?

The service was caring.

People were supported by staff who were kind and caring.

People's privacy was respected and they were able to make choices about how their care was provided and where they spent their time.

People were able to see visitors at any time and family and friends were always made welcome.

Good



### Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their needs

People were able to take part in a wide range of activities and follow their own interests and hobbies.

People said they would feel comfortable to make a complaint if they needed to.

There was an open and honest culture in the home that empowered people to discuss any concerns.

Good



### Is the service well-led?

The service was well led.

People benefitted from a registered manager who had the skills and experience to effectively manage the home.

Effective systems were in place that were regularly reviewed to ensure the home was working in conjunction with current legal requirements

Good



# Summary of findings

There were effective quality assurance systems in place to monitor practice, seek people's views and plan improvements.

# Gotton Manor 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 14 and 15 January 2016 and was unannounced. It was carried out by two adult social care inspectors and a specialist advisor (a registered nurse).

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service. At the last inspection on 02 April 2013 the service was meeting the essential standards of quality and safety and no concerns were identified.

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 improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with 22 people and 11 visitors about their views on the quality of the care and support being provided. We also spoke with the regional manager, the registered manager and 26 staff including the chef, the maintenance person and activity coordinator. Some people were unable to tell us about their experiences of living at the home due to different health reasons or because they were unable to communicate their thoughts. We spent time observing the way staff interacted with people and looked at the records relating to care and decision making for four people. We looked at records about the management of the service, 12 care plans, and six staffing files. We also spoke with two visiting health professionals during our visit.

# Is the service safe?

## Our findings

People told us they felt safe at the home and with the staff who supported them. One person told us “It is excellent care here, I often used to fall they have really supported me to stay safe. They [staff] got people in who could help me to improve my balance which included an exercise regime, it has all helped and I don’t fall much at all now”. Another person informed us “I would rather be in my own home, but I didn’t feel safe there as I am not as mobile as I used to be. It’s ok here, staff come in during the day to check I am alright and remind me to use my call bell if I need help”.

People were supported by sufficient numbers of staff to ensure their safety and to meet their needs in a relaxed and unhurried manner. People told us there were always adequate numbers of staff available. One person said “I ring my bell and don’t wait long for staff to come, they are a great team”. A visitor told us, “We can come to visit when we like, we walk in and see lots of staff around doing different things” The registered manager informed us “I have a stable staff team, I like to attend the handovers at the beginning of the shift and end of the day, this way I get to see all my staff regardless which shifts they are working. I try to have a daily walk around the home to ensure people are safe and being well looked after”.

Risks of abuse to people were minimised because the provider made sure that all new staff were checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and checking that prospective staff were safe to work with vulnerable people. The registered manager informed us they routinely completed audits of staff personal files to ensure all documentation was up to date. Staff files contained documentation which evidenced the checks had been completed.

Staff told us, and records confirmed that all staff received training in how to recognise and report abuse. Staff had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff told us “My training helps me understand how to keep myself safe as well as the people we look after, I would know if

someone was unhappy, we know the people we support. If I thought someone was being hurt or if I suspected anything was wrong I would speak with my manager they are excellent and would sort it out immediately”.

Care plans contained risks assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. We heard a person ask a member of staff if they could go across to the main house to join an activity. The person was assured that they could go over to the main house but would need to be supported in a wheelchair. It was explained to the person it was cold and wet outside and they would be at risk of slipping and hurting themselves and possibly the staff who supported them as well. We later saw the person being supported safely to the activity.

Risk assessments were in place for people were at risk of damage to their skin. 12 people had been identified as being at high risk of tissue breakdown. A nurse explained three to four hourly checks and repositioning took place for people who were at risk. Records showed people had been repositioned and had creams applied to effected areas within the times discussed by the nurse. At the time of the inspection there were no people recorded as having tissue damage. This showed their risk assessment and actions had helped to keep people safe from pressure damage.

People’s medicines were safely administered by registered nurses. People were asked for their consent before medicines were administered. One person needed additional support to take their medicines covertly. Written consent from the relevant health professionals were held with the person’s medical records. People received their medicines in the prescribed time. One senior carer explained “I am confident to give people their medicines as I follow the guidelines and processes.” We observed one person refusing to take their medicines from one member of staff. Time, patience and good interaction from two members of staff ensured the person did take their medicine.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked records

## Is the service safe?

against stocks held and found them to be correct. Records showed the temperature of the refrigerator and of the storage area for other medicines were monitored and were within the limits of manufacturers' recommendations. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place.

Control measures were in place to keep people safe in the environment. The registered manager explained through their daily walk around the home they checked that the environment remained safe. Checks had been completed on a variety of health and safety environmental areas, including water flushing of sinks, showers and baths. The home had emergency evacuation plans in place for all people living in the home. A grab bag was available with torches and other necessary equipment that may be

needed in the event of an emergency. On the first day of our inspection planned fire tests were taking place. People were informed what was happening and how long the tests would be taking place, people were then informed the tests had been concluded.

The registered manager had systems in place to ensure the environment remained safe at all times. For example a recent potential infection outbreak had been successfully contained by following guidance from Public Health England, which included isolating people suspected of having an infection and stopping people from visiting the home whilst there was a risk. This demonstrated the registered manager took prompt action and responded to outside directives in order to prevent the spread of infection.

# Is the service effective?

## Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person told us “You will find a very nice establishment here, I came for short stays and liked it so much I decided to move in. They are real carers they know what they are doing”.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. The registered manager informed us, the induction period was designed to build a new staff member’s knowledge over the first twelve weeks of employment ensuring they were competent to carry out their roles safely and effectively.

There was a variety of training available for all staff, either through e learning or group learning. Records showed a recently appointed member of staff had completed the induction programme which was linked to modules and themes found in the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working lives. The certificate gives people confidence that workers have the same introductory skills, knowledge and behaviours which should enable them to provide safe, compassionate and high quality care and support. One member of staff informed us “ Before I was allowed to work on the floor I had to have basic training, my manual handling training has helped me because I can ask questions, regarding moving people .” Training records showed a variety of training was taking place including basic life support, equality and diversity, safeguarding and the Mental Capacity Act 2005 (MCA).

Staff received regular supervision and annual appraisals. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner by managers. One member of staff informed us “I really enjoy working here and feel supported by the registered manager and deputy manager. I can talk to them about anything.” Another member of staff informed us “We get good support our manager is very approachable, we have both single supervisions or group ones”. Supervision charts were available for staff to know when their next supervision or

appraisal was due and who would be responsible for holding the supervisions. This demonstrated that staff were given time in advance to prepare for their supervision and reflect on their practice.

There were always registered nurses on duty to make sure people’s clinical needs were monitored and met. The nurses were supported by a number of external health professionals. One external health professional was in the home on a regular basis, we were informed their support was invaluable in supporting the team to support people with more complex behavioural needs. The registered manager said they had regular links with local hospitals regarding bed availability and pre admission assessments.

Pre assessment checks were completed before people moved into the home. The registered manager informed us once the checks were completed they could then make the appropriate information available to enable staff to meet the person needs, this included moving and handling plans which were kept in the persons room.

People’s nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Details of people’s nutritional assessments, fluid and dietary intake charts were completed for those assessed as being at risk and these were understood and followed by staff. For example, a health professional informed us “I am confident that my recommendations are being implemented by the nursing staff.” People were receiving individual support from different surgical practices, on admission people were given a choice of three local doctors’ surgeries to register with.

At lunch time we saw that people were able to choose where they ate their meals. Meal times appeared relaxed and unrushed. Tables were laid with napkin choices of either cloth or paper napkins. The majority of people thought the food choices were “good” others felt there was little choice. One person informed us “I love hot spicy food we don’t get the chance to have that here as most people would not like it”. Another person informed us “The food is very good and there is plenty of it”. People who received their meals in their rooms also had their trays set up with paper cloths and napkins.

A member of the catering staff informed us “We have residents meetings where food is discussed; we identify likes and dislikes when we complete admission checks. We try to cater for all needs”. People’s rights to independence



## Is the service effective?

were promoted where possible, plate guards and specialist cutlery were available to encourage people to assist themselves, although staff remained in the area to offer support if needed.

Most people who lived in the home were able to make decisions about what care or treatment they received. Staff were knowledgeable about safeguarding and people's rights under the Mental Capacity Act 2005 (the MCA). Care plans evidenced where capacity checks had been completed in line with legislation. One member of staff informed us "I have completed my MCA training it helped me to understand how to treat people as if they did have capacity to make decisions. I know the people I support well and know if they are unhappy, I can tell by their body language". Another member of staff informed us "We know people and some days they may need extra support to make a decision, we give people time and try different ways to support them". Staff gave people time to make choices and decisions and they respected people's right to refuse. For example one person refused to take their medicines. The member of staff tried to explain why it was important for the person to take their medicines and when the person continued to refuse their refusal was accepted. However the team worked together, and another member of staff tried to give the medicines, this was accepted without refusal. The staff members were overheard saying it didn't matter who gave them as long as the person had taken them due to their health concerns.

Staff had a clear understanding of the MCA and how to make sure people who did not have the mental capacity to make decisions for themselves, had their legal rights protected. 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 made on their behalf must be in their best interests and as least restrictive as possible.

One member of staff informed us if they needed additional training around the MCA they would ask the registered manager who would organise it. The registered manager informed us they were aware that many of the people they support had fluctuating levels of capacity. They said all best interest checks and decision making processes were recorded in people care plans. For example best interest discussions and capacity checks had been completed for a person who needed invasive surgery.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). 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). One person told us "I know there are keypads on the door, I don't know the number but I do know if I wanted to leave they would not stop me, they would talk to me about why I wanted to leave but they wouldn't stop me". The registered manager was working within the principle of the MCA, related assessments and decisions had been properly taken.

The home arranged for people to see health care professionals according to their individual needs. Healthcare professionals who provided feedback said the staff contacted them to discuss issues with individual healthcare and acted on any advice given. The registered manager informed good links were maintained with local health professionals regarding discharge, and bed availability. Health professionals confirmed they had good relationships with the home. One health professional informed us "I am confident my recommendations are implemented, and follow up visits to other health professionals take place".

# Is the service caring?

## Our findings

People said they were supported by kind and caring staff. One person told us “They [staff] are fantastic.” A visitor informed us “There is attention to detail here. A friend had to come to stay for a short while, it was difficult as they did not want to be here. The care was faultless and the person settled better than we had hoped”. Healthcare professionals told us they found staff to be caring. We were informed that visiting professionals found staff of all disciplines to be welcoming and very friendly.

People’s privacy was respected and all personal care was provided in private. One person told us “They are very caring they always knock on my door before they come in. I don’t get out much anymore but they come and ask me if I want to go out and bring me a wheelchair to take me out when they can”. A second person informed us “As I am at risk of falling they like to be near when I have my shower, I found that strange at first but have got used to it now. I know they are only making sure I am safe it shows me they care”.

People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private and there were a number of communal or quiet lounges available for people to use if they wished. A relative informed us “My [person’s name] has been here a while now, we feel they are very well looked after. [Person’s name] is happy and always looks lovely and clean, the best bit is [person’s name] has made friends since moving here”. Another relative informed us “The care is superb, staff are so caring, and nothing is too much trouble. A visitor told us “The care is really good here, I can’t fault the staff. We always come at different times to see our relative and we have never seen anything to worry about”. A member of staff informed us “It’s lovely working here the best place I have ever worked, the atmosphere is brilliant. We have lots of people come here to work because it has been recommended.”

Some staff talked of times when they had been visitors to the home and had been impressed with the atmosphere and care people were being given, they decided to come to work at the home. We spoke with staff who had relatives that had lived at the home or were currently living at the home. One member of staff informed us “I used to visit my relative here, the home became second home for me too,

so I decided to come and work here.” Another staff member said they knew they home is good, so when a member of their family needed support they did not hesitate in choosing this home.

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. One person informed us “The staff are kind, I like to stay in my room they will knock to see if I am ok throughout the day, they will always ask if I want something to eat or drink.” A member of staff told us “This is a lovely home for people to live in and for us to work in. We [staff team] all genuinely care about the people we look after, we feel like they are our part of our family, that is why you will find staff that have worked here for a long time and some staff have their relatives living here”. Another staff member said “I love coming to work, I wish I could sit and talk to people all day but we don’t have time, so I make sure the time I have with people when helping with their care needs is special”.

People were treated with kindness and respect. People were asked if they were ready to be supported with their personal care or if they needed more time. If staff were already supporting someone, staff informed people they were busy and would get to them as soon as they could. Signs were placed on people’s doors when personal care was being given. One staff member informed us “I like to spend as much time as I can when supporting someone with their personal care, it is their time, I could talk all day to people. If I have an extra five minutes I will go to the kitchen and make someone their favourite breakfast like poached eggs on toast”.

People who had difficulties with communication or memory were supported appropriately For example one person who had difficulty remembering information they had been given was given a note on their table, staff reminded the person to look at the note throughout the day, this was seen to reassure the person. Another person received support to help them communicate with the aid of laminated cards with pictorial illustrations. People who were unable to move by themselves had call bells near them at all times.

There were ways for people to express their views about their cultural needs. On one of the days of the inspection the home was being visited by a number of local clergymen to speak with people regarding their religious beliefs and how they could support them, they informed us they

## Is the service caring?

wanted to ensure that people were given the opportunity to continue their religious journeys. They said the home was very responsive in ensuring people were given the opportunity to worship.

Staff were aware of issues of confidentiality and did not speak about people in front of other people but directly to the person. For example a person had mislaid a personal

item, we observed a number of staff trying to locate the item and reassure the person they were doing all they could to find it. On numerous occasions staff came back to speak confidentially with the person reassuring them they were still looking. Eventually the missing item was located. This showed a caring approach.

# Is the service responsive?

## Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. One person told us “If I ring my bell sometimes they come quickly other times not, but the care is very good, I always have drinks by my bed” Another person informed us “They [staff] treat us all well. It would be a job to beat them”.

A call bell system was in operation, call points were located in people’s bedrooms and at appropriate points throughout the home. Call bells were responded to in a timely manner. One member of staff informed us “Sometimes we hear bells being rung it is difficult if we are already supporting someone, but I think we respond as quickly as we can as a team, we tell people if we are busy and ask if they can wait a short while, we do the best we can”.

People had consistent care from staff who were aware of where people were throughout the day. One person informed us “They come in through the day to check I am ok, if I am not near my bell they always remind to keep it near and ring if I need them”.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person’s needs and expectations. One person informed us before their relative moved in there had been a meeting around their relatives care needs. They explained their relative had not been able to care for themselves any more. They said “ We have been given some time to see if [person’s name] likes it here before we make any decisions about them moving in permanently”. People that wished to move into the home were given comprehensive information about the home prior to moving in.

The staff responded to changes in people’s needs. The registered manager felt the home had been proactive in meeting people’s changing needs they gave the example of a person who needs could no longer be met by the home. They explained they worked with the person, their family and health professionals to successfully support the person to another of the provider’s homes where their needs could be met. The registered manager explained they were happy that the transition had been in the person’s best interest

and everyone had been kept informed of what changes were happening. During the inspection a person’s move was being organised from the coach house to the main home as the person had been reassessed as needing nursing care. The registered manager said consultation had taken place with the person, their family and district nurses, all had been in agreement the nursing side of the home would suit the person’s needs. The family had been able to choose the room their relative would move to. The room was clean and freshly made up with a toiletries welcoming pack.

Care plans were comprehensive and clearly documented changes to people’s support, however the care plans lacked information about the person’s abilities skills and interests. Whilst staff were observed facilitating people’s choices and preferences there was little documented evidence in the care plans. The registered manager informed us the current care plans were in the process of being updated. Each new care plan held “My Journal and preferences, things that are important to me”. The registered manager agreed the home would be promoting the completion of these documents with people and their family members to ensure the care plans were more person centred.

People were able to take part in a range of activities according to their interests. One person told us “I enjoy the quiz and discussion groups. Last year we had a trip to a local museum which I really enjoyed”. A member of the local community visited the home to play the piano for the weekly sing along. This took place during the inspection and people who attended were seen to be enjoying the activity.

There had been two recent appointments of full time and part time activity coordinators.

The registered manager explained they hoped to run the activity programme throughout the weekends as well as during the week. People had mixed views about the activity programme, some people stated they were bored and the activity programme did not interest them, others felt it had been good and were waiting to see what it would be like with the appointment of the new activity coordinators.

The home produced a monthly newsletter which showed pictures of previous activities that had taken place and activities that were being planned for the forthcoming month. There were numerous photo albums around the

## Is the service responsive?

lounges for people and their families to look at regarding events that had happened around the home. The home offered to arrange aromatherapy and reflexology at people's request, there was also a library service, and regular visits from a hairdresser and chiropodist. The main entrance hall had good signage that informed people of forthcoming events, magazines and the local village newsletter.

The registered manager sought people's feedback and took action to address issues raised. Everyone we spoke to informed us they felt confident that any concerns would be addressed and acted upon by the registered manager. There was an iPad in the hall that people could use to give instant feedback of their visit to the home. Meetings were held for the people who lived at the home, they were an opportunity for people and their representatives to express their views. A relative informed us "We do get invited to the meetings, we have been but sometimes we are too busy".

The registered manager informed us "I walk around the building every day, sometimes with my maintenance team. I do this to ensure all is well with the people that live here, the staff and the environment. One member of staff informed us "We can report any concerns or request any additional supplies or equipment from the manager, they get things sorted quickly it always is a pleasure to see her".

Each person received a copy of the complaints policy when they moved into the home. People told us they would be comfortable to make a complaint and everyone asked felt that complaints would be taken seriously. One person said "If I was not happy I would complain to the manager". Another person said "I can't imagine having to complain but I would if I had too". A staff member told us "The registered manager is excellent, I could tell them anything, if it was a complaint they would deal with it".

# Is the service well-led?

## Our findings

There was a staffing structure which provided clear lines of accountability and responsibility. The registered manager was appropriately qualified and experienced to manage the home. The registered manager was well respected by staff and people who used the service. All staff we spoke to were complimentary about the registered manager, comments included “The manager is lovely”. “The manager is on the ball if you ask for anything it is done”. “Our manager is very good she is a breath of fresh air”.

The registered manager felt supported by the provider and felt they shared the same vision for the home as they did. They felt they operated good leadership where quality was integral to the service. They were confident that resources would be available to drive improvement in the service. They told us “I want to build on our name and reputation and ensure we are known as a home that provides high quality care. We have an open door policy, we want people to come into the home anytime and see we are providing high standards of care to all”. They explained to achieve the vision of the home feedback from people and their representatives was important to ensuring they were “getting it right”. The regional manager discussed the provider’s quality of life programme which was designed to make it easy to gather feedback from anyone living, working or visiting the home. The information is gathered via an iPad in the main hall. The regional manager explained the programme enabled the managers and senior managers to link the feedback in their quality audits, systems on people’s experience of living at Gotton Manor.

Effective quality assurance systems were in place to monitor care and plan ongoing improvements. Audits and

checks were in place to monitor safety and quality of care. The home had an online system in place for the recording of accidents and incidents including safeguarding, medicine errors, falls and outbreaks of disease. Members of staff completed on line forms that were centrally collated. The registered manager analysed the data and identified any trends. For example records showed where there had been a concern regarding a deteriorating leg ulcer the relevant health professionals had been involved to reduce the risk of further tissue damage and risk assessments were in place in the person’s care file.

The homes vision and values were communicated to staff through staff meetings and formal one to one supervisions. The registered manager informed us staff morale was also important to achieving high standards. All staff we spoke with were motivated and knew what was expected of them. One member of staff told us “We receive regular supervision and focus on the care standards, there are posters in our staff room so we don’t forget them”. Another staff member told us “I can talk freely in my supervision I can always approach my manager at any time if I am feeling upset or unsure, she always listens”. The registered manager informed us. “I work closely with my staff team, they all know I will do any task I ask them to do, and I try to come in early everyday so I am always available to them all. “I am open and honest and keep my team informed of our vision and how I plan to make this home a home that people want to come and live in and work in.”

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.