Cobham Care Ltd

Avon Manor

Inspection report

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14 October 2016

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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

The inspection took place on 11 and 14 October 2016 and was unannounced.

Avon Manor is registered to provide accommodation and care for up to 28 people living with dementia and/or other health needs. At the time of our inspection 27 people were in residence. Avon Manor is a large, older style property which is situated close to the town centre of Worthing and to the seafront. Communal areas include two large sitting/dining areas, a further quiet lounge with access to the gardens and a sun lounge which is used as a dining room. All bedrooms are of single occupancy.

A registered manager was 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.

People were protected from the risk of harm by trained staff, who recognised the signs of potential abuse and knew what action to take. People's risks had been identified and assessed appropriately and guidance and advice provided for staff on how to mitigate risks. Staff had been trained in safe moving and handling techniques. Staffing levels were sufficient to meet people's needs and keep them safe. Generally, medicines were managed safely, although we observed that some topical creams did not have the date of opening recorded on the tube or packaging. This issue was discussed with the registered manager so that appropriate action could be taken to address this.

Staff received a range of effective training and new staff complete the Care Certificate, a universally recognised qualification. Staff received regular supervision with the registered manager and attended staff meetings. Staff had been trained on the Mental Capacity Act 2005 and in Deprivation of Liberty Safeguards and understood their responsibilities under this legislation. People had sufficient to eat and drink and were encouraged with a healthy diet. People and their relatives expressed satisfaction with the meals on offer and people were supported by staff to ensure that mealtimes were an enjoyable experience. People were supported to maintain good health and had access to a range of healthcare professionals and services.

Staff knew people well and kind, caring relationships had been developed. The atmosphere at Avon Manor was warm and inviting and the resident pets: two dogs, a cat and three tortoises, were engaging and enjoyed by people living at the home. Relatives spoke highly of the caring attitude of staff. People were encouraged to be involved in all aspects of their care and relatives were also consulted and involved. People were treated with dignity and respect. At the end of their lives, people were supported to have a private, comfortable, dignified and pain-free death.

Personalised care plans were in place for people which included information about their lives before they came to Avon Manor. Detailed, comprehensive information enabled staff to provide people with the care they needed, in line with their personal preferences and choices. A range of activities had been organised

and people were enjoying the activities on offer at the time of the inspection. There were limited opportunities for people to access the community on minibus outings. Relatives knew how to make a complaint, but no complaints had been received within the last year.

People, their relatives and staff were all asked for their views about the service and overall feedback was extremely positive and complimentary. Staff felt well supported by the registered manager and relatives expressed satisfaction with the quality of care delivered at Avon Manor. Audits were in place to measure and monitor the quality of care delivered. Some notifications that needed to be sent to the Commission had not been completed by the registered manager. This was discussed and considered to be an oversight by the registered manager, based on a misunderstanding of advice received. Other notifications had been completed as required.

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 overall.

People were safe living at the home and their risks had been identified, assessed and managed appropriately by trained staff. They were protected from harm.

Safe staffing levels enabled people to receive care promptly. New staff were recruited safely.

Generally, medicines were managed safely, although we noted that some topical creams did not have the date of opening recorded on the tube or packaging.

Is the service effective?

Good

The service was effective.

People had sufficient to eat and drink and were encouraged in a healthy lifestyle. They were supported by a range of healthcare professionals and services.

New staff completed the Care Certificate and all staff had completed regular training and received supervision and annual appraisals.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

Is the service caring?

Good

The service was caring.

People were supported by warm, kind and friendly staff who knew them well. They were treated with dignity and respect.

People and their relatives were encouraged to be involved in all aspects of their care.

At the end of their lives, people were supported to have a comfortable, dignified and pain-free death.

Is the service responsive?

Good

The service was responsive.

People received personalised care in line with their assessed needs and preferences. Care plans provided detailed information and guidance to staff about how people wished to be supported.

A range of activities were on offer to people.

Complaints were listened to, however, no formal complaints had been received within the last year.

Is the service well-led?

Good

Overall, the service was well led.

The registered manager had neglected to send some statutory notifications and agreed this was an omission on their part.

People, their relatives and staff all spoke extremely highly and positively about the home, the care staff and on the quality of the care.

A range of surveys enabled people, relatives and staff to give their views about the service.

Audits measured and monitored the quality of the home overall.

Avon Manor

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.

The inspection took place on 11 and 14 October 2016 and was unannounced.

One inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience at this inspection had expertise in older people and dementia care.

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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including four care records, four staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

On the day of our inspection, we met with two people living at the service and spoke with four relatives. We chatted with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the registered manager, two senior care staff and the chef.

The service was last inspected on 29 October 2013 and there were no concerns.

Good

Is the service safe?

Our findings

People's relatives felt their family members were safe living at Avon Manor. One relative said, "Absolutely, they're so well looked after and the front door is closed". Another relative said, "Yes, my daughter who is a nurse comes in. If we see anything, we would go to [named staff member]". Staff had been trained to understand how to protect people from potential harm and staff we spoke with had a good understanding of safeguarding adults. One member of staff explained the importance of communicating any concerns about people with other staff and said, "We have regular meetings and carry a handover folder throughout the day". Staff told us that all the policies, procedures and guidance relating to safeguarding were kept in the office and were easily accessible.

Risks to people were managed so that they were protected and their freedom was supported and respected. The registered manager explained how well she knew people and trying to physically restrain people from leaving the home could cause some people to become upset and distressed. She told us of a successful technique she sometimes adopted with some people and told us, "If a resident wants to go home, I open the door and say it's okay and tell them to take care. Inevitably they turn back and decide maybe they don't want to go today. It works better than barring the door or telling them they can't go". People's risks had been assessed and identified appropriately and risk assessments were in place in areas such as moving and handling, falls, skin integrity and mobility. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. For example, people's risk of developing pressure ulcers had been assessed using Waterlow, a tool specifically designed for the purpose. One person's mobility had deteriorated over time so they had been moved to a downstairs room and their risk assessment updated. The updated risk assessment recorded that this person now needed two care staff to assist them with mobilising. Some risk assessments, whilst not unsafe, contained limited information about people and the registered manager explained they were looking towards implementing computerised care planning in the future. It was hoped that a new system of recording would provide greater detail about people and their care needs. A member of care staff said, "[Named registered manager] tends to do risk assessments with input from staff".

We observed one person came into the sitting room in a wheelchair and staff could not find a small handling belt to transfer them from the wheelchair to the armchair. The person's relative offered to carry their family member to the armchair and their offer was politely turned down by staff. We observed staff talking to the person in the wheelchair, holding their hand and reassuring them they would be moved as soon as the belt could be found, keeping them calm whilst another member of staff looked for the belt. The belt was found and two staff were then able to assist the person safely into their armchair, reassuring them throughout.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. We asked relatives if they felt there were enough staff and whether help was offered promptly when people needed support. One relative said, "Yes I do, they are watching her all the time". Another relative said, "Oh gosh yes. There's always someone around when I come in". On the morning of our first day of inspection, there were eight care staff on duty, a cook and kitchen assistant, two laundry staff and a cleaner. We were told there were

always at least two senior care staff on duty during the day and the registered manager was also available to work on the floor during the week. One member of staff said, "We only ever have problems if someone goes off sick". We checked the staff rotas for four weeks in September and October and these showed that usually six or seven care staff were on duty in the morning and five care staff in the afternoon. At night there were three waking staff on duty. Safe recruitment systems were in place and we looked through four staff files. Before new staff commenced employment, identity checks were completed, two references obtained and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people.

Generally, people's medicines were managed so they received them safely. We observed staff administering medicines during the day. One member of staff checked the Medication Administration Record (MAR) and prepared the medicines, which were then administered by another member of staff to the person the medicine had been prescribed for. Once each person had taken their medicine, the second member of staff then signed the MAR to confirm this. Staff had completed training in the administration of medicines. Medicines were dispensed from a medicines trolley and we looked at some of the contents in the trolley. We saw that some topical creams had no date of opening recorded either on the tube or on the outer packaging. It is good practice to record the date of opening as topical creams have to be used within a certain period of time, otherwise their efficacy may be reduced. We discussed this issue with the registered manager who told us they would remind all care staff of the importance of recording dates on newly opened topical creams. Some people received their medicines covertly, that is without their knowledge. For example, one person took their medicine in small pieces of a peanut chocolate bar, which they enjoyed. Where medicines were administered covertly, advice had been sought from people's relatives, their GP and from care staff to establish this was the best and least restrictive option to ensure people took their medicine as prescribed. Overall, medicines were ordered, stored, administered and disposed of safely.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. All new staff were required to complete the Care Certificate, covering 15 standards of health and social care topics. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. The registered manager told us, "You get a vibe for people when they walk through the door. It's nice to train them from scratch". We were given a copy of the 'Avon Manor Training Planner 2016' which showed that staff had received training in the following areas: first aid, moving and handling, safeguarding, fire training, medication, health and safety, infection control, food hygiene, equality and diversity, dementia, mental capacity, challenging behaviour and nutrition. All staff training was up to date and staff gave examples of the training they had received. One staff member said, "Whatever training is going, we are very fortunate here". In addition, some staff had completed National Vocational Qualifications in health and social care. The registered manager said they had booked a session with the 'dementia bus' which would provide staff with an experience of what it was like living with dementia through various experiences, for example, how people living with dementia might interpret what they saw on a day-to-day basis.

Staff had supervision meetings at least three times a year with an annual appraisal. A member of staff confirmed they had 1:1 meetings with the registered manager and said, "They're normally every three to four months with annual appraisals". Staff meetings were held usually every three months and records confirmed this. At the last meeting in September 2016, the minutes showed that various issues had been discussed including residents, staffing, smoking breaks, pay, residents' end of life records, food and fluid intake and staff levels.

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. Staff had completed training on the MCA and one staff member explained their understanding as, "It's a vulnerable person whose unable to make a decision on their own". Another member of staff described how decisions might be made in a person's best interests and gave an example of this which related to a person moving into Avon Manor. 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). A member of staff told us about DoLS and said, "Basically, we're depriving them of their liberty because they don't have the capacity to know how to keep themselves safe". We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Three DoLS had been authorised by the local authority to date and 22 DoLS applications were outstanding and still awaiting a decision by the local authority.

People had sufficient to eat and drink and were encouraged to maintain a balanced diet. People had been

assessed, using a combination of height, weight and body mass index, to identify whether they were at risk of malnourishment. People's weights were recorded monthly. We asked relatives for their views about the quality of meals on offer to people. One relative said, "From my personal experience, it's very nice. She's [referring to family member] at a slightly awkward stage. They try and coax her and if that doesn't work, try something else. She never used to eat chocolate, but now she has drinking chocolate". Another relative said, "It's all right and the amount is fine. He has a sweet tooth and he's put on so much weight. He has fruit now". One person liked to eat cereal at various times on some nights and were supported by staff to do this, thus supplementing their nutritional intake.

We observed people as they sat down to eat the lunchtime meal. A notice on display advised staff, 'Make mealtimes special. Concentrate on the person you are helping. Let them set the pace and remember this may be one of the few times in the day they have an opportunity for a chat'. Tables were set with cutlery and serviettes and there were fresh lilies in vases on each table. The menu board showed cottage pie as being the lunchtime main choice, but people were given lasagne and salad with chips or mashed potato and little pots of salad cream and mayonnaise. We were told that one of the chefs had called in sick, so the lasagne was a last minute alternative. We observed staff encouraging people to eat and one staff member was supporting a person to eat their meal. One person asked, "Has the gas been turned off?" as lunch was served a little later than usual. Staff reassured the person that lunch was coming. The joke continued throughout lunch as to whether the gas bill had been paid or not which made people laugh as they waited for their lunch. People seemed to enjoy their lunch and portions were generous. Staff encouraged people to eat a little more if they felt they had not eaten enough.

We observed one person started to cough and staff jumped up immediately, rubbed the person's back and offered them a drink. They spoke reassuringly to the person and said, "Has it gone down the wrong hole?" and encouraged the person to breathe slowly and that they would be okay. Another person started to shout that they wanted to go home and staff attended to them, encouraged them to eat their lunch and have a, "Nice cup of tea", which seemed to calm them. A third person started to bang their spoon on their plate which caused some people to become agitated. Staff went over and asked the person if they would like to go to the lounge as they appeared to be distressed. Staff spoke to them in reassuring tones and guided them out of the dining room with minimum fuss and interruption to other people's dining experiences. Staff told us, "She comes down and sometimes she becomes anxious, so we take her to a quieter area". The person was then able to finish their meal in a calmer setting. The atmosphere in the dining room quickly settled down and people continued eating and chatting. Staff asked people if they had finished their meal before removing their plates and asked them whether the food was nice. A few people responded, "Very nice". People were encouraged to have a drink and asked if they wanted dessert.

We talked with the chef on duty and were shown the menus which appeared to show only one main choice available to people. We asked the chef what would happen if people did not like the meal choice on offer. They told us, "If we know they don't like stuff, we give them another option". We asked the chef why some people had mashed potato for lunch, whilst others were given chips. The chef explained, "We always do mash and chips as mash is given to people on a soft diet". Some people had been assessed as requiring a pureed diet, which was prepared separately with a hand blender. We later talked with the registered manager about the lack of choices shown on the menu. They told us that people always had more than one choice available to them and that they would review the menus to reflect this.

People were supported to maintain good health and had access to a range of healthcare services and professionals. One relative described the response to their family member's healthcare needs as, "Instant. There's an excellent rapport with the local surgery. They can do it quickly on the phone. It will happen in the morning and by the afternoon they are putting medicine into her". Another relative confirmed a

chiropodist treated their family member's feet. Care records showed when people had been visited by various healthcare professionals and any action required. A staff member talked about people becoming unwell and said, "When someone has a UTI (urinary tract infection), they can become aggressive" and would then need prompt medical attention. They went on to say they would always notice if someone was experiencing pain and said, "You've always got to think for them and I will contact the GP if needed". A healthcare professional stated that Abbey Pain Scales were in use, which assisted care staff to identify whether a person was in pain and what degree of pain they were experiencing. They felt that consistent, person-centred care was delivered at Avon Manor and added, "80 per cent of people with dementia who are in pain can't tell you".

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. We observed that people were treated very kindly by staff who genuinely cared for their wellbeing. There was a real vibrancy and energy within the home as people went about their day-to-day living. People appeared to be happy in their surroundings and enjoyed sharing a joke with staff. We observed one person walking around with their Zimmer frame. A staff member came up to them and said, "You've completed a marathon; would you like to sit down now?" They then guided the person into a chair where they promptly nodded off to sleep. Another person frequently went up to staff to give them a hug and staff hugged them back. Two Shi Tzu dogs and a Persian cat lived at the home and three tortoises had the run of the garden. The animals were obviously much loved by people and staff and were a talking point. The two dogs were barking at each other at one point during our inspection and this started a conversation amongst people who said, "What are they arguing about?", "It's got to be something" and "I wonder what they're saying?". The dogs were gentle with people, became lap dogs if people wished and seemed to know not to get under people's feet; the pets were a real asset to the home.

A relative confirmed that staff were caring with their family member and said, "It's just the very gentle and affectionate way they handle them. I've been here when they have dressed her and clear up after her. They calm her down. The way the girls handle them, I wouldn't have the patience. Everything they do, it's like they are caring for their own. They will kiss them like they are kissing their own mother". Another relative told us, "I notice particularly if the ladies start to cry and they go and sit with them and offer them a cup of tea to calm them down. It must be their voices, they know what to say". We asked relatives if staff knew people well. One relative said, "They know the whole family" and another relative said, "Yes and all first names". Relatives confirmed they were made to feel welcome when they visited the home.

Staff felt they had sufficient time to spend with people. One member of staff said, "It's not a question of walking out the door on the dot when I finish my shift". Another member of staff said, "We know who'll sit near to each other and who won't. It's all about knowing them, they're all individuals". A healthcare professional told us, "Whenever I come here, the residents all seem very happy" and added that they had no concerns.

People were actively encouraged to express their views and to be involved in making decisions about their care. The majority of people did not have the capacity to understand or be involved in making big decisions about their care, however, we observed people making day-to-day choices. On the first day of our inspection, one person, who had forgotten they had already eaten their breakfast, then asked for egg on toast and the chef was preparing this for them. The person waited outside the kitchen door to keep an eye on the cooking of their requested meal. Relatives confirmed they were involved in making decisions and in reviewing their family members' care. One relative said, "I'm having a meeting tomorrow night. I have one-to-ones with [named two care staff". Another relative confirmed they were involved and added, "One of my daughters is an ex-nurse and they involve her".

We observed that people were treated with dignity and respect by staff. One member of staff told us, "Well I

respect that their decisions or choices are not always appropriate, but we try and reach a decision through negotiation. We try and make them feel that their choices do matter. We try and make them feel they're retaining their independence". They went on to say that they would always ensure the door and curtains were shut when delivering personal care.

At the end of their lives, people were supported to have a private, comfortable, dignified and pain-free death. Some staff were in the process of completing specific training on end of life care. Some relatives had been appointed as Lasting Power of Attorney for their family members and took decisions on people's behalf relating to their finances, health and welfare. An advanced care plan had been drawn up for one person and relatives had been involved in identifying what the person would have wanted. A healthcare professional told us, "Their end of life care is excellent. Families are included to the point where one daughter couldn't make it, so they Skyped". This enabled the relative, who was unable to travel to the bedside of their family member who was dying, was able to be with them through Skype.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People and their relatives had been involved in writing up personal histories which showed people's preferred way of being addressed and descriptions of their lives before they came to live at Avon Manor. People's 'social profiles' included information about their relatives, those important to them, early life and school, interests, hobbies, dress and presentation, personality and religion. In one person's social profile we read, 'Likes to chat, listen to music and watch movies. Possibly read, although finds it harder to concentrate these days'. In addition to social profiles, care plans provided comprehensive, detailed information about people, their care needs and how they wished to be supported. Care plans included advice and guidance for staff on people's mental health, physical health, moving and handling, behaviour, pressure areas, nutrition screening and the care support they needed. Daily records were completed which showed how people had spent their day and night, any appointments or activities, healthcare visits and contact with relatives. People had staff allocated as their keyworkers and they were responsible for providing personalised support, for example, buying toiletries. All staff were involved in supporting people generally with their care. A summary sheet at the front of each care plan provided staff with a pen picture about people and their care needs and was easily accessible. A healthcare professional said, "Sometimes we can make things better. All the staff know the residents really well and staff communication is good". They went on to say, "It's one of my favourite homes. It's very dementia friendly".

A range of activities was organised for people living at Avon Manor. One staff member told us that generally most people were not interested in participating in activities in the mornings and said, "People do love their newspapers and they have their own. Sometimes people play cards. Ladies do like their nails done and everyone likes 1:1 time with us". On the first day of our inspection, a singer was visiting the home to entertain people and encouraged people to sing along with his guitar. At one point, the singer said he wanted people to be cowboys and one person got up and pretended to be riding a horse. Another person was marching around whilst singing and the singer moved his music stand out of the way, so the person would not trip up. This person asked a member of care staff if she wanted to dance which they agreed to; then another person got up and started dancing and joined in with the singing. Other people clapped along to the music and tapped their feet. Songs were popular with people and two additional care staff came in with other residents. The sitting room was full to capacity. Staff engaged with people during this activity and everyone was encouraged to participate. In their report, the expert by experience stated, 'The activity that took place was one of the best I have seen where staff and residents were singing and dancing and thoroughly enjoying the session, which was meaningful and enjoyable'. On the second day of our inspection, a magician was engaging people with magic tricks and people were obviously enjoying this entertainment. We also observed people enjoying an arts and crafts activity and were making decorations relating to autumn. One person commented, "One of the reasons we do so well is we get such encouragement".

We asked relatives whether they felt any complaints or concerns they had would be listened to. One relative said they would, "Just lift the phone. It would only be a niggle, nothing serious". They stated they would go to staff including the registered manager. The relative went on to describe an incident and said, "One day

here she [referring to family member] was having a difficult time. Staff dressed her and put her beside her bed. For some unknown reason, she started to cry. I went downstairs and I asked if staff could help me. Four staff were there within 30 seconds". Another relative, when asked how they would make a complaint, said, "I would mention it to them, depends how bad it was. This home was recommended to me by the district nurse and I've never complained". The complaints record showed that no formal complaints had been received within the last year.

Good

Is the service well-led?

Our findings

People and their relatives were actively involved in developing the service. One relative described communication as, "Excellent. They talk to me and I talk to them. I might get a phone call saying, 'Don't panic, we called the doctor', they have always done that". Families were asked for their feedback about the home through formal surveys. They were asked for their views on the care, staff, cleanliness, response to phone calls, décor and home ambience, response to complaints, laundry, meals, knowledge of dementia and illnesses relating to their family member. 86.3% rated the home as Excellent and 14% as Good. Out of 22 questionnaires sent out, there were 19 responses. People were also asked for their feedback and surveys were in an accessible format. People were asked about their comfort, care, cleanliness of the home, meals, social activities and laundry. The majority of people described the home as 'Excellent'. One person commented that staff were nice and that she felt happy and settled. Relatives' meetings took place and the last meeting was held in October 2016. Items under discussion included advanced care plans, training, opticians, dentists, activities, different stages of dementia and advised that paramedic students would be commencing work experience soon. We looked at the minutes of the relatives' meetings held in October and in June 2016.

Staff were asked for their comments about working at Avon Manor and of the care people received. Ten responses were received following a survey in October 2016. Staff felt that outings for people could be more frequent. Monthly minibus outings were arranged for small groups of people to visit places such as pubs or garden centres. The registered manager felt a challenge was, "To get people out more. That's a big thing". Staff we spoke with were extremely positive about working at Avon Manor and it was clear they enjoyed their work. One member of staff told us, "I don't feel I could work anywhere else".

Good management and leadership were evident. One relative said, "Everything runs like a well oiled machine. It's managed, but not autocratic, they all work to every individual need". Another relative felt the home was well managed and said, "Yes, without it being over the top. People come first". A third relative commented that the home was, "Extremely well managed and staff are on the ball. If you ask them they do anything, you see staff everywhere and you get what you pay for. When I'm passing, I just pop in". Staff spoke highly of the registered manager and one staff member said, "I think she does her job really, really well. I hope I can back her up when needed. She jumps on the floor if necessary and she does listen". We asked another staff member if they could think of any improvements that could be made and they told us they did not feel any changes were needed. They said, "We're very lucky here, whatever we ask for, we get". The registered manager said, "I love my residents to bits. It's like a big family and we are. I'll always support the staff and I wouldn't expect them to do anything I wouldn't do myself. It's a hard job trying to make a difference". They went on to say, "The proprietors are amazing and I get good support. I never come in and not smile. You have to think of so many people".

High quality care was delivered at Avon Manor. One staff member said, "You're always trying to make things better. The owners are always available and, if I needed to, I could approach them". Another member of staff commented that it was great working at the home and said, "Every day is different and I believe you have to love caring to work. It's friendly and open". A compliment recorded from a social work professional

stated, 'When I walked through the door I was greeted by a very cheerful staff member. It was welcoming and the staff member was very friendly, warm and helpful. The home is very nice and has a lovely, warm, homely feeling, a relaxed atmosphere. I loved the fact that you have two resident dogs and a cat plus three tortoises. This would definitely be my type of home if ever I needed one'. A compliment from a relative had been received after they had initially looked around the home and stated, 'Homely, safe and friendly atmosphere … and after speaking to staff for a short time, I just knew I needed to look no further'. The registered manager had asked relatives why they thought the home was different and one relative said, 'You feel that the whole ethos of Avon Manor, both staff and residents, is just one big family, where everybody matters'. Another relative simply stated, 'It just feels right'. In their report, the expert by experience wrote, 'I would definitely recommend my family member to this home. It had an air of love and residents were genuinely cared for, as well as their relatives, who are sad at the effects dementia is having on their loved ones. The staff gave hugs and kisses freely'. A range of audits was in place to measure and monitor the quality of care delivered.

A monthly audit analysed any accidents or incidents that had occurred, to identify any trends or patterns so that appropriate action could be taken, for example, a review of people's risk assessments and care plans. We noted, however, that three people had sustained fractures following accidents, between 2014 and 2016. It is a requirement of the Care Quality Commission (Registration) Regulations 2009, Regulation 18, that such incidents should be reported to the Commission and notifications submitted. We talked with the registered manager about the lack of notifications in this regard. They told us that they had spoken with staff at the Commission's national centre and had been advised that no notification was necessary. The registered manager apologised for this oversight and stated they would ensure that any future notifiable incidents were reported. We were convinced that the lack of notifications was due to a misunderstanding by the registered manager who had been wrongly advised. All other notifications had been received by the Commission in line with registration requirements.