

Manor Cottage Care Limited

The Manor Cottage

Inspection report

Beckspool Road
Frenchay
Bristol
BS16 1NT

Tel: 01179560161
Website: www.kewcaregroup.co.uk

Date of inspection visit:
04 May 2017
10 May 2017

Date of publication:
20 July 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Manor Cottage provides accommodation and personal care for up to 26 older people. At the time of our visit there were 24 people living at the service. This inspection was unannounced. This meant the provider did not know we would be visiting.

The registered manager had left just prior to the inspection and a new manager had been deployed from one of the providers other homes where they had been working as a deputy. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last comprehensive inspection in December 2015 the home was rated as good.

At this inspection we found the service had maintained an overall rating of good and they had been working hard to improve the service to provide some outstanding, kind, compassionate, care practices.

Why the service is rated good

People continued to receive a service that was safe. The manager and staff understood their role and responsibilities to keep people safe from harm. People were supported to take risks, promote their independence and follow their interests. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people. Medicines were well managed and people received their medicines as prescribed.

The service remained effective in meeting people's needs. Staff received regular supervision and the training needed to meet people's needs. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected. People were supported to enjoy a healthy, nutritious, balanced diet whilst promoting and respecting choice.

We were introduced to people throughout our visits and they welcomed us. People were relaxed, comfortable and confident in their home. The feedback we received from people was positive throughout. Those people who used the service expressed great satisfaction and spoke highly of all staff. Comments received from relatives included; "It is a warm, clean comfortable home. The staff are always friendly and kind. They offer me lunch and drinks when I'm there. There are so many good things about the home" and, "The staff couldn't do more for you, it's an excellent home".

Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. They

were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that their life experiences remained meaningful.

People were supported to maintain their personal interests and hobbies. It was evident that a person centred approach to care had been further enhanced since our previous inspection. One relative recently wrote in a survey, "Mum has always had excellent care and kindness shown to her. Staff go above and beyond the expected".

The service was responsive to people's needs. People received person centred care and support. Staff monitored and responded to changes in people's needs. They were offered a range of activities both at the service and in the local community. People were encouraged to make their views known and the service responded by making changes.

People benefitted from a service that was well led. The provider, area manager, manager and staff team maintained a clear focus on continually seeking to improve the service people received. Comprehensive quality assurance systems were in place and based upon regular, scheduled audits which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

Further information is in the detailed findings below.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Outstanding ☆

The service has improved to outstanding.

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

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

Staff treated people with dignity, respect and compassion.

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

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

The Manor Cottage

Detailed findings

Background to this inspection

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

The service was last inspected in December 2015 and at that time there were no breaches of regulations. One adult social care inspector carried out this inspection.

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

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

We spent time and, spoke with, the area manager, manager, five care staff and the activity co-ordinator. We also made contact with the provider the day after our visits. We looked at four people's care records, together with other records relating to their care and the running of the service. This included the employment records for staff, policies and procedures relating to the delivery and management of the service and, audits and quality assurance reports.

Is the service safe?

Our findings

One of the common themes for people and their relatives was that they felt, safe, happy and secure. Comments from people included; "I have felt safe since the day I moved in, the staff are super", "When you are not lonely you feel safe and I am far from lonely" and, "It's reassuring to know staff are here day and night if I need them".

Relatives and friends had recently completed questionnaires and they were asked if they thought people were safe in the home. Written comments included; "As practically as possible, safety is covered", "Yes I do feel my mum is safe. I can tell she is well cared for and happy", "They check on mum regularly and care for her well" and, "I have no concerns regards my mother's safety, staff are always close by. The property is secure without it feeling like a prison. She is cheerful, happy and talks to all staff with confidence".

Staff understood what constituted abuse and the processes to follow in order to safeguard people in their care. Policies and procedures were available to everyone who used the service. Staff confirmed they attended safeguarding training updates to refresh their knowledge and keep them up to date with any changes. The manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse, had occurred. Agencies they notified included the local authority, CQC and the police. There had been two recent events where the home had raised safeguarding concerns.

Staff managed risks relating to people's health and well-being and how to respond to these. This included risks associated with weight loss, moving and handling, maintaining skin integrity and difficulty with swallowing and potential choking risks. People's records provided staff with information about these risks and the action staff should take to reduce these. One relative recently wrote in a questionnaire, "There was a risk that mum might fall down the stairs so the staff moved her to a ground floor room so that the risk was eliminated".

Some people required equipment to help keep them safe. The service ensured people were assessed so that appropriate aids were in place to support them. Equipment was risk assessed and staff received training on how to use the equipment to reduce the risks to people who used them. Specialist equipment included pressure relieving mattresses, profiling beds, specialist seating, mobile hoists and equipment to help people shower and bathe safely. Equipment was checked by the maintenance person and maintained by an outside contractor where necessary.

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

During the inspection the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. People, relatives and staff confirmed there were sufficient numbers of staff on duty. People were able to request support by using a call bell system. One lady who preferred to spend time in her room, told us staff were very quick to come to her assistance when she used her call pendant. She said, "I have frequent visits by attentive, caring staff". Staffing levels were always discussed at the staff meetings and we saw that recently they had been increased by one care staff member on the afternoon shifts due to a change in people's needs. In addition, one to one support had been provided for two people over a weekend period when they had been unwell.

The service ensured staff employed had suitable skills, experience and competence to fulfil their roles. In addition, the service considered personal qualities to help provide assurances that they were honest, trustworthy and that they would treat people well. Staff files evidenced that safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

A new medicines system had been introduced since the last inspection. The system was designed to be tailor made specifically for the service which promoted safer management of medicines. Policies, procedures and records were in place to help ensure safe management of medicines. Records of medicines entering and leaving the home were maintained. Staff completed safe medicine administration training before they were able to support people with their medicines and, this was confirmed by those staff members we spoke with. Staff were observed on medicine rounds until they felt confident and competent to do this alone.

Is the service effective?

Our findings

The service continued to ensure staff received training updates and they were suitably skilled to meet people's needs. Collectively they had the skills and confidence to carry out their roles and responsibilities effectively. The provider told us, "Staff are enthusiastic about every new training idea or initiative that we introduce, they bring suggestions and are genuinely attached to our lovely group of residents".

Staff had an induction programme to complete when they started working for the service. Those staff who had not worked in care before completed a programme of 15 modules within three months. This was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. The organisation also had an induction specific to the home. A mentor system was in place where all new staff were linked with, and then shadowed, a senior staff member during shifts. This was to assist with continued training throughout the induction process.

Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain professional qualifications. There was an expectation that staff would undertake a diploma in health and social care at level two or three (formerly called a National Vocational Qualification). In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. This included dementia awareness, continence and catheter care, person centred approaches to care and prevention of pressure sores. Staff provided feedback on all training received to help ensure it was effective.

The service had a small, steadfast group of staff. Staff continued to work well as a team and there was a continuous theme of supporting and supervising each other. Staff felt they were supported on a daily basis by the provider, area manager, manager and colleagues. Any additional support/supervision was provided on an individual basis and these were formally recorded. Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore.

All staff had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). These subjects were also covered at the 'residents and relatives' meeting so that they also understood the basic principles and how this could affect them and their loved ones. The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so.

Staff understood the principles of the MCA and, how to implement this for those people who did not have mental capacity and, how to support best interest decision making. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

People's legal rights were respected and restrictions were kept to a minimum using the least restrictive

option. Where applications had been authorised to restrict people of their liberty under the Deprivation of Liberty Safeguards (DoLS) it was to keep them safe from possible harm. There was a clear account about why referrals had been made and how a person had been supported through the process and by whom. This included GP's, best interest assessors and independent advocates. There were systems in place to alert staff as to when DoLS would expire and need to be re-applied for.

Choice of meals and mealtimes were flexible each day dependent on personal preferences and daily routines. People enjoyed freshly prepared meals and told us they were, most enjoyable, tasty and there was plenty to choose from. On the day of our visit people chose to have lunch in the dining room and the garden. It was lovely seeing people enjoying the social atmosphere of dining together. Tables were attractively laid with tablecloths, napkins, condiments and flowers.

People continued to receive a healthy nutritious diet and staff supported people when they needed to gain or lose weight. The service used a five step screening tool to determine if people were at risk of malnutrition or obesity. The tool provided management guidelines which can be used to develop a care plan for those at risk. Care plans provided specific detail about the level of support people required at mealtimes and independence was encouraged wherever possible. Expert advice had been sought from community dieticians and speech and language therapists for those people who had difficulty swallowing.

The service continued to ensure everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. The manager recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected.

Is the service caring?

Our findings

The service was exceptionally caring. Throughout our visits staff supported people with kindness. Their approach to people was respectful and patient. It was evident that over time staff had fostered positive relationships with people that were based on trust and individuality. We asked people for their views on staff and what it was like living in the home. Comments included, "It's lovely here, I am very happy", "It was the best move I made, I have settled well and have been made to feel most welcome" and, "The staff are lovely, I am very lucky, I get on with them all and we have fun".

We looked at comments in family feedback surveys and it was evident that people's health and well-being had improved since living at Manor Cottage. Written comments included, "I found all the staff very helpful and friendly and all are extremely welcoming. I would certainly recommend the home to other people", "My mother said staff are really nice and kind to her. The staff have done everything possible to make my mother feel at home, nothing is too much trouble" and, "The staff are very patient and kind they always listen. I do feel my dad has a better quality of life and has been more sociable since living there".

The manager told us, "We are dedicated to fulfilling our resident's lives in the best way possible, taking into account their individual needs. By promoting independence, dignity, respect, emotional well-being, I think we go above and beyond to cater for each resident, and we do this proudly and as one family team".

The provider valued their staff and how they played a significant part in making the service a kind and caring place to live. They told us, "What I love most about Manor Cottage is the commitment shown by the whole staff team to constantly improve the lives of the residents as much as possible. The enthusiasm and care really shines at Manor Cottage and I couldn't be more proud of the work that we all do together".

Staff were thoughtful, kind and caring. They wanted people to be happy and receive support that was focused on them as individuals. The service promoted keyworker roles to encourage an enhanced personalised approach. The keyworker role provides a link between the service, the person and their family and, focuses on liaising with different professionals or disciplines in order to ensure the services work in a coordinated way. Staff and records were descriptive about how people were supported and knowledge of their needs both physically and emotionally was good. The manager explained how it was essential to match the right member of staff with the right person to ensure the keyworker role was meaningful. They considered personal preferences and interests, age, personalities and experience and, partnering was reviewed to ensure they remained effective. People were also supported to choose a staff member of their choice. Each month people met with their keyworkers for 'mini reviews'. This was a time to catch up on news, to reflect on what went well and not so well, assess how people were feeling and what plans they had for the coming month.

One example where the keyworker role had supported a person centred approach included a synopsis of each person entitled, 'What makes me who I am'. The manager had introduced this initiative and completed one about herself. These were personal profiles about what people considered their best qualities, shared things that were important to them for example, family, achieving set goals and staying healthy. Each

person had approached the reflections in an individualised way, the information we read was heart-warming, sensitive and emotional. People clearly felt very comfortable expressing themselves in this way to staff. There were fascinating stories of worldwide travels and special memories. Some people had chosen favourite quotes that reflected their philosophy on life, personalities and humour for example, 'live life as much as you can and see as much as you can' and, 'there is no face equal to that of a determined woman!'. Other written entries included, 'good health and being alive makes me happy', 'I love a good red wine on an evening with good company to talk to'. Staff told us this person had received their favourite bottle of wine and a special wine glass as a Christmas present from the home.

The manager and staff recognised that people wanted to continue with things that were important to them so that their lives remained meaningful. Care plans included a personal profile, entitled, 'This is me', as promoted by the Alzheimer's Society. This record provided information about personal preferences, likes and dislikes, what helped them relax, kept them happy and things that were important to them. Important requests included the 'little things that go along way', hot baths with plenty of bubbles, small dinner on a small plate and I like looking my very best. One person spoke with us about their love and passion for the card game Cribbage and how they enjoyed a game when their son visited. Since living at the home the staff had also been keen to learn the game so they could play together at any time they wished. The person told us, "Even the lady who owns the home plays against me when she visits! How good is that, it makes me feel important that they want me to be happy".

Other acts of kindness included choosing and purchasing Christmas gifts that were of personal value to each individual. Collectively staff put great thought and attention into every gift so that they felt special, and would benefit from them. Some of these great examples included, one person who loved knee high bed socks, this was something they had always worn to bed when they were a child, they told staff on Christmas morning that the gift had bought back fond childhood memories they had forgotten. Another person was conscious about their neck being on show, they had always taken pride about their appearance and liked to look smart. The staff gave silk scarfs and brooch as her present, and she wears them every day proudly.

People told us they were supported and encouraged to remain as independent as possible. Written information in people's records stated, "Please always try to see if I can do things myself and be patient with me", "If I struggle to do things at first try to guide me, sometimes I am just having a bad day" and, "I enjoy pushing myself to do things. One relative wrote in a recent survey, "My mother likes to maintain independence as much as she can and the staff are there if required". People spoke with us about how they enjoyed helping in the garden. One person said they particularly enjoyed helping the maintenance person in light duties, including mowing the lawn. They told us, "It makes you feel useful and I enjoy keeping busy".

Staff supported people as equals and promoted fostering of relationships within the home. People became good friends and enjoyed socialising and supporting each other as companions. Two people in the home had formed a close relationship and this had been supported sensitively and was respected by staff, fellow 'residents' and their families.

People were cared for by staff who had a good understanding of social and cultural diversity, values and beliefs and how they may influence people's needs and preferences regarding their care and support. Staff felt empowered and confident to express their personal circumstances and lifestyles including their sexual identity and orientation, race, religion and language. This demonstrated an ethos of equality and respect amongst the whole staff team. For the purpose of the report and to protect confidentiality we have not been able to share specific examples of this. The home celebrated a calendar of events that recognised different faiths, celebrations and nationalities. The service had developed guidance for staff on caring for people with different faiths who were at the end of their life. Staff respected and recognised the value of ageing and that

this brought the gifts of life experience

Staff were proud of their approach towards people, they always made time for people and had good listening skills. We saw various examples where dignity and respect was promoted. When offering support staff spoke politely and made efforts to ensure they were at the person's eye level. They discreetly offered to help people with sensitive needs for example assistance at mealtimes and when using toilet facilities. One relative recently wrote in a survey, "When living in her flat mum was often anxious and sad. Since living at Manor Cottage mum has become confident, cheerful and sociable. This indicates to me that mum is treated with respect, dignity and care". One person told us, "I don't feel at all embarrassed when staff help me in the bath, they are very respectful, we have a laugh and they have a way of making me feel at ease".

Mealtimes were a good example where staff promoted an atmosphere that was calm, respectful and dignified. We observed staff speak sensitively to people, they described the meal they served, repeatedly offered drinks and asked if everything was satisfactory. People who required help with eating and drinking were supported with dignity and respect. Staff were supporting people respectfully and at their own pace, they were attentive throughout lunch, providing gentle encouragement.

People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, makeovers, helping people to fasten their jewellery and weekly visits to the home's hair salon.

Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to small quiet lounges. Relatives were supported to enjoy meals with their loved ones and celebrate events arranged by the home. Staff kept families and friends connected and involved by producing a quarterly newsletter. This was especially helpful for those who were unable to visit regularly. The newsletter provided information about significant events, future plans for the coming months, arranged trips and activities and welcome wishes for new "residents" and staff.

Is the service responsive?

Our findings

The homes approach to care remained person centred and holistic. The care plans were informative and interesting. They reflected that people had been involved in developing their plans and people confirmed this. The manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. The terminology used was sensitive and tactful and, identified that staff valued people they cared for. One staff member had explained in a person's care plan that they could become tearful when talking and thinking about family, they wrote, "He has a big heart and shows his emotions".

People experienced a lifestyle that met their individual expectations, capacity and preferences. There was a strong sense of empowering people wherever possible and providing facilities where independence would be encouraged and celebrated. People's health, well-being and safety were paramount.

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to a person in charge. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. This included things such as treatment for infections, review of medicines, assessment for equipment and increased staffing levels.

The service continued to offer a range of activities centred on peoples likes, dislikes and personal preferences. A newly appointed activities co-ordinator was very passionate and excited about their role and had already made significant changes. They shared their vision about further enhancing the experiences for people at the home which very much revolved around a person centred approach. The ethos was that activity sessions should impact positively on people in the expression of personal identity, enabling of personal choice, interaction with others and general well-being. We took part in a flower arranging activity in the afternoon of our second day at the home. It was very popular and thoroughly enjoyed by those who attended. It was a great opportunity to see how people had formed friendships and enjoyed each other's company in addition to the activity itself.

The provider told us, "The manager has been excellent at working on the activities provision at Manor Cottage and this area is growing significantly with residents out and about. She has welcomed and celebrated the diverse nature of our residents and staff and their various preferences. The activities co-ordinator is very good at tailoring our program to fit requests". One person told us, "I enjoy helping the activity lady and I do a lot in the garden with the maintenance man, it makes me feel useful, I did all those things when I lived in my own home. I have been teaching the staff to play cribbage and even the owner joined in a game on their last visit".

The service had a complaints and comments policy in place. People who required assistance to make a comment or complaint were supported by staff. People said they were able to raise any concerns and were confident their concerns would be acted on. A reminder about complaints was included in the home's survey.

Is the service well-led?

Our findings

The service was led and supported by the provider and area manager. We saw promising leadership with the newly appointed manager. The provider told us, "She has proved herself already to be a mature and professional manager with a wide knowledge base and an unflappable manner respected by residents, families, staff and visiting health professionals. She provides me with excellent feedback about the home and how it is doing and about new developments that would work well for the home".

Improved staffing structures had been put in place, with revised job specifications, roles and responsibilities. This structure was a new concept and as it was in its infancy we were unable to judge its effectiveness. However we did receive positive feedback from staff and there was an overall feeling that this had helped promote accountability, continuity of work flow and a smoother running of the service. In addition to the area manager and new manager, senior staff roles had been deployed. Three senior staff we spoke with were enjoying their new positions and were feeling supported and encouraged by the senior management and staff team. Additional supervisions were in place to help evaluate the progress of these roles.

Although in its infancy staff were generally confident with regards to recent changes and the new management structure in place. The staff team was relatively new. However, there was evidence of them forming a cohesive group who were committed to moving the service forward. Relationships of trust and confidence were being promoted by the area manager in order to ensure the manager was respected and approachable. Since commencing their new post the manager had displayed enthusiasm and passion about the service and those who used it. Both area manager and the manager promoted and encouraged open communication amongst everyone who used the service.

The manager was keen to learn by experience and through supervision had embarked on reflective practice to evaluate her position and progress, and learn from this. The reflective accounts were honest and open and reflective continued improvements were being addressed and made. The provider equally led by example and was currently half way through the new care certificate. They told us, "If my staff need to complete it then so do I".

In addition, the provider had enrolled on a Dementia Care Mapping course being run in September. This would facilitate their ability to monitor care given to those people with dementia. Although many people did not have this as their primary care need, it often impacted upon all elements of their lives. The provider told us, "It would be great to be able to cascade useful information to the staff teams and perhaps use the Virtual Dementia Tour type training to help their empathy skills for dementia residents. Virtual Dementia training was designed by PK Beville as a simulator in 2001, with the hope that the public could experience the difficulties of living with dementia. This is a system endorsed by various organisations including Dementia UK. It demonstrated what it is like to have dementia. Large headphones cover the ears, producing disruptive background noise, makeshift sunglasses distort the central vision and thick gloves are worn to restrict finger movement and sensation. We look forward to seeing the progress of this training at our next inspection and how this has impacted on staff and people that use the service.

Since the last inspection new team building away days were arranged to promote continued improvement and give managers the opportunity to look towards the future and make plans for the coming year. We saw from the minutes that staff considered what they did well; they discussed the impact of lead roles/champions in aspects of care and support, discussed training initiatives and brainstormed new ideas and suggestions.

The whole service was keen to learn and reflect from every experience they encountered. Most recently they had a situation where a person became acutely confused and deteriorated cognitively very rapidly leading up towards a weekend. The whole experience showed how the staff worked as a team and how they were committed to keeping the person safe and those around them. Both the area manager and manager put together a detailed time line and liaised with the relevant health professionals. The provider also got involved and produced a formal policy and procedure for Critical Incident Analysis. This provided a tool to use going forward if and when challenging scenarios like this arose again in addition to a straight forward method of assessing care provision and how they had linked with the community teams to meet the needs of that person. The area manager had also put together a pathway when dealing with such emergency scenarios by way of a flow chart which will be very useful for staff to assess themselves as they deal with a situation and ensure that they have done everything possible. The provider told us, "Obviously the support of a manager can never be replaced but our staff are keen to learn and become confident in their own decision making and we want to empower that".

The provider told us, "I am keen to allow my managers their autonomy and each of my home's are very different in that it respects its own residents choices and evolves accordingly. They hold their own budgets and we work together to optimise the home and invest in the current and future residents and staff. We are very lucky indeed to have an area manager who is doing such a wonderful job in supporting the manager and staff team".

The provider visited regularly and received updates from the home in many forms. A thorough weekly report was sent with details of meetings, staffing, care need changes, complaints and/or compliments. There was also a monthly audit checklist which provided the manager, area manager and provider with a great means of monitoring the documentary side of the home. The provider told us, "These also help me to decide which residents and care plans I might want to focus on when I visit the home and help us all to highlight residents whose needs are changing and ensure that we are meeting their varied needs. These also form part of our Quality Assurance process and are tools to check that we continue to provide a great service following best practise. I make contact every couple of days and more if there are relevant issues to be discussed and the staff team make contact with me whenever they feel the need".