Distinctive Care Limited

The Manor House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

We last inspected in April 2013 and found the provider was meeting all of the requirements of the regulations at that time. This inspection was unannounced and took place over three days on the 2, 3 and 7 December 2015.

The service provides long-term, short-term (respite) and end-of-life nursing and residential care for up to 34 older people who have a mixture of physical and / or sensory needs. Some people also live with dementia and / or mental health needs. The Georgian manor house and adjoining buildings provide a choice of single room and apartment style accommodation. Some rooms have en-suite facilities and there are bathrooms on each of the three residential floors, including a jacuzzi bath. People living at The Manor have access to two lounges, a dining room and large landscaped patio garden. The home is set in three acres of grounds with woodland and a stream. At the time of our inspection there were 28 people living at the home. The home is required to have a registered manager in post.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The provider's two directors had jointly owned and run the service for eight years. One was the registered manager for the service and the other was the responsible individual, or main point of contact, for CQC.

Risks to people's personal health were managed effectively as risks to them and their changing needs were recognised. Staff worked closely with community health professionals and therapists to maximise people's well-being. People felt safe at The Manor and had excellent caring relationships with the staff who supported them. They enjoyed a range of activities that were meaningful and purposeful and had a positive impact on their daily lives. People spent their day as they wished and enjoyed regular visits from their relatives. They had plenty to eat and drink and any special dietary needs or requests were met. People had confidence in the staff and their skills and never had to wait long for assistance. They benefitted from living in a well organised, forward thinking home where their needs were always put first.

Staff enjoyed working at The Manor and felt well supported in their roles. Staff were clear about their responsibilities to people and felt well-prepared to meet their various needs. There were enough staff; they were not rushed, they had time to talk with people and to meet all of their needs. Staff benefitted from working alongside their trainer and supervisor and the registered manager who was an approved mentor for nursing students on placement at the home. They were able to request training and support when they needed it and felt comfortable to go to the registered manager with any concerns or to suggest improvements. Staff benefitted from effective communication within the home; they knew people's personalities, likes and dislikes and understood their changing needs. Staff cared about the people they supported and were proud of the service they provided. They supported their colleagues and worked well as a team.

The culture at The Manor was open and transparent and put people at the heart of the service. All staff upheld the provider's values and nothing was too much trouble. The registered persons provided clear leadership to staff, they were committed and passionate about the quality of the care they provided to people. Their work at the home had received a national award and the home was visited as an example of good practice by external professionals. Quality assurance processes were robust and action plans to improve the service were prioritised and completed quickly. Learning was shared from within and outside the organisation and community contacts were well established. National best practice guidance, legislation and local policies were referenced to set and measure standards of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safeguarded from the risk of abuse because staff knew how to recognise abuse, how to report concerns and they understood the systems in place to protect people. Staff were attuned to changes in people's behaviour that may indicate abuse or pain. People who used the service felt able to report any concerns or worries to staff.

People were protected against risks to their health and from risks in their environment. People understood risks to their health and had been involved in decision making about how these were managed. Care plans were updated to reflect changes to people's needs. Effective action was taken to reduce the risk of injury to people through accidents / incidents.

People's medicines were managed safely.

There were enough staff to meet people's needs and recruitment practices protected people from the employment of unsuitable staff.

Is the service effective?

Good

The service was highly effective. People were supported by staff who had access to an ongoing training programme and mentorship by experienced staff members / champions who worked in a similar job role.

Staff were supported to develop and to find creative ways to meet people's diverse needs. Staff referred to best practice guidance and the service was an accredited learning environment for nursing students.

Staff were confident in applying the Mental Capacity Act 2005 to help with best interests decisions. Staff created an environment in which people were empowered to make decisions about their care and support. Deprivation of liberty safeguards were applied appropriately.

People had access to a healthy diet which promoted their health

and well-being, taking into account their preferences and nutritional requirements. Staff developed original strategies when people needed help to manage their diet, to improve their health.

Personalised systems were in place to monitor people's health care needs. Robust links were maintained with a range of health care professionals to monitor and improve people's health and well-being.

Is the service caring?

Outstanding ☆

The service was exceptionally caring. Staff developed positive relationships with people who used the service. People saw staff as friends and felt that staff would do anything for them.

People were empowered to express their views and say what they wanted. People felt listened to and were enabled to make decisions about their care.

People were treated with respect, kindness and compassion. Their dignity and privacy was maintained and their independence was promoted.

Exceptional end of life care was provided by staff who were confident in managing people's symptoms.

Is the service responsive?

Outstanding ☆

The service was highly responsive.

People received personalised care and were regularly consulted to gain their views about the support they received. Where people were unable to give their views about their care, their representatives were consulted.

Staff knew people well and could tell us about their individual preferences and interests and communication styles. People were helped to maintain relationships with those who mattered to them and to participate in activities they enjoyed and were meaningful to them.

When people's needs changed their care changed to reflect this and their care records were updated.

People felt comfortable to raise complaints and to have these listened to, taken seriously and addressed.

Is the service well-led?

Outstanding ☆

The service was well-led. People benefitted from a person centred service, which actively sought their views and promoted individual well-being, inclusion and openness. The vision and values of the service were consistently demonstrated by staff in their interactions with people and with each other.

Innovative and creative ways were explored and implemented by staff to promote their vision for people living at the home. The registered persons led service developments to improve and maintain the quality of life for people.

Staff ensured a high quality service was delivered by learning from people's views and experiences and comparing these to best practice guidelines. A national nursing award recognised the excellent service provided.

The Manor House Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 over three days on 2, 3 and 7 December 2015 and was unannounced. Our inspection was carried out by one inspector. During the inspection we spoke with five people who use the service, three visitors / relatives, six members of staff, the home's two directors (the registered manager and responsible individual, who were also the joint owners of the service) and four visiting health and social care professionals. Not every person was able to express their views verbally. We therefore undertook a Short Observational Framework for Inspection session (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not tell us about their life in the home. We observed staff interactions with people, their relatives and each other throughout the inspection.

We also carried out a tour of the premises, observed medicine administration, looked at five care records, six staff recruitment files and training records, staff duty rotas and other records relating to the management of the home.

Prior to the inspection we looked at the information we held about the service. This information included the statutory notifications that the provider had sent to the Care Quality Commission (CQC) and the Provider Information Record (PIR). A notification is information about important events which the service is required to send us by law. The PIR is requested by us and asks the provider for key information about the service, tells us what the service does well and the improvements they plan to make. We spoke with local commissioners and reviewed their most recent report about the service.

The last inspection of The Manor House Nursing Home, hereafter referred to as "The Manor", was completed

on 29 April 2013. At that time we found the service was compliant with the regulations in each of the areas we checked.

Good

Is the service safe?

Our findings

People felt safe at The Manor. Comments from people and their relatives included, "Staff never raise their voices… I never feel threatened or not cared for", "I have never heard anything untoward, never heard anyone spoken to sharply… always with patience and with consideration for the individual's needs", "I've felt safe all the time, I have peace of mind" and "I can talk to her [registered manager], I need have nothing worrying me at all". People's relatives told us they visited often and usually "dropped in unannounced".

People were protected from the risk of abuse because staff had appropriate knowledge and understanding of safeguarding policies and procedures. Staff were clear about their role in safeguarding and the systems in place to protect people. This included whistleblowing processes to follow within the home and the external agencies involved in safeguarding people. Staff told us they would raise concerns if people "didn't appear themselves" or "became withdrawn or isolated". A staff member said if they noticed bruising they would ask the person about it and report it immediately, "…as you are then responsible as well, because you know". A visiting professional said, "I see the clients regularly, they are all very happy. I have not once ever had a moment's concern about anything".

One safeguarding allegation had been reported to us by the provider in the past year. This incident was investigated by the local authority and the concern had proved unfounded.

Assessments to identify risks to people's health and well-being were reviewed regularly and in response to any changes. These included nutrition, falls, moving and handling and pressure areas. Care plans addressed identified risks and contained clear information for staff which enabled them to keep people safe. A 'red sticker' system was in place to highlight particular needs of people at risk. Staff were able to tell us how risks were managed with individual people. For example, they told us how a person who had difficulty swallowing was supported to eat safely. This information was reflected in the person's care plan. People were involved in decisions about risks to their health. One person with diabetes said, "If I want anything [food or drink, including alcohol] I say so and I can have it, if it's good for me…[If it's not] they don't say 'no', they ask me to think about it, talk it [risks] through with me and I can stick to the right frame of mind".

Accidents and incidents had been analysed in a way that allowed trends to be identified. When patterns were found prompt action was taken and outcomes were monitored. This included referral to health professionals, such as getting medicines reviewed by the GP, or working with the person to reduce risks. For example, a person who had been new to the home had experienced three incidents [falling or lowering themselves to the floor] in a month: Monitoring records noted, "[Person] already more willing to summon assistance and accepting of the need for help". Risks to the person were reduced because staff had enabled and encouraged them to seek help.

The health professionals we spoke with were regular visitors to the home. They complemented the staff, the service provided and the person-centred way in which staff interacted with people. In response to our question about safety at The Manor they said, "It's above the other services [nursing homes]": What stood out for them was that there were "not many falls" at the home and those that occurred had been

"unavoidable". No serious injuries had been experienced by people at the home over the past year. All staff we spoke with were confident in how to respond to an emergency and senior staff had completed first aid training.

Risks to people from the environment were managed effectively. An infection control audit had been completed and staff used personal protective equipment appropriately. The home was secure and the premises were clean, well maintained and free of odour. External contractors completed required safety electrical safety, gas and lift checks. Equipment was checked regularly, including fire and hoisting equipment. Fire safety and Legionella risks assessments were in place and the provider acted to ensure these met current requirements.

People's needs in the event of an emergency evacuation were understood by staff as they attended regular fire training and drills and they understood people's support needs. We suggested people's personal evacuation plans could be improved by adding information about their likely response to a fire alarm. For example, noting whether the alarm may cause them to become confused or distressed and whether they might need additional support. The director responsible for these was happy to add this information.

An extensive building programme was underway to improve facilities for people at The Manor. A large landscaped café style garden had been built which was easily accessible to people using wheelchairs. The area was well lit and could be used safely into the evening.

There were enough staff to meet people's needs. However people gave us mixed feedback about staffing levels. One person felt there weren't enough staff because staff were "always busy". However, they told us the longest they had ever waited was 10 minutes and said usually staff were waiting for them. Another person felt more staff were needed, but added that they [staff] "coped with it well" and when asked if they had to wait long said, "No, they are pretty good". People's relatives and external professionals had no concerns about staffing levels. Comments included, "I'm not aware of any issues" and "I'm so pleased, We've got no problems when we leave to know [relative] will get looked after and fed. Her needs are met".

Staff acknowledged there were times when they could feel under pressure but despite this they told us they didn't need to rush when supporting people. A member of staff said, "Staffing levels are very good in my opinion, compared to other places I've worked. I was shocked about this when I started. It gives us opportunities to sit down with them [people] and do activities". Our observations confirmed this. Staff rotas demonstrated that the provider's expected staffing levels were met and an appropriate mix of knowledge and skills was maintained.

Staff were safely recruited as procedures included all required checks. Checks were completed before staff started work at The Manor and individual performance was assessed during a two week induction programme. The provider's PIR stated this programme involved new staff, "working alongside senior staff… in which person-centred care, abuse, avoidable harm and the importance of dignity and respect are cornerstones". Poor staff performance was identified and addressed through regular supervised practice. When indicated, appropriate disciplinary action was taken and referral to external organisations made.

Human resource management support was provided by an external contractor. We were satisfied that staff identity checks had been completed. However, we discussed how these checks could be evidenced, as some identity records had been destroyed for data protection reasons following the previous CQC inspection. Reasons for leaving previous employment in care and gaps in employment had been verified and were relayed to us verbally by the directors; however these had not always been documented. We were assured by the directors that recording of these conversations would be improved.

People's medicines were managed safely. People told us they received their medicines on time, medicines were always available and new prescriptions were collected quickly so that treatment was started promptly. Systems in place were designed to reduce the risks to people, including colour coding, regular stock checks and audits. People's allergies and preferences for taking their medicines were noted on their Medicines Administration Records (MAR charts). Individual protocols were in place to guide staff in the use of as required (PRN) medications. Records had been completed appropriately; medicines were stored and disposed of safely. Staff responsible for administering medicines had received training and their competency had been checked. Appropriate policies were in place to guide staff in medicine management including homely remedies.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills to meet people's needs. People and their relatives told us they felt "very confident in the staff". Their comments included, "Staff go on courses occasionally to keep up to date… they have a talk [training] every month", "The care has been excellent", "They really have their finger on the pulse and have been good at keeping me informed", "They never struggle when using the equipment. I'm confident in their ability", "They are all very good… It's never felt like too much trouble". People and their relatives recommended the service to their friends and family "without hesitation".

Care support staff worked alongside the senior staff member responsible for their training and supervision. This staff member was a qualified National Vocational Qualification (NVQ) assessor and Dementia Link Worker. Staff said about them, "…one of the best trainers I've ever had" and "She's very very good. There are no gaps in my knowledge, if there is she will be hot on it… you know when you're doing something wrong or could do it better". Staff received regular feedback about their skills and performance and where shortfalls were found these were addressed. Good practice was recognised and praised. Staff felt well supported and had undertaken relevant qualifications in social care.

A two week induction programme was followed by all new starters, irrespective of whether they had previously worked in care. During this time staff completed mandatory training, such as infection control, fire, moving and handling and safeguarding. Staff were taught about person centred care and how this approach was put into practice when supporting people at the home. The registered manager said, "We invest in this [induction] as we set the standards expected and get their commitment". The staff training programme included supporting people with dementia and end of life care. Arrangements were in place to support staff undertaking the Care Certificate.

Registered nurses employed at The Manor were encouraged to undertake learning to enable them to meet registration requirements. Interesting and relevant articles were highlighted in the professional nursing journals made available to them in the staff office. The provider's clinical procedures and policies made reference to best practice and national guidelines.

Staff used handover sheets to record the support people received each shift. This was effective as staff were well informed about people's well-being and changing needs. A relative commented, "We were greeted with the latest update the minute we came through the door. If you pop into the office they always know what you are talking about. Communication is good here, there is consistency between staff".

Consent was sought before care and treatment was given and people were involved in making decisions about their care. Staff checked with people before entering their rooms, before carrying out care and answered people's questions about their medicines while assisting them with these. Records detailed people's wishes for their care and treatment. Staff upheld people's rights by consistently putting people's needs and wishes first. For example, directors met with a person's family and referred the person to a social worker to facilitate them to retake control of their finances. They had capacity to manage their own finances

and had been unhappy about a family members' former involvement in this. The registered manager told us how this person had "opened up" and "become happier" since their admission and since legal arrangements were in place to protect their interests.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to do so. We discussed changes to DoLS legislation introduced in 2014, known as the 'acid test', with the directors on 3 December. They were unaware of this significant change. No DoLS authorisation requests had been submitted for people at the home. When we returned on 7 December the provider had introduced a screening tool to identify people that may require DoLS authorisation. This included guidance on the acid test from the Local Authority and The Law Society and had been completed for each person the provider identified as lacking capacity to consent to relevant aspects of care. We did not identify anyone who required a DoLS authorisation during our inspection.

Capacity assessments were completed when people were unable to consent to care: For example, to support covert administration of medicine and for the use of bed rails for one person who was frail and no longer able to move themselves. Relatives told us they were involved in best interests' decisions on this person's behalf. For example, they told staff their relative would never have consented to the flu vaccine; this was respected.

People were supported to get enough to eat and drink and to maintain good nutrition. People enjoyed the food provided and were able to eat at the time and place it suited them. Some people chose to eat in their room / apartment but for others meals were social occasions and provided an opportunity to establish new friendships. We observed people getting to know each other, chatting about where they grew up and laughing over lunch. The dining room had ambient music and lighting, with menus and a small bar, from which complementary drinks were served with meals.

People living in apartments within the home could order food, such as cooked breakfast or hot meals from the main kitchen, but they also had kitchen facilities in their apartments. When ordered, cold foods were prepared for people to eat later and personal shopping was delivered once a week. Food and drinks were available to everyone at any time of the day or night.

People told us there was plenty of food, one commented, "Too much sometimes… It's tasty and there's plenty of variety… snacks are available all the time and a cup of tea or coffee if you want one". Another person told us about "nice touches" and "little treats" including warm cupcakes, lollipops in the summer and birthday party teas for the person and their guests. Their relative said, "You couldn't ask for anything better".

The chef understood peoples' dietary needs and restrictions and had up to date information about people's

needs and preferences. This was informed by nutritional risk assessments and intake and weight monitoring where indicated. The home's kitchen was inspected in March 2015 and was awarded the highest [5 star] hygiene rating. All food was freshly prepared on site.

Staff were attentive and polite, they noticed when people had not eaten well and used a range of strategies to encourage them to eat. When people were not eating or drinking well this was monitored and steps were taken to ensure their intake was as good as possible. For example, we saw that one person's drinks included apple juice which was their favourite. Another person refused most foods but would eat some foods served with ice cream. Their relatives told us that staff were better at getting their relative to eat than they were. They added, "They have done everything they can to maintain her weight".

People received timely support to access healthcare services and maintain their well-being. Comments included, "The doctor always comes if I'm bad [ill], but normally the nurses can do it", "[Relative's] cough was investigated, she went to the hospital, accompanied by staff… The GP has checked her chest several times" and "When she was poorly they were quick at getting the doctor", "They're [staff] very helpful". A staff member commented, "Some people were admitted for end of life care but they're still here. That says a lot".

People told us about exercise sessions they attended twice weekly at The Manor. One person said, "The residents are very friendly, we meet up at the exercise classes and catch up on the gossip". Another person told us they were partially blind and the optician had been in to mend their glasses so they could now see a little bit. External health professionals said, "I think they're great, they're very proactive at contacting me if there's an issue… There's a list for me each week. Staff give time to going through the concerns and we discuss the options. They communicate extremely well with families" and "[The registered manager] is experienced, you can rely on her to come back to you if there's a problem". They told us their recommendations were implemented quickly and referrals to them were appropriate and prompt. People identified as being at high risk of pressure sores rarely developed them.

People's needs were met by the adaptation and design of the service. Apartments enabled people to maintain their independence with their own bathroom, kitchen facilities and front door bell. The home had a friendly and relaxed atmosphere. Attention was given to detail including creating ambiance with music and lighting, fresh flowers and paintings. Memorabilia was placed throughout the home to stimulate memories and conversation. A small shop, complete with old fashioned sweet jars, candy striped paper sweet bags and toiletries made everyday items readily available to people at cost price. A person asked the receptionist if they could open the shop as they wanted to treat themselves to some sweets. They had a big smile on their face while chatting about buying sweets as a child and appeared to enjoy the independence and spontaneity this facility afforded them. The garden had been designed with small raised ponds to add interest and flower beds for people to plant vegetables and flowers.

Outstanding ☆

Is the service caring?

Our findings

People had positive relationships with staff who made them feel important and that they mattered. For example, we saw one person affectionately rest their head on a staff member's shoulder while being supported by them during lunch; later they shared a joke and rubbed another staff members arm. While being assisted to eat this person was animated and vocal, despite having some difficulty with speaking, they led the conversation and spoke with staff as their equal. When a staff member asked another person if they could get their bedroom ready for evening, the person replied, "Yes love".

People said, "They are wonderful people, the staff, everybody… They are caring, very caring", "We have been impressed by the concern for us as a family", "I visited six or seven places before choosing this one. What impressed me was the concern for the individual", "They [staff] know her as a person… they can read her as well as us". "[Registered manager] is exceptional in the way she cares for people", "They [staff] are concerned, everyone from cleaners to carers. They all seem to deal with them [people] in a gentle and caring way" and "They'll [staff] do anything for you, I think they must be a different breed of person to do the work they do", "They are always thinking of your comfort", "They do care for me, I'm not unhappy about anything at all", "[The directors] do the world for you", "I can ask anyone anything, they are not like staff, they're more like friends which I think is a very good thing" and "They [relatives] tell us how kind the staff are".

The wellbeing of the people that lived there were the staff's priority. For example when a person's family shared with the directors some devastating news for that person, the directors reacted with visible shock and upset. They were concerned about how this very elderly person would respond and about the potential impact on them. They were compassionate and worked sensitively with the family, offering support and comfort to them, while respecting their privacy and need for time alone. They involved the GP to temporarily reduce the stress and impact on the person. They anticipated this person's response and needs completely and by the following day the person was reported to be calm and was eating again. Staff were proud of the care they provided and valued the positive feedback people gave them. A staff member said, "The precious things people say to you blow you away". An example of this was a person who had recently said, "I really hope someone looks after you as well as you look after me".

Our conversations with people demonstrated they were empowered to make decisions about their care; they felt in control of their lives and had a strong sense of self-worth. People were outspoken about what interested them, what they wanted to be involved in and what they expected. For example, one person told us about their role in running a popular weekly activity within the home. They later told a staff member what flowering bulbs were available in different shops and discussed which should be bought for the garden. Three people told us about times they had been dissatisfied with an aspect of their care and how they approached this. Each person felt listened to, had been met with a positive response and had been satisfied with the resolution. When they told us these stories it was clear this experience taught them to expect a high level of service and gave them confidence that their views would be respected and well received.

People were supported to spend their day where and how they preferred. Staff checked that people had what they needed within reach and offered alternatives. People told us they had been involved in making

decisions about their care, they felt listened to and that their opinion mattered. A relative said, "The way we were treated was excellent, the information given was first rate… The involvement of me and [relative] in discussions about care, whether to go into hospital… They took into account what I said; we discussed the advantages and disadvantages… It all worked out very well. I was very relieved and happy with the outcome".

People's support plans described their cultural or spiritual needs and how they wished these to be met. The Six Senses Framework was used to identify ways in which staff could work with each person to give them control and participation. This is a research based person-centred approach to creating an enriched environment for people receiving long-term care. The six senses include security, belonging, continuity, purpose, achievement and significance. For example, a 'sense of significance' is about feeling that you matter, that your life has importance, and that other people recognise you and who you are. The person-centred approach was central to the way people were supported by staff. One person's relative told us they had "blossomed" since being at The Manor. Their care records indicated that on arrival they were malnourished and could become subdued as they suffered from depression. Three months later, records noted, "Having more frequent days when she is awake, responsive and mobile and loves to have a laugh and tease staff". Their relative commented, "It took them [staff] about 48 hours to understand her character".

External professionals said, "The staff are extremely patient orientated. They take the time to listen to their concerns", "I think it's wonderful, all the staff are so kind and helpful, nothing fazes them. I see the clients regularly, they are all very happy" and "All the staff really put themselves out. Nothing is ever an imposition". A staff member said, "The residents are our top priority. If they're happy, we're happy. I wouldn't hesitate to have [admit] any of my family here; we do a lot of laughing".

The residents' forum, 'Let's Talk' was held every third Friday to enable people to give ideas and talk about things they would like: People had recently asked for Christmas cards to be sold in the home's shop, 'The Archway'. Some people told us they didn't like to attend these meetings but their feedback was sought individually by the staff member who ran them.

Care records were held securely so that only appropriate people could access people's confidential information.

People's privacy and dignity was respected and promoted. Staff gave us examples of how they respected people's privacy and dignity when providing care and support. This was confirmed by our conversations with people, their relatives and visiting professionals. Comments from staff included, "It comes down to how you speak to people, the wrong tone can ruin someone's whole day. Records showed that one person had initially felt 'extremely embarrassed' when discussing their care needs, they refused to wear pads and hid their wet underwear. Their care plan said staff were to 'sensitively remove the wet clothing'. Later records noted that this gentle approach had been effective as they were 'now more willing to wear pads' and told us they felt in control.

People told us staff respected their private space and supported them with things they could not manage for themselves. Their comments included, "I do as much as I can", "I can make tea or coffee, I have a fridge to keep snacks in and can use the microwave… I can shower independently but need help to wash my back" and "The cleaner tries to come when I'm out exercising". People's support plans reflected what they told us about their support needs and the care we observed.

We observed that staff respected people's choices and discreetly assisted and prompted people to eat when they were not eating independently. When people declined assistance this was respected and alternatives

were offered.

People's wishes for the end of their life had been discussed with them and recorded where people felt ready to talk about this. Some people had Do Not Resuscitate orders in place following appropriate discussions with them or their representatives. These remained subject to review and countywide procedures were followed. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice. Regular reviews ensured that if a person changed their views due to them feeling better about life or being exposed to worsening health this could be explored with them and their care plan adjusted accordingly.

While nobody was receiving end of life care at the time of our inspection, external professionals told us that the home was outstanding in this area of care. One commented, "They communicate extremely well with families and have lots of pre-emptive discussions. They are very confident in symptom control and get on top of people's symptoms". Gentle complementary therapies were used to promote people's well-being at the end-of-life including Reiki [a non-touch technique to channel energy to restore physical and emotional well-being], foot reflexology and hand massage. The therapist said, "Any hands on therapy is wonderful for someone who may be distressed or anxious".

The registered manager had specialist qualifications in end of life care and had previously worked in this field. They maintained close links with the local [Great Oaks] hospice and told us that The Manor was frequently recommended to people by hospice staff for residential end of life care. Staff received many compliments and thanks from people's friends and relatives. One said, "I know that you will all miss her too. We couldn't have asked for better care and I hope that when my time comes my family find somewhere as special as The Manor".

Outstanding ☆

Is the service responsive?

Our findings

People received care that was highly personalised and responsive. Assessments had been carried out prior to admission to ensure that people's needs could be met. Information from people, their relatives and health professionals was included and people's wishes and preferences were prioritised. Care plans were updated regularly to reflect changes and the staff's increasing knowledge of the person. People told us that they were asked about their wishes and staff accommodated these. Comments from people and their relatives included: "They [staff] said, we will get to know your [relative] and we will tailor what we do to suit her. In practice that's proved to be true", "Whatever she needs, if they haven't got it they will get it in for her", "They will get any specific type of food that I like", "They respond to people according to their needs" and "The knowledge of her personality comes through, they know her as a person".

One of the directors commented, "We are committed to working with people. They are treated and cared for in a way that means they are safe and free to do the things they want to do". Care records demonstrated that one person whose care we tracked arrived at the home confused, paranoid, neglected and at risk. This person's physical well-being and mental health had improved significantly, so that they were able to have a long, relaxed conversation with us. They had increased capacity and control and experienced fewer and less significant paranoid episodes. Records attributed the improvement in this person's well-being to a number of factors including good nutrition.

In handover we heard about a person who had discussed the removal of a pressure relieving mattress from their bed with staff that morning. The risks had been discussed and the registered manager was thinking of alternatives they could offer. The person said, "I'm getting used to it, they will replace it if I don't like it". Another person said about their care, "I get enough information… everyone talks to me, but I make the decision in the end, it's hard lines, if I want to do it, I do it".

One person's dog lived with them in their apartment. They told us they would have refused to move into the home [and so declined the care they needed] if their dog could not be admitted with them. Care records reflected the dogs' central role in their life and the support staff provided to enable this relationship to continue. This person told us how well staff cared for them both, including looking after the dog's health and needs which they could no longer manage. These arrangements reflected the degree of freedom and the impact of the person centred approach afforded to people at The Manor. They said, "I'm really content. You can see how happy we all are".

Another person told us how they had been supported to start working again: They had been "pleasantly surprised at the staff's response to their scribbles" and their pictures were being made into greeting cards to raise money for the Royal Air Force (RAF) benevolent fund. This was important to them as the RAF had been an exciting and fulfilling part of their life. The directors supported this by liaising with the fund's administrators on behalf of the person. They were considering taking commissions for portraits and had another painting project lined up, a commission from one of the directors. The directors had offered them a bigger room which they had taken and staff were helping them it set up to make it better for them to work in. They added, "It's home now to me… I've got all my art stuff here … Anything I want or need they

[directors] endeavour to get for me".

The directors commented, "There is lots of movement within the home, people from different areas mingle and build up friendships. It's like they've all come alive, they become animated and verbose". A relative said, "They have joined activities which they wouldn't consider before [when first arrived]. It's because it is approached in a positive manner". Another person told us about the banter they enjoyed with staff over the rugby world cup. One of the activity coordinators had brought them in a photograph of the Welsh team which they put on their wall. One of the directors made a list of the Welsh team's matches for them, so they wouldn't miss any. We observed a staff member facilitating a quiz; they skillfully involved each person by moving toward them, using eye contact and speaking with them personally. They ensured that a person who was hard of hearing could see their face when speaking with them. They kept them engaged throughout the activity. People's interests and life experience were acknowledged during this activity which stimulated conversation. People visibly enjoyed the session and appeared to be emotionally lifted by it as they were animated, competitive, laughing and smiling.

A staff member who ran activities for people told us about people's interests, how each person interacted with others and how they worked with them as an individual. For example, one person liked farming, another gardening, another wildlife. Another had written books, they found it difficult to communicate verbally but enjoyed listening; they had requested Lady Chatterley's Lover to be read to them next. Staff told us about the impact a visiting Elvis impersonator had on them and people at the home, they said, "People were laughing and tapping their feet. It's emotional, we [staff] went out on a buzz, we were grinning like Cheshire cats… We know our residents really well; they're like your family almost". Another person told us that staff got wool and patterns for them. They were busy knitting a small Christmas gift for each of the staff members.

People's friends and families visited often and people's relatives felt welcomed. People's religious and spiritual needs were met. A complementary therapy service was provided to people who wanted it, for example, to help them relax and / or manage pain. When it was first introduced this service was paid for and accessed privately by people at the home. The directors saw how beneficial it was to those individuals, so commissioned the service to make it available to all people at the home. The therapist said, "All of the clients get an opportunity, it gives them a different outlook, enrichment, especially when they first arrive and are trying to settle in". Some people especially enjoyed a Jacuzzi bath.

Handover was delayed one day during our inspection to allow staff to respond to a family's immediate need. A staff member said about The Manor, "It's really person-centred, there's nothing institutionalised about it, things change depending on how the residents feel". People and their relatives told us they were looking forward to the opening of the café and spa facilities on site next year. This was to be run as a members only club for residents and the local community.

People were comfortable in expressing their opinions and told us they would be happy to speak with the directors if they had any concerns or complaints. Comments included, "I would tell staff if I was unhappy, then go and see [directors]", "I do feel notice would be taken and we'd have a proper discussion and a resolution would be found", "[Registered manager] has asked for feedback. They listen", "I'm listened to, oh yes, definitely. If I say anything they [staff] will invariably tell [directors] I would like to speak to them. I see them [directors] every day, there isn't any problem at all". One person told us they had previously spoken with the registered manager about a staff member's attitude. This had been resolved positively: "She's [staff member] changed considerably. She's a different person than she used to be. I couldn't complain about her at all". They were confident in the registered manager and said, "I talk to her and she'll sort me out".

Two complaints were received in the year before our inspection. These were managed openly with effective communication and were resolved to people's satisfaction. For example, one complaint was due to a person's call bell being out of reach. The staff members' apology was accepted. People's feedback was sought regularly through the 'Let's Talk' forum. An annual survey was carried out and improvements to the service had been implemented. This included introduction of a personal laundry service to reduce the risk of lost items: Substantial improvements to the garden were completed as a result of feedback from the previous year's survey.

Lots of information about the home was available to people in reception, including action being taken in response to people's feedback. Newsletters updated people on the progress of projects improving facilities at the home and informing them of dates for their diaries, such as the Christmas carol service and a coffee morning.

Outstanding ☆

Is the service well-led?

Our findings

People benefitted from an open, person-centred, culture as staff worked in accordance with the provider's philosophy of care. The philosophy included, "We believe home life at The Manor House should have an 'everyday' and 'normal' feel to it – vibrant, enriched by everyone who comes into contact with the home; a place centred on empowering its residents – to make informed decisions and retain as much self-determination as possible". Staff worked at a pace that suited people, took time to find out what was important to them and acted to make this happen.

People felt the staff knew them well; they and their relatives spoke highly of the service. Comments included. "It's beautiful here", "The care has been excellent", "The care I'm seeing here is very different to what I saw for my [relative] in 2000", "I think it's lovely, one of the best ones [homes]. They're really friendly, lovely. I can't fault it", "They are trying to do things with them [people] that other homes don't try", "The best thing is the friendliness of the staff - I've never stayed in a place like this before". In a thank you card, a relative complemented staff on their "tremendous dedication and teamwork". They added; "We can only hope that the work you are doing will spread far and wide, it deserves to".

External professionals were positive about the culture at the home, "I think they are outstanding, even the receptionist. They are just so patient and helpful…all of the staff really put themselves out, nothing is ever an imposition. I think this is one of the best homes I've ever been in". "I think it's really nice here". Staff felt appreciated and valued. One said, "We all get on, we're all friends but still professional, we have a service to provide". Staff enjoyed working at The Manor and were highly motivated in caring for people. They were proud of the care they provided.

Staff were confident to raise concerns and knew any issues would be managed in confidence. One said, "If I'm not happy they [directors] will know about it, I'm straight in the office. It works both ways, they listen and things change…They are very confidential". Another said, "We make it like home from home". A monthly update for staff communicated changes and improvements to the service. Staff were encouraged to ask questions and share ideas, including making suggestions in response to feedback from the 'Let's Talk' residents' forum. An incentive scheme rewarded staff for any suggestions implemented at the home. Staff said, "They are always open for opinions. There is a two way conversation", "There's always pressure to make the service good. They're [directors] always in and out of rooms to make sure they're tidy and we're not slacking. They care".

A letter to people and their relatives dated September 2014 informed them of a spate of petty thefts in the home. A relative said, "They were very open about it, it was a long time ago and there's been no hint of anything since". This incident occurred prior to the introduction of duty of candour legislation requiring registered persons to act openly and transparently about such incidents. In response to this legislation, the directors signed a duty of candour commitment covering the culture, policies, training and their response to incidents and allegations at the home.

Strong links had been forged with the local community. One of the directors had been in contact with the

local councils and village groups regarding opening a restaurant / café and spa facilities on site. Work was underway and these facilities were to be located in an existing building which would be connected to the main home. These facilities were not available in the village and would be somewhere people could spend time with their family and interact with people in their local community.

The provider's two directors had owned and run the service for eight years and were the registered persons with the Care Quality Commission (CQC): One was the registered manager and the other the responsible individual, or main point of contact for CQC. The directors had distinct management roles and responsibilities which were understood by staff but both were registered nurses and regularly worked alongside staff. The registered manager was the clinical lead, staff told us they approached them first with any questions about care and took service development or audit related queries to the responsible individual. We had been notified of important events affecting people using the service by the provider as required.

Staff were clear about their roles and responsibilities and understood who they reported to. Staff had clearly defined responsibilities and job roles. Allocation sheets were used so staff knew whose care they were responsible for each day. These sheets highlighted people's individual risk factors, preferences and requests and provided an effective audit trail for follow-up of complaints.

Clinical guidance and support was provided to nurses by the registered manager. Policies and procedures referenced relevant national guidelines, professional codes of conduct and countywide policies. This included current legislation and publications from CQC, NICE, the Health and Safety Executive and the Nursing and Midwifery Council. Records demonstrated that the provider learned from events and poor outcomes at similar services where this information was in the public domain: Information about actual and near miss events was reflected upon and learning was incorporated to prevent a similar event from occurring at The Manor. Records showed that on the spot feedback was provided to staff following a routine fire drill, the discussion and reflection that ensued made this a worthwhile learning exercise

People and their relatives knew who the directors were and were confident they knew what was happening on a day to day basis at the home. People said they wouldn't change anything about The Manor and commented, "I'm very impressed that the owners [directors] are here on the weekends. They are hands on and involved, that was one of the reasons I chose the home. They would rather work than sit in the office; They are very knowledgeable about individuals", "Here it's controlled, they [directors] know what's happening, they're around. They don't just sit in the office and wait to be reported to… I'm generally very impressed".

The registered manager was awarded membership of the Queen's Nursing Institute (QNI) in 2011 in recognition of their work at the home. QNI is a community nursing based charity, working to improve standards of care in the community through development of nurses and by influencing national policy. To attain this award nurses must be committed to high standards of patient care and to continually improving practice; the award is revalidated each year. Queen's nurses act as leaders and role models to others. Other professionals visited the home as an example of good practice, gaining ideas they could implement at their own workplace. The Manor is the only nursing home in England that has been awarded associate organisation status by the QNI.

The registered manager was an accredited mentor with the University of the West of England (UWE). They described this link and the nursing student placements as an opportunity for continual improvement and challenge. They commented, "It keeps us on our toes… We bring the theory of person centred care into practice for students". A pre-medical student said in feedback; "It has been a brilliant experience and I have

learnt so much… The Manor House is a very special place". The registered manager was passionate about raising the profile of nurses in nursing homes and was published in and interviewed for national nursing journals. A relative said, "[Registered manager] is exceptional in the way she cares for people. I think she cares individually about everyone. She's got time for everyone, has a listening ear and is very caring in personal issues".

Ongoing involvement with these external organisations and publications meant the provider maintained an outward-facing approach to improving standards and the registered manager provided nursing leadership within the community nursing field. The care provided to people was evidence based and regularly subject to external evaluation. People benefitted from a service where best practice was promoted and which continued to evolve to provide opportunities to people that enhanced their quality of life. For example, by introducing apartments as an option for people within the home the directors aimed to give people "…a real sense of still being in their own homes" with people "…truly feeling they are not residing in a care home".

The registered manager told us the person centred approach to care at the home meant people rarely presented challenging behaviours. Care records noted that one person's behaviour was unpredictable on admission due to them experiencing dementia and having frequent urinary infections. Trained nurses intervened when they "became aggressive toward staff" by allowing them to "express anger verbally" "to vent feelings" and "acknowledge their anger and frustration". Within a month of admission their records said, "[person's name] capacity has improved since has been at The Manor, I believe this is due to diet, regular fluids and bowel actions".

A member of staff said, "The management [directors] are always willing to help. They are part of the team, not somebody sat in an office. They know the residents well". External professionals commented, "I like it here, it's one of the better homes. Care plans are always up to date. I can come in and do an assessment in a day. [Registered manager] is open and knows everything about everyone. All staff know about the resident's needs", "They are open to feedback" and "They are responsive to ideas and easy to talk to". External professionals told us they had rarely needed to recommend changes to care; the registered manager implemented their suggestions and accommodated any requests. When commissioners raised areas for development of the service in August 2015, these were quickly acted upon and had been signed off.

The care provided to people was consistent and of a high quality as the service was constantly monitored by the provider. Feedback was routinely sought from people and their relatives and the results of the annual survey were available to visitors entering the home. We saw that actions identified to improve care had been completed and the provider was committed to improving people's quality of life at the home. A relative said, "[Relative's] room is always immaculate". "It [the home] seems to be well run, the lift broke one day, and it was repaired within 24 hours".

Links with external agencies and health professionals were maintained, including the care home support team, local community groups and mental health teams. A quality assurance audit was in place to monitor the quality of the service, this was designed around the five domains inspected by the CQC and included all aspects of the service. The audit made reference to infection control, medicines and activity audits, legislative requirements and feedback received from people. Where actions were identified these had been completed. A folder held information about the service for each of the five domains. This included relevant policies and procedures, complaints, accident and incident monitoring and signposts for staff to reference sources / best practice materials.

The directors had a strong vision about what kind of service they wanted to provide and the service was

developing in line with this. Their comments included, "we are a home that offers care… we want to offer nice accommodation with care and nursing". "We are trying to give them [people] the best possible life while they are here" and "We want people to have feel good experiences, to make life a bit more interesting".